

## Woodland Centers Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW INFORMATION WE COLLECT ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

**WOODLAND CENTERS RESERVES THE RIGHT TO MAKE CHANGES IN ITS PRIVACY PRACTICES.**

This Notice describes how we may use and disclose your **protected health information (PHI)** for purposes of treatment, payment, and healthcare operations, as well as other ways permitted or required by law. It explains your rights to access and control of your information. PHI is information about you that may identify your past, present, and future physical or mental health.

We are required by law to abide by the terms of this Notice and may change this Notice at any time. The new Notice will be effective for all PHI that we maintain at the time.

You are not required to provide us with information about yourself; however, without it we may not be able to provide you with appropriate treatment. If you are here because of a court order and you refuse to provide information, the Court may be informed of your refusal.

Minnesota law allows certain minor children the right to request that private data about them be kept from their parents.

**Uses and Disclosures:** When you receive our services, you will sign a consent for services. That consent allows us to disclose PHI for:

- **Healthcare Operations:** We may use or disclose your PHI to support our business activities as a community mental health center. These activities may include, but are not limited to, quality reviews, employee supervision and reviews, training of students and interns, licensing, and credentialing activities.
- **Treatment:** With your consent for services we may use or disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes contacting you regarding appointment reminders, coordination of your healthcare with a third party that has already obtained your permission to have access to your PHI, or disclosing your PHI to another healthcare provider who becomes involved in your care.
- **Payment:** We may use and disclose your PHI to obtain payment for the services we provide to you.
- **Business Associates:** We may use or disclose your PHI to an outside company who creates, receives, maintains, or transmits PHI on our behalf. They contract with us and are required by law to safeguard your PHI.

**When use/disclosure of your PHI without your written consent is allowed:**

- **To Avoid a Serious Threat to Health or Safety:** When necessary to prevent a serious threat to health or safety of the public or another person.
- **As Required By Law:** When required or permitted by federal, state, or local law it may be necessary to disclose information.
- **Public Health:** When permitted by law to collect or receive information for the purposes of disease control, injury, or disability. We are required under Minnesota law to make certain reports to the Department of Health and other agencies, including reports relating to communicable diseases, abuse and neglect of children, as well as maltreatment of vulnerable adults and children.
- **Health Oversight:** For activities authorized by law such as audits, investigations, inspections, or licensing boards.
- **Law Enforcement:** Disclosure of PHI may include, but is not limited to: (1) legal processes and otherwise required by law such as court order and warrants, (2) limited information requests for identification and location purposes, and (3) information pertaining to victims of a crime.
- **Criminal Activity:** PHI may be disclosed if we believe it may prevent or lessen a serious threat to the health and safety of a person or the public (“Duty to Warn”). We also may disclose if it is: (1) necessary for law enforcement authorities to identify or apprehend an individual, (2) report a death we believe may be the result of criminal conduct, (3) report criminal conduct on Woodland Centers’ premises, and (4) it is likely a crime has occurred and there is a medical emergency.
- **National Security and Intelligence:** To authorize federal officials for reasons of national security or protective services as authorized by law.
- **Workers’ Compensation:** To comply with workers’ compensation laws.
- **Inmates:** We may disclose if you are an inmate of a correctional institution: (1) for the institution to provide you with health care, (2) to protect your health and safety or of others, and (3) for the safety and security of the correctional facility.
- **Data Breach notification purposes:** We may release health information to provide legally required notices to you and the federal government in the case of a data breach.

**Other uses and disclosures of your PHI** will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke your authorization, in writing, at any time. Any use or disclosure of your PHI already made based on your authorization cannot be undone.

## **Your Privacy Rights**

**Review and obtain copy of your PHI:** Upon written request and authorization, you may look at or obtain a copy of PHI we maintain about you (including health information and billing records). We may charge a fee for the costs of copying and mailing. If your request to look at or copy your PHI is denied, you may be able to appeal that decision. Please contact our Health Information Management Services if you have questions about reviewing or copying your PHI.

**Request to ask for a restriction of the use and disclosure of your PHI:** You have the right to request certain restrictions of our use or disclosure of your PHI with regard to treatment, payment, or health care operation. We are not required to agree to your request; but if we agree to the restrictions, we will comply with your request unless the information is needed to provide you emergency treatment, or if your doctor or therapist believes it is in your best interest to disclose the PHI. A request for such restriction should be discussed with your doctor or therapist; however, any request for restriction must be specific and in writing to our Privacy Officer. If you restrict us from providing information to your insurer, you will be responsible for arranging to pay the charges incurred for your care and treatment at Woodland Centers in full at the time of the appointment. A request for restrictions must be made 5 days prior to the appointment.

**Request Alternative Ways to Communicate:** You may request we communicate with you in a certain way or at a certain location. We will accommodate all reasonable requests, but may ask for information as to how payment will be handled or for a specific alternate address or other method of contact. You do not have to give us a reason for your request. Your request must be made in writing to our Privacy Officer.

**To be Notified of a Breach:** You have the right to be notified if we discover a breach of unsecured PHI involving your record.

**Right to Amend:** If you believe your information is incorrect, you may ask that it be changed. In certain cases, we may deny your request for the PHI to be changed. If we deny your request, you have the right to file a statement of disagreement and have it attached to the disputed PHI. We also may prepare a response to your statement of disagreement; if we do, you will be provided a copy of it and it may also be attached to the disputed PHI. Please make any request for such changes in writing to our Client Service Representative/Compliance Officer.

**Receive an Account of Disclosure:** You may request an "account of disclosure." Your request must be written and

sent to the Health Information Management Services Department. Your initial request will be provided at no charge, but you may be charged for additional copies. This listing is for the types of disclosures described in this Notice. The listing can only be for a six-year period and can only include disclosures made after April 14, 2003. It will not include disclosures made: (1) to carry out treatment, payment, or healthcare operations, (b) to you, or c) legally, but without your consent (in the situations described in this Notice)

**Receive a paper copy of this notice:** You may, upon request, receive a paper copy of this notice. It is also available on our web site: [www.woodlandcenters.com](http://www.woodlandcenters.com)

## **How to File a Complaint**

You may complain to us, the State of Minnesota, or the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us about a possible violation of your privacy right by contacting our Client Service Representative/Compliance Officer. We will not retaliate against you for filing a complaint.

- **Client Service Representative/Compliance Officer, Woodland),** P. O, Box 787, Willmar, MN. 56201 (320-235-4613 or 800-992-1716)
- **MN Department of Human Rights,** 625 Robert St. North, St. Paul, MN. 55155 (800-657-3704 or 651-539-1100)
- **Department of Human Services, Licensing Division** P. O. Box 64242 St. Paul, MN. 55164-0242 (651-431-6500)
- **Board of Marriage and Family,** ADC Licensing Program, 2829 University Ave. SE, Suite 210, Minneapolis, MN 55414 (612-548-2177)
- **US Department of Health and Human Services, Office for Civil Rights,** Region V, 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601 (800-368-1019)