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/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 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.

Why do we ask you 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 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

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أرت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الإجتماعية 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.

ໂປ໊ດຊຸາບ. ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມຄັ້ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນໍາພນັກງານຊ່ວຍວຽກ ຂອງທ່ານ ຫຼືໂທຣຫາ ຕາມເລກໂທຣ 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 nầy 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.

Appendix C

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:

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

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

for the purpose of:

- ☐ To continue evaluation or treatment
- ☐ To coordinate services
- ☐ To determine eligibility for case management services
- ☐ 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

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.