

Bulletin

October 3, 2008

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors,
Social Services
Supervisors and Staff,
SSIS Coordinators and
Mentors
- Tribal Social Services
Directors and Staff in
the American Indian
Child Welfare
Initiative: Leech Lake
Band of Ojibwe and
White Earth Band of
Ojibwe

ACTION/DUE DATE

Please review.

EXPIRATION DATE

October 3, 2010

The Social Service Information System and Data Practices Guide

TOPIC

Legal requirements for responding to Social Service Information System (SSIS) data requests.

PURPOSE

To provide a guide for appropriate access to Social Service Information System (SSIS) data.

CONTACT

Nan Beman, SSIS Policy Coordinator
Child Safety and Permanency Division
(651) 431-4767, or nan.beman@state.mn.us

SIGNED

CHARLES E. JOHNSON
Assistant Commissioner
Children and Family Services

Background

The Social Service Information System (SSIS) is Minnesota's statewide social services computer system for documentation of all required county social service case management functions and duties. All Minnesota counties and two Minnesota tribes use SSIS as their case management system, and follow all reporting requirements. SSIS was created per 45 C.F.R. 1355.40 for the purpose of reporting data for all children in foster care for whom the State title IV-B/IV-E agency has responsibility for placement, care, or supervision. SSIS meets the reporting requirements specified by the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the National Child Abuse and Neglect Data System (NCANDS). Common Entry Point reports of maltreatment of vulnerable adults must also be logged into SSIS per Minn. Stat. § 626.557, subd. 9(g).

SSIS data is protected and private, and in some instances, confidential. SSIS maintains information on individuals who receive a wide range of social service programs: child protection, child welfare, chemical dependency, developmental disabilities, adult protection, independent living services, etc. Program areas have unique requirements for release of data or authorization for access to data.

All counties and the two tribes with SSIS have their own databases. Their data is uploaded regularly to the statewide repository. In addition, SSIS has a statewide index (SWNDX) of clients who have been cleared as unique individuals by county/tribal social service agencies. SWNDX includes limited information on those who are in child protection or other social service programs, those who have been determined to be offenders of maltreatment, and those whose rights as parents have been terminated. Access to SSIS and SWNDX information is only as authorized by the county or tribal social service agency. Security within SSIS can be set to reflect the differing data practices in various programs.

ACTION REQUESTED

Counties and tribes must review the guidelines and ensure that procedures for authorizing access to SSIS follow requirements.

Statewide Case Access

Since March 2008, county and tribal social service agencies have the ability to request access to a case in another county or tribe in SSIS electronically. SSIS added statewide case access to fully comply with federal requirements for all State Automated Child Welfare Information Systems (SACWIS), per 45 C.F.R.1355.52, and the Child Abuse Prevention and Treatment Act (CAPTA) [42 U.S.C. § 5106a(5)].

Child Protection Requests

When any county, or Leech Lake Band of Ojibwe or White Earth Band of Ojibwe, receive a request to access a case with a request reason of “Child Protection,” authorization should be given for child protection and other child welfare programs within the agency. This authorization is required for disclosure to any federal, state or local entity, or agent of such entity that has a need for the information in order to carry out its responsibilities under law to protect children from abuse and neglect (per CAPTA). Minnesota Statute, section 626.556, subd. 10g addresses interstate and intrastate data exchange:

All reports and records created, collected, or maintained under this section by a local social service agency or law enforcement agency may be disclosed to a local social service or other child welfare agency of another state when the agency certifies that:

- (1) the reports and records are necessary in order to conduct an investigation of actions that would qualify as sexual abuse, physical abuse, or neglect under this section; and*
- (2) the reports and records will be used only for purposes of a child protection assessment or investigation and will not be further disclosed to any other person or agency.*

The local social service agency or law enforcement agency in this state shall keep a record of all records or reports disclosed pursuant to this subdivision and of any agency to which the records or reports are disclosed. If in any case records or reports are disclosed before a determination is made under subdivision 10e, or a disposition of any criminal proceedings is reached, the local social service agency or law enforcement agency in this state shall forward the determination or disposition to any agency that has received any report or record under this subdivision.

The county or tribe making this request must be assessing or investigating a child maltreatment report, or providing child protection case management services with a signed Notice of Privacy Practices, a signed Authorization for the Release of Information form, or a court order. When reviewing the request, the receiving county/tribe may request a fax of the Notice of Privacy Practices, the Authorization for the Release of Information form, or the court order, when the requesting agency is providing child protection case management services.

The agency receiving the access request should not routinely authorize access to all possible workgroups. Access to chemical dependency (CD), adult mental health (AMH), or other adult program workgroups, is restricted unless the requesting agency has a release of information for those specific cases or workgroups. Only when the information in the CD record meets the exceptions portion of the federal regulation covered under 42 C.F.R. 2.12(c) (6), reports of suspected child abuse and neglect, may access to the CD workgroup be authorized to any county or tribe assessing or investigating abuse and neglect.

