



## **The Hills Youth and Family Services Notice of Privacy Practices**

**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.**

To protect your privacy while we handle your health information, The Hills Youth and Family Services follows applicable laws, rules, and procedures. We are required by law to provide you with this Notice of Privacy Practices ("Notice"). This Notice tells you about the ways in which The Hills Youth and Family Services may use and disclose (share) health information about you. We also describe your rights to the health information we keep about you, and describe our obligations regarding the use and disclosure of your health information.

"Health Information" means any information, whether oral, electronic, or paper, which is created or received by The Hills Youth and Family Services and is related to your health care or payment for the provision of medical services. We understand that health information about you and your health care is personal. We are committed to protecting health information about you. The information documenting the care and services you receive from The Hills Youth and Family Services is contained in a medical record, which is the physical property of The Hills Youth and Family Services. We need this record to provide you with quality care, bill for your care, and comply with legal requirements. Typically, your medical record contains your demographic information (such as how we can reach you and your social security number), and other information such as symptoms, diagnoses, treatments, care plans, and other related information.

This Notice applies to all of the records of your care that we maintain, whether made by our staff (such as nurses, therapist, and health care providers contracted to provide services to The Hills Youth and Family Services), support staff, volunteers, or by your personal doctor. Other health care providers may have different policies and notices regarding use and disclosure of your health information created in his or her office or clinic.

This Notice describes The Hills Youth and Family Services' practices and that of all its employees, staff, and contractors.

### **Federal and State Laws**

Health information may be protected by both federal and state laws and regulations. The Hills Youth and Family Services is required to follow both sets of rules. Sometimes these rules are different. In those cases, The Hills Youth and Family Services must follow the rules that provide greater protection of health information and grant our patients greater rights. Where a state law is more stringent, we have listed that in this Notice.

### **Uses and Disclosures Without Your Express Permission**

We may only use or disclose your health information with your written permission except as described in this Notice or specifically required or permitted by law. If you give written permission, you have the right to withdraw your permission for future uses and disclosures by notifying The Hills Youth and Family Services in writing. A new form to revoke your

permission is available by contacting The Hills Youth and Family Services Compliance Officer at (218) 728-7500. Your permission will end upon receipt of and approval of the signed form.

To provide you with care, we will need to use and disclose your health information. When we use and disclose your health information, we follow the law and take steps to protect your information. ***We may use and disclose your health information without your prior, express permission*** as follows:

**Treatment, Payment, and Health Care Operations:** We may use and disclose your health information for:

- Treatment (for the provision, coordination, and management of care, includes sharing information with non- The Hills Youth and Family Services providers who are involved in your care);
- Payment (such as providing bills, service dates, symptoms, and diagnosis to you and your insurance company); and
- Our health care operations. Such activities are necessary for us to provide you with services and manage our organization. Examples of such activities include, but are not limited to: quality improvement activities throughout The Hills Youth and Family Services, evaluating our staff, conducting training activities, obtaining legal and accounting services, conducting audits, business planning, and other management activities.

We may disclose your health information to a non- The Hills Youth and Family Services provider or entity so that they can provide you with treatment and for continuity of care. For example, you may need primary care services from a local physician and we will share your information to make such arrangements. We may also disclose your information to non-The Hills Youth and Family Services providers or entities for them to obtain payment for services provided.

We arrange to provide some services through contracts with business associates. On occasion, we may disclose your health information to business associates acting on our behalf so they can perform the services that we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information. Business associates are also required by Federal law to safeguard your health information.

Minnesota law generally requires patient consent (obtained at the time of admission) for disclosures of health information for treatment, payment and health care operations purposes, unless consent is not possible due to a medical emergency.

**Appointment Reminders and Treatment Alternatives:** At times we may access your health information to set up or remind you about future appointments or provide information about treatment and health-related benefits or services that may be of interest to you.

**Facility Directory/Patient Census:** Unless you instruct us not to, we may include your name, location in a facility, a health condition (in general terms, such as "good", "fair"), and religious affiliation (should you choose to provide one) in a current patient list. This information is maintained for The Hills Youth and Family Services' personnel to assist family members, staff, and others in locating you while you are at a The Hills Youth and Family Services facility. This information (with the exception of religious affiliation) may be provided to people who ask for you by name. This information (including religious affiliation) may be provided to members of the clergy. If you do not wish to have The Hills Youth and Family Services disclose this information, please inform the person assisting you with registration or admission.

