

Change Inc. Privacy Notice

Your Information. Your Rights. Our Responsibilities.

This notice describes how health care information about you may be used and disclosed by Change Inc. and its Community & School Collaborative, Community Clinic, and Change Institute programs. **Please review it carefully.** This notice first became effective on April 14, 2003.

Your Rights

You have the right to:

- Get a copy of your paper and/or electronic medical record
- Correct your paper and/or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research & data collection
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic and/or paper copy of your medical record

- You can ask to see or get an electronic and/or paper copy of your medical record and any other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. **Change Inc.** may contact you via phone, email, text, or mail to provide appointment reminders or information about treatment, treatment alternatives, or other mental health related benefits and services that may be of interest to you. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- If you are court ordered to participate in a program at **Change Inc.** and refuse to provide information necessary to the provision of treatment, that refusal may be communicated to the court.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at Change Inc., Attention Privacy Officer, 381 East Robie Street, St. Paul, MN 55107; Phone: 651-222-0757; info@thechangeinc.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Sign a consent form to release this information
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you. The information you provide will be used to establish a diagnosis, determine your program goals, and provide you with quality services. We can use your health information and share it with other professionals who are treating you. *For example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization. We can use and share your health information to run our organization, improve your care, and contact you when necessary. All charts, electronic and paper, are secured to the highest standards. *For example: We use health information about you to manage your treatment and services.*

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. *For example: We give information about you to your health insurance plan so it will pay for your services.*

Data Collection. The information you provide will be recorded in paper and electronic formats. For clients with Medicaid, progress and improvement will be recorded on a confidential and secure online database established by the Minnesota Department of Human Services. As part of your therapy experience at **Change Inc.**, you are asked to participate in ongoing research and data collection to assist in improving the services offered at **Change Inc.** Your participation in our data collection will vary depending on the services you access. **Change Inc.** will share information with your insurance company and/or government agencies that provide funding in order to obtain reimbursement for services. Government agencies often request reports based on overall agency effectiveness, your personal information will be omitted from these reports. At any time, for any reason, you may choose to withdraw your participation in our data collection and research. Refusal to participate or withdrawal of participation will not, in any way, influence your or your child's treatment at **Change Inc.**

Training. The information you provide may also be used for instruction, training, data collection, research, and publication purposes only after all identifying information has been removed.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before

we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research. We can use or share your information for health research, after all information identifying you as an individual has been removed.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official, when laws or regulations require us to provide information
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

- In regards to any data collection, **Change Inc.** must keep all information regarding your involvement private and any published information will omit identifying information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.