

CHOICE, unlimited

Creating and Enhancing Opportunities Within Local Communities

Notice of Privacy Practices

You have privacy rights under the Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy but allows us to give information about you to others, if the law requires it. We may tell you before we give the information. These laws require us to keep your health information private and to give you notice of our legal duties and practices to protect private information. We must follow the terms that we have agreed to in this notice. However, we can choose to change the terms of this notice. If we change the terms of this notice, those changes will be applied to all present and future information that we collect about you. We will inform you if we change the terms of this notice.

When you begin receiving services from CHOICE, unlimited we ask you questions about where you live, your income, your hobbies and interests, what you like and dislike, and whether you have any medical or emotional concerns. This information about you and other information we get about you is put into a record with your name on it. We keep this information private. Private means that we don't let anyone see it except you and the staff who work with you from CHOICE, unlimited. For us to share information about you with others, you must give us permission by signing a "Consent for Release of Information" document.

Why do we ask you for this information?

- To distinguish you from other people with the same or similar name
- To determine your eligibility to receive services from CHOICE, unlimited
- To develop a person-centered plan for you
- To refer you for treatment of medical concerns
- To report income to the county
- To make job placements
- To collect fees for services from other agencies, should they pay for your services
- To collect fees from governmental agencies for services provided to you
- For accounting and auditing purposes
- To make reports as required by law
- For accreditation and licensing reviews
- For armed forces members, information required by military command authorities
- For on-going agency business

Do you have to answer the questions we ask?

Generally, the law does not say you have to give us this information.

What will happen if you do not answer the questions we ask?

If you do not answer the questions asked this may make you ineligible for services or may result in services which do not adequately address your needs.

With whom may we share information about you?

Some people work very closely with us to provide services. We need to share information about you with them so that you can receive the best services. Other people may need information about you to check (evaluate) our program. Some of the people who may see information about you are:

- County Social Services (your social worker)
- Social Security Administration Office

- Department of Labor
- Minnesota Department of Human Services
- Residential Provider
- Agencies that provide transportation for CHOICE, unlimited
- Relatives or guardians who may be responsible for your care
- Your doctor, clinic or hospital if you are sick or in need of emergency medical treatment
- Lawyers, police or other officials if you or CHOICE, unlimited is involved in an investigation and access to your records is required by law.
- Ombudsman –should a report of serious injury need to be filed.
- Internal Revenue Service
- State Vocational Rehabilitation Services
- Workers’ Compensation
- Agencies of accreditation
- Military and Veterans agencies
- Any additional entities the law requires sharing of information with

We will not share information with anyone else unless you and/or your guardian sign a consent form authorizing us to do so.

Immigration Information

Immigration information given as part of an application is private and confidential. Information will only be used for eligibility determinations and program administration. Individuals may be eligible without providing immigration information.

You have the right to information we have about you

- You may ask if we have any information about you and get copies.
- You may give other people permission to see and receive copies of private information about you.
- If we have collected health information about you, we may use it only for the purposes that we have listed in this notice.
- No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of your record while you are receiving services.
- You have the right to ask us to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to an address other than your home address. You must make this request in writing. You do not have to explain the basis for your request. If we find that your request is reasonable, we will grant it.
- You can ask us to restrict disclosures of your health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed and to whom you want these restrictions to apply. You can end these restrictions at any time by notifying us verbally or in writing. We are not required to agree to your restrictions.

What if you believe the information we have about you is wrong?

You may question the accuracy of any information we have about you. You may challenge the accuracy or completeness of information contained in your record. If you have a concern regarding your records you can send your concerns in writing, telling us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. If you have a complaint regarding your records you have the right to file a grievance. Staff may assist you in this process.

Questions?

If you have any questions about the information we have about you, you may ask a staff person to explain it or talk to your parent, guardian, or case manager. You may also call: 651-296-6733 for questions concerning Data Practices – Minnesota Department of Human Services, Centennial Building, St. Paul, MN 55155.

Filing Complaints about Your Health Information Privacy Rights

You may register a complaint concerning your health information privacy rights internally in person, by phone, by e-mail or in writing by contacting:

CHOICE, unlimited Privacy Official: Kristie Buchman

Phone: 218-724-5869

E-mail: kbuchman@choiceunlimited.org

Mail: 1829 East Superior Street, Duluth, MN 55812

Fax: 218-724-0359

If you believe that your health information privacy rights have been violated, you may file a complaint. Write to the Minnesota Department of Human Services, or to the U.S. Department of Health and Human Services, at the address below. **We cannot deny you services or treat you unfairly because you have filed a complaint against us.**

Privacy Official:

Minnesota Department of Human Services

P.O Box 64998

St. Paul, MN 55164-0998

Office of Civil Rights

Medical Privacy, Complaint Division

U.S. Department of Health and Human Services

200 Independence Avenue, SW, HHH Building, Room 509H

Washington, D.C. 20201

Phone: 866-627-7748 TTY: 866-788-4989

Signature of service recipient

Signature of guardian/case manager

Signature of CHOICE, unlimited staff

Date

2.I.o. Notice of Privacy Practices
Reviewed and Revised 8/11/2022
Policy Manual 2, Service Recipient Intake Packet