**Relatives, Close Friends, and Others Involved in Your Care:** Healthcare professionals, using their best judgment, may disclose to a family member, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If family members or friends are present while care is being provided, The Hills Youth and Family Services will assume you agree to have, unless you instruct us not to, your companions hear the discussion. If you do not want The Hills Youth and Family Services to disclose your health information to your family members or others who are involved with your care or handling your bills, please inform the person assisting you during registration or admission.

**Disaster Relief:** Unless you instruct us not to, in the event of a declared disaster, we may disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts (e.g., the Red Cross).

**Fundraising:** We may contact you about supporting our fundraising efforts, programs, and events to support our mission. We may use certain information (name, address, email address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for The Hills Youth and Family Services. We do not sell or rent patient names or contact information to organizations. If you do not want us to contact you for fundraising efforts, you must notify The Hills Youth and Family Services in writing.

**Record Locator Service (may also be known as HIE – Health Insurance Exchange):** In the event of a medical emergency, we may share your demographic information (name, address, date of birth, gender, and location of your health record) with a medical record locator service. This information will help caregivers identify where you have a health record(s) and will assist caregivers to make better decisions about your treatment. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this service will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you.

If you do not want to be included in the record locator service, you may opt-out by completing a written opt-out form. Your opt-out decision will remain in effect until you notify us in writing that you wish to change these instructions. You can ask for this form at the Admission's Office or call (218) 728-7500 and ask for The Hills Youth and Family Services Compliance Officer.

**To Avert a Serious Threat of Harm:** Under certain circumstances, we may use and disclose health information about you when necessary to prevent a serious and imminent threat to the health and safety of you, another person, or the general public.

**Military Authorities/National Security:** We may release protected health information to authorized federal officials for military intelligence, counterintelligence, or other national security activities authorized by law. The Hills Youth and Family Services may also disclose protected health information to authorized federal officials so they may provide protection to the President or other authorized individuals. No consent is required if the disclosure is specifically required by federal law.

**Public Health Activities:** We may discuss health information about you for legally authorized or required public health activities such as in cases of "mandatory reporting" of abuse or neglect. These may also include such things as preventing or controlling disease, reporting reactions to medications, or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for legally authorized activities, such as audits, investigations, inspections, and licensure. Through these activities the government monitors the health care system, government programs, and compliance with applicable laws and regulations, including civil rights laws.

**Data Breach Notification Purposes:** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.

**Law Enforcement Activities:** We may disclose your health information to the police or other law enforcement officials as required or permitted by law, including in response to a court order, subpoena, summons, warrant, or similar process. If we reasonably believe you are a victim of abuse, neglect, or domestic violence and the reporting of such information is required or allowed by law, we may disclose your health information to a government authority, including a social service or protective service agency. No consent is required if the disclosure is in response to a valid court order or warrant.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding as required or permitted by law, including in response to a court/administrative order, subpoena or similar process.

**Death:** In case of your death, information about you may be released to your relatives or to facilitate organ donations.

**Coroner, Medical Examiners, and Funeral Directors:** We may disclose health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. The Hills Youth and Family Services also may release protected health information to a funeral director as necessary to carry out the funeral director's duties, including arrangements in reasonable anticipation of and after death.

**Civil Commitment:** Certain information related to pre-petition screening may be released without your consent.

**Correctional Programs:** We may release information about you if you are in custody to provide you with health care, to protect your health, or to protect the health of others.

**Required By Other Laws:** We will use or disclose health information when required by other federal, state or local laws.

**Alcohol and Drug Abuse Records:** If you are a recipient of alcohol or drug abuse treatment, provided by a federally assisted alcohol and drug abuse program, your health information is protected by special federal confidentiality laws (42 CFR Part 2). Your health information will be disclosed to The Hills Youth and Family Services staff and representatives within the alcohol or drug abuse treatment program and certain organizations providing services to the program that have a need to know your health information to perform their job duties or to medical personnel in the event of a medical emergency.

