

**NOTICE OF PRIVACY PRACTICES
SOUTH METRO HUMAN SERVICES**

Effective: 4/15/2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Why do we collect information on you?

- To help you get medical, mental health, financial or social services.
- To provide treatment, care or supportive services.
- To collect reimbursement for services that we provide to you.
- To tell you apart from other people with the same or similar name.
- Because it is required by federal or state rules.

Do you have to answer the questions we ask?

We use the information you provide to ensure you receive high-quality care. To ensure you receive the best possible care, we may ask for personal information about you. We will maintain the confidentiality of the information you provide as required by state and federal laws and our ethical obligations to you. Failure to provide the information requested may affect our ability to provide you services. In some cases, you may not be eligible for services if you refuse to provide required information. Your worker will explain why we need the information and the potential consequences of not providing certain information when requested. If you intentionally provide wrong information, this may be fraud and we may be obligated to report it to legal authorities.

Uses and Disclosures:

1. Certain information – sometimes called “protected health information” or simply “information” throughout this Notice – that is collected on you may be used and disclosed without your authorization for a variety of reasons. Examples of the types of disclosures we may make are listed below in the section titled “Permitted uses of protected health information without an authorization” and include disclosures for treatment, payment, and health care operations; to notify you of appointments, treatment alternatives or health-related benefits that may be available to you; to individuals involved in your care or payment for your care; or for research. We may also disclose your information for a variety of special situations where the law authorizes us to disclose your information. The special situations include, but are not limited to, disclosures to business associates or related entities who perform necessary functions or services on our behalf; public health and safety situations; for litigation or other legal purposes; or for breach notification purposes.
2. All of our disclosures will be consistent with state and federal law. If a use or disclosure is prohibited by one law but allowed by another, we will follow the law that is most protective of your privacy.
3. All other uses and disclosures will be made only with your written authorization. These may include disclosures for marketing purposes or that constitute a sale of your information. You may revoke the authorization at any time but disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Individual Rights:

- You have the right to receive confidential communications about your health.
- You have the right to request a restriction or limitation on the information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. You must request a restriction in writing. We are not always required to agree to your request unless you are asking us to restrict the use and disclosure of your information for payment purposes as more fully described below.
- If you pay out-of-pocket in full and not requested that we not bill insurance for a specific service, you have the right to ask that your information with respect to that service not be disclosed for purposes of payment or health care operations.
- You have the right to inspect and receive a copy your protected health information.
- You have the right to request an amendment of your information if you feel it is not accurate. If we determine that such a change is not appropriate you may submit a written statement disagreeing with our view and such request and denial will be included with any future disclosures.
- You have the right to receive an accounting of disclosures made of your protected health information.
- If you have agreed to receive this notice electronically, you may still receive a paper copy of this privacy statement.

Our Duties:

We are required by federal and state laws to maintain the privacy of protected health information and to provide you with a notice of our legal duties and privacy practices. We are also required to notify affected individuals following a breach of unsecured protected health information. This notice is posted at each facility and offered to you at the time of your first visit. We are required by law to abide by the notice in effect, but we maintain the right to revise the terms of this notice at any time. You will be provided with a copy of revised notices at the time of your next appointment. This information is available in other forms to people with disabilities by calling your worker. Hearing impaired individuals may contact the Minnesota Relay Service at 1-800-627-3529 (TTD), 711 or 1-877-6273848 (speech to speech relay service).

Complaints:

If you suspect we have failed to comply with this notice or applicable law, you may report your concern to our Privacy Officer identified below. You may also file a complaint with appropriate legal authorities in the state or federal government including the U.S. Secretary of Health and Human Services at the address listed below. The complaint must be written and filed within 180 days of the date you knew or should have known your rights were violated. We cannot deny you services or retaliate because you have filed a complaint against us.

Office of Civil Rights
Medical Privacy, Complaints Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, RM 529H
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 866-788-4989

Service Entities: The Notice applies to services provided by South Metro Human Services including services provided by RADIAS Health, Community Foundations, Representative Payee Services, ReEntry House, ReEntry ACT, ReEntry Crisis Residential, ReEntry Housing Support Program, and Carlson Drake House.

Contact: If you have questions about this information, you may ask your worker or contact our HIPAA Compliance Officer at 166 4th Street E, Saint Paul, Minnesota 55101 or 651-291-1979.

Permitted uses of protected health information without an authorization

The following describes the some of the ways we may use and disclose health information that identifies you. There may be other situations where disclosure is required or allowed:

1. To other health care providers when necessary for your current treatment.
2. To notify you of potential health-related benefits that may be available to you.
3. If you are unable to agree or object to the use or disclosure because of incapacity or an emergency circumstance, and disclosure is in your best interest, we may disclose information directly relevant to the persons' involved with care or payment related to your health care.
4. For research approved by an Institutional Review Board, pursuant to guidelines in 45 CFR 164.512(i) and notification requirements of Minn. Stat. § 144.295.
5. To a business associate or affiliate of ours if we obtain satisfactory assurance that the recipient will appropriately safeguard the information.
6. To a public health authority authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability.
7. To defend RADIAS Health, or an affiliate, contractor, employee, or agent of RADIAS Health, in a legal action or other proceeding brought by you if that use or disclosure is required by state and federal law.
8. When required by law to provide notice of a breach or suspected breach of PHI.