

**WOODLAND CENTERS  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW INFORMATION WE COLLECT ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS 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 uses and disclosures permitted or required by law. It explains your rights, including rights that allow you access to and control of your information. PHI is information about you that may identify your past, present, and future physical or mental health. PHI also includes demographic information such as your name, telephone number, and address, as well as information related to the cost of your care and payment for the services we provide to you.

We are required by law to abide by the terms of this Notice but may change this Notice when necessary. Any new Notice is effective for all PHI that we maintain and an up to date Notice is available upon request in our office or on our website.

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 or we may encounter billing problems that could result in your having to pay for services which otherwise may be covered by insurance. 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 provides that some minor clients may request confidentiality of their records in certain circumstances. A written authorization from the minor client may be required to share PHI with a parent or guardian.

**Uses and disclosures of PHI with written consent.** Your written consent for services allows us to disclose PHI for:

- **Healthcare Operations:** We may use or disclose your PHI to support our business activities as a certified community behavioral health clinic. 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:** We may use or disclose your PHI, including substance abuse records, to provide, coordinate, or manage your healthcare and any related services. This includes contacting you regarding appointment reminders coordinating your healthcare, or disclosing your PHI to another healthcare provider who becomes involved in your care.
- **Payment:** We may use and disclose your PHI to your health plans or other payer to obtain payment for 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 to support our operations. Business Associates are required by law to safeguard your PHI.
- **Record Locator Services:** We may disclose your PHI to other providers or access PHI from other providers using a record locator service. You may opt out of this service by notifying us in writing.

**Uses and disclosures of PHI without your written consent.** When you receive services from us we may disclose PHI without your consent:

- **To Avoid a Serious Threat to Health or Safety:** PHI may be disclosed when necessary to prevent a services threat to the health or safety of the client, the public, or another person.
- **As Required By Law:** PHI may be disclosed when required or permitted by federal, state, or local law. We are required under Minnesota law to make certain reports to the Department of Health and other agencies, including reports relating to abuse and neglect of children, as well as maltreatment of vulnerable adults.
- **Public Health:** We may disclose PHI when permitted by law to collect or receive information for purposes related to public health including communicable disease reporting and control, product recall, and adverse reactions.
- **Health Oversight:** Including activities authorized by law such as audits, investigations, inspections, or actions by licensing boards, or to the Department of Health and Human Services if it wants to confirm we are complying with privacy laws.
- **Law Enforcement and Legal Actions:** We may disclose PHI in response to a court or administrative order, in response to a subpoena or warrant, or other legal process. We may also share health information with a coroner or medical examiner.
- **Criminal Activity:** PHI must 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 PHI when: (1) necessary for law enforcement authorities to identify or apprehend an individual, (2) to report a death we believe may be the result of criminal conduct, (3) report criminal conduct on Woodland Centers' premises, or (4) if it is likely a crime has occurred and there is a medical emergency.
- **National Security and Intelligence:** We may disclose to authorized 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 PHI 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 a written authorization to disclose PHI in writing, at any time. However, 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 request, you may look at or obtain a copy of the records we maintain about you (including health information and billing records). We may charge a fee for the costs of copying and mailing records. We will tell you if your request to look at or copy PHI is denied, and you may be able to appeal that decision. Please contact our Health Information Management Services if you have questions about reviewing or receiving a copy of 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; 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. You should first discuss your request for a restriction with your psychiatrist or therapist however, then provide any request in writing in writing directed to our Privacy Officer. A request for restriction on use and disclosure must be made 5 days prior to an appointment. If you restrict us from providing information to your insurer or other health plan, you must pay for all services in full at the time of your appointment.

**Request Alternative Ways to Communicate:** You may request we communicate with you in a certain way or at a certain location such as your home or office. 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 promptly if we discover a breach that may have compromised the privacy or security of your PHI.

**Right to Amend:** If you believe the information in your record is incorrect, you may ask that it be corrected. If we deny your request, you have a right to file a statement of disagreement and have it attached to your record. We may prepare a response to your statement of disagreement, provide you with a copy, and attach it to your record as well. Please make any request for changes to your record in writing to our Client Service Representative /Director of Compliance.

**Receive an Accounting of Disclosures:** You may request a list or "accounting" of disclosures we have made in the previous six years. Your request must be in writing and sent to the Health Information Management Services Department. Your initial accounting will be provided at no charge, but you may be charged for additional copies. An accounting will include the types of disclosures described in this Notice. It will not include disclosures made: (a) to carry out treatment, payment, or healthcare operations, (b) to you, or (c) pursuant to the law, but without your consent (including 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)

**Share your choices:** If you have a preference of how we share your information in certain situations, please tell us. You can tell us not to share information with your family close friends, or others involved in your care. We never share your information without written permission for marketing purposes, to sell your information, or most sharing of psychotherapy notes.

## **How to File a Complaint**

You may complain to Woodland Centers, 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 Centers),** 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 Therapy,** 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)

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