**Information with Additional Protections:** Certain types of health information may have additional protection under federal or state law. These types of information will not be released without your express permission.

## Individual Rights

This section describes your rights as a The Hills Youth and Family Services patient related to your health information:

**Right to Inspect and Copy:** You have the right to request in writing that you see and obtain a copy of the health information that we use to make decisions about your care. We may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances (for example, we may deny access if your physician believes it will be harmful to your health or could cause a threat to others), you may request that the denial be reviewed. If such a review is agreed upon, another licensed health care professional chosen by The Hills Youth and Family Services may review your request, and we will comply with the outcome of that review. To make such a request, please contact The Hills Youth and Family Services Compliance Officer at (218) 728-7500.

**Right to Refuse to Provide Information:** You have the right to refuse to provide information. If you exercise this right, we may not be able to provide services to you.

Please Note: Minnesota law requires a written and legally compliant patient consent for disclosures of health information to the patient themselves. Therefore, the proper The Hills Youth and Family Services form must be completed and received prior to such access being granted.

**Right to Request Alternate Methods of Communication:** You have the right to request, in writing, but without needing to state a reason, that confidential communication about you be made in an alternative manner (such as by phone or email) or at a certain location. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted in the future. To make such a request, please contact The Hills Youth and Family Services Compliance Officer at (218) 728-7500.

**Right to Request Amendment:** If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to amend information. The request should state the reason for the amendment and specify the information to be amended. Any amendment we make to your health information will be disclosed to those with whom we previously disclosed the amended information.

We may deny your request for an amendment if the request is not in writing or does not state a reason. We may also deny your request if the information to be amended was not created by The Hills Youth and Family Services (unless the creator of the information is no longer available to amend it), is no longer maintained by The Hills Youth and Family Services, is not part of the information which you would be permitted to see and copy, or is accurate and complete. We will notify you in a timely manner of our response to your request for amendment. If we deny your request, you may submit a statement disagreeing with our denial, or you may direct that your request for amendment and our denial be included with any future disclosures of the information you requested to amend. If you submit a statement of disagreement, we may prepare and provide you with a copy of a written statement of rebuttal, and your statement of disagreement and our rebuttal will be included in subsequent disclosures of the information. To make such a request, please contact The Hills Youth and Family Services Compliance Officer at (218) 728-7500.

**Right to Request Restrictions:** You have a right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment of health care operations, or to assist others' involvement in your care. Your request must be in writing, state the restrictions that you are requesting, and state to whom the restrictions apply. Please

note that The Hills Youth and Family Services may not be legally required to honor such a request. To make such a request, please contact The Hills Youth and Family Services Compliance Officer at (218) 728-7500.

**Right to Receive an Accounting of Disclosures:** We keep a log of information about you that has been disclosed to third parties other than for treatment, payment and health care operations. You may obtain a list of such disclosures over the past six years by sending a written request to The Hills Youth and Family Services Compliance Officer at (218) 728-7500.

**Rights if You Have Made Payment in Full:** If you or someone on your behalf (other than a health plan), has paid for a service in full, you have the right to ask that we not provide information about this service to a health plan for purposes of payment or health care operations. If you ask us to do this, we will not give the information to your health plan.

### **Key Information About This Notice**

This Notice takes effect July 1, 2013. It will remain in effect until we replace it. We may change this Notice and make the new changes applicable for all health information we created or received before we made changes to our Notice. We will make any revised Notice available in hard copy and display it in our locations and on our website. Also, you can request the revised Notice in person or by mail. If you have any questions, or would like to discuss this Notice in more detail, please contact The Hills Youth and Family Services Compliance Officer at (218) 728-7500.

### **Complaints**

If you are concerned that your privacy rights may have been violated or you disagree with a decision we make about your health information, please contact The Hills Youth and Family Services Compliance Officer at (218) 728-7500. You may also send a written complaint to the United States Department of Health and Human Services-Office of Civil Rights. Our Compliance Officer can provide you with information on how to file such a complaint.

Under no circumstances will we ever ask you to waive your rights under this Notice or retaliate against you in any manner for filing a complaint. The Hills Youth and Family Services reserves the right, however, to take necessary and appropriate action to maintain an environment that serves the best interests of its patients and providers.