There may be times when the information in the CD or AMH workgroup is clearly pertinent to the abuse/neglect of the maltreatment reports currently being investigated that access through

statewide case access in SSIS is allowed without a release or court order. When obtained for specific CD or AMH workgroups, court orders or releases should be faxed to the authorizing county/tribe.

The names of reporters of child maltreatment are specifically protected under Minnesota Statute, section 626.556, subd. 11, Records: *An individual subject of a record shall have access to the record in accordance with those sections, except that the name of the reporter shall be confidential while the report is under assessment or investigation except as otherwise permitted by this subdivision. Any person conducting an investigation or assessment under this section who intentionally discloses the identity of a reporter prior to the completion of the investigation or assessment is guilty of a misdemeanor. After the assessment or investigation is completed, the name of the reporter shall be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by the court that the report was false and that there is evidence that the report was made in bad faith.*

Access to the requesting child protection agency of the identity of the reporter **is allowed and required** to any county or tribal agency assessing or investigating a report of child maltreatment per requirements in CAPTA. Minnesota was granted funds to create SSIS for the purpose of “developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.” 42 U.S.C. § 5106a

This authorization is an *exchange of information* between child protection investigating agencies rather than a release of information to any entity outside of the local governmental agency without access to SSIS. Minnesota has a statewide information system which now allows a cohesive coordinated response to reports of maltreatment within the state.

Non Child Protection Emergencies

The requesting agency may send an access request with a reason of “Non CP Emergency”. This access should be authorized under Minn. Stat. § 13.46, subd. 2(a)(10). SSIS recommends a phone call to the authorizing agency with an explanation of the emergency circumstances and time constraints.

All Other Access Requests

The requesting agency has a third option of request reason “Other.” The requesting agency should fax a valid court order, a signed Authorization for Release of Information, or a signed Notice of Privacy Practices to the authorizing agency.

Minimum Necessary Requirement

In both disclosing and requesting protected health information (PHI), the social service agency must make reasonable efforts to limit PHI to the “minimum necessary” to accomplish the intended purpose of the use. The minimum necessary requirement does not apply to uses or disclosures that are required by law, as described by 45 C.F.R., 164.512 including but not limited to disclosure about victims of abuse, neglect, or domestic violence.

Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-4671 (voice) or toll free through the Minnesota Relay Services at 1 (800) 627-3529 (TTY) or the Speech-to-Speech Relay, call (877) 627-3848.

Minnesota Department of Human Services
Notice of Privacy Practices
(Effective Date: April 14, 2003)

This notice describes how medical and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for
- To help you get medical, mental health, financial or social services
- To decide if you can pay for some of your services
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To decide if you or your household members need protective services
- To collect money from the state or federal government for help we give you.

Why do we ask you for your Social Security number?

We need your Social Security number to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security number to check information you give us through matching programs that are part of an Income Eligibility Verification System (IEVS) (5 U.S.C. § 552a(o)(1)(D)).

You do not have to give us the number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical only
- If you are from another country, in U.S. on a temporary basis and do not have permission from U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS.

Do you have to answer the questions we ask?

You do not have to give us your personal information. We need this information to tell if you can get help from us. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following types of agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies

- Court officials, county attorney, attorney general, other law enforcement officials, and child protection and fraud
- investigators
- Child support officials
- Educational institutions and organizations
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with Power of Attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Human services offices, including child support enforcement offices
- Anyone else the law says we must or can give the information

What are your rights regarding the information we have about you?

- You may see and copy medical or other private information we may have about you. You may have to pay for the copies.
- You may give other people permission to see and have copies of information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share your information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations that we have shared your information with. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must let you know our legal duties and privacy practices, which we are doing by providing you with this notice.
- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get special written permission from you. We may not share your information with individuals and agencies other than those listed on this form unless we get special written permission from you.

- We are required to follow the terms of this notice, but we may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our Web site at: <http://edocs.dhs.state.mn.us/lfservlet/Legacy/DHS-3979-ENG>

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others to see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) or
toll free (800) 368-1019 or (866) 282-0659
(312) 353-5693 (TTY/TDD)
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above or to:

Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

Sign below to indicate that you have received this privacy notice.

RECIPIENT OF NOTICE OR LEGALLY AUTHORIZED REPRESENTATIVE	DATE

Minnesota Department of Human Services
Child Protection Notice of Privacy Practices
(Effective Date: April 14, 2003)

This notice describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

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- To tell you apart from other people with the same or similar name.
- To decide what you are eligible for.
- To help you get medical, mental health, financial or social services.
- To decide if you can pay for some of your services.
- To make reports, do research, do audits, and evaluate our programs.
- To investigate reports of people who may lie about the help they need.
- To decide about out-of-home care and in-home care for you or your children.
- To collect money from other agencies, like insurance companies, if they should pay for your care.
- To decide if you or your family needs protective services.
- To collect money from the state or federal government for help we give you.

Why do we ask you for your Social Security number?

We need your Social Security number to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security number to check information you give us through matching programs that are part of an Income Eligibility Verification System (IEVS) (5U.S.C. § 552a(o)(1)(D)).

You do not have to give us the number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical only
- If you are from another country, in U.S. on a temporary basis and do not have permission from U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS.

Do you have to answer the questions we ask?

You do not have to give us your personal information.

We need this information to tell if you can get help from us. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following types of agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies
- Court officials, county attorney, attorney general, other law enforcement officials, and child protection and fraud investigators

- Child support officials
- Educational institutions and organizations
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with Power of Attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Human services offices, including child support enforcement offices
- Anyone else the law says we must or can give the information

What are your rights regarding the information we have about you?

- You may see and copy medical or other private information we may have about you. You may have to pay for the copies. However, certain data relating to a child protection assessment or investigation may not be available to you.
- You may give other people permission to see and have copies of private information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share your information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations with whom we have shared your information. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, you may ask your worker to have it explained to you. You can ask DHS for another copy of this notice.

Child protection assessment or investigative data

The Minnesota Government Data Practices Act requires that the county agency inform you of your rights under the Data Practices Act when asking you to give private information about yourself.

- The name of any person who reports suspected child maltreatment is confidential. This means that the person's name or any identifying information about the person cannot be disclosed except in very limited circumstances.
- During and after an assessment or investigation, the information the agency collects about you and your child is private data. Private data means that only the person whom the information is about may access the information, unless that person gives permission for others to access the information.

- A copy of a videotape in which a child victim or alleged victim alleges, describes, or denies an act of physical or sexual abuse cannot be given to anyone without a court order.
- Your name may be made public upon a written finding by the court or if the information becomes part of an administrative or judicial proceeding. Public information means that anyone may see the information.

What are our responsibilities?

- We must let you know our legal duties and privacy practices, which we are doing by providing you with this notice.
- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get special written permission from you. We may not share your information with individuals and agencies other than those listed on this form unless we get special written permission from you.
- We are required to follow the terms of this notice, but the privacy policy may change in the future. It might change because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our Web site at:
<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3979-ENG>.

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others to see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) or
toll free (800) 368-1019/(866) 282-0659
(312) 353-5693 (TTY/TDD)
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above, or to:

Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

Sign below to indicate that you have received this privacy notice.

RECIPIENT OF NOTICE OR LEGALLY AUTHORIZED REPRESENTATIVE	DATE
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Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬទូរស័ព្ទទៅ [ឈ្មោះអង្គការ] លេខ 1-888-468-3787.

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) los sis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມຕ່າງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກ ຂອງທ່ານ ຫຼືໂທຫາ ຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn afaanuma kankee argachuu dhaaf bilbila armaan gadii kana bilbili. Bilbilli dhooftu sun: 1-888-234-3785.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к прикрепленному к вам сотруднику или позвоните по телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani, weydii adeeg-hayaha ama wac ee 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.

Authorization for the Release of Information

I, _____
(name of individual authorizing release and if required address, client number, social security number, etc. to identify this individual from other similar names in agencies' files)

authorize

(name of individual or entity maintaining data about me or dependent family members)

to disclose private data about me to

(name of individual(s), or entities to receive the information)

the following information:

- | | |
|---|--|
| <input type="checkbox"/> Discharge or Closing Summary | <input type="checkbox"/> Psychological Testing or Evaluation |
| <input type="checkbox"/> Laboratory Reports - List: _____ | <input type="checkbox"/> Treatment Plan or Community Support Plan |
| <input type="checkbox"/> Medical History/Physical Exam | <input type="checkbox"/> Birth Records |
| <input type="checkbox"/> Social Service Records | <input type="checkbox"/> School Records, IEP, Assessments, Transcripts |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Treatment Records | <input type="checkbox"/> Vocational Reports |
| <input type="checkbox"/> Emergency Room Reports | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Admission/Intake Summary/Diagnostic Assessment | <input type="checkbox"/> Court Records |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Chemical Dependency Evaluation |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Other: _____ |

☐ Yes ☐ No I am agreeing to release health records that include drug and alcohol treatment records.

for the purpose of:

- | | |
|--|--|
| <input type="checkbox"/> To continue evaluation or treatment | <input type="checkbox"/> To determine eligibility for case management services |
| <input type="checkbox"/> To coordinate services | <input type="checkbox"/> Other: _____ |

I understand that State and Federal privacy laws protect my records. My records can be released only if I give my written permission or if the law allows it. If I refuse to sign or cancel this release, I may not be eligible to receive the service I am requesting. I may cancel this consent with written notice at any time, but that this written notice will not affect information the agency has already requested or released. I understand that those who receive my records under this release may share it with others. I also understand that once the information is shared with others, it is no longer protected by this authorization.

This consent ends ____/____/____ or one year from the date I sign it, or other periods as provided by law.

_____/____/____
Signature of individual authorizing release Date

_____/____/____
Signature of witness (if required) Date

_____/____/____
Signature and relationship of parent, guardian or authorized representative (if required) Date

NOTE TO AGENCIES USING THIS FORM: The consequences of giving informed consent must be communicated to the individual prior to signing his/her signature. The individual who consents to release personal information must be provided a signed (executed) copy of the authorization

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