

RICE COUNTY COMMUNITY CORRECTIONS

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed by Rice County Community Corrections and how you can get access to this information.

USE AND DISCLOSURE OF HEALTH INFORMATION Rice County Community Corrections may use your medical information [information defined as protected health information by the Health Insurance Portability and Accountability Act (HIPAA) of 1996], for purposes of arranging treatment, reporting to the Court, or obtaining payment for your care. Community Corrections has also established policies to guard against unnecessary and unauthorized disclosure of your health information. These policies are in accordance with the federal HIPAA rules and all applicable Minnesota Statutes.

WITH YOUR CONSENT, protected health information about you may be used or disclosed:

To Arrange Treatment. Rice County Community Corrections may use your health information to refer you for services from others, such as physicians, psychiatrists, chemical dependency counselors, residential treatment programs, and other health care professionals.

To Obtain Payment. Rice County Community Corrections may include your health information on invoices to collect payment from third parties such as insurance companies, Medicare, Medical Assistance, etc. for the care that you receive.

WITHOUT YOUR CONSENT, protected health information may be used or disclosed:

When Legally Required. Community Corrections will disclose your health information when required to do so by any federal, state, or local law. Examples are mandatory reporting of child maltreatment and abuse or neglect of a vulnerable adult. Information may also be released pursuant to a valid court order, such as a pre-sentence investigation, pre-disposition investigation, or probation violation proceeding.

In an Emergency. If while you or your dependents are under our direct supervision (for example, in our office or on a Community Corrections work crew) and a medical emergency arises, we may disclose health information to emergency medical personnel.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION Except as stated above, Community Corrections will not disclose your health information without your written authorization. If you or your representative authorizes Community Corrections to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Community Corrections' disclosure of your health information to someone who is involved in your care or the payment of your care. However, Community Corrections is not required to agree to your request. If you wish to make a request for restrictions, please contact the Director (see contact information at the bottom of this Notice).

Right to receive confidential communications. You have the right to request that Community Corrections staff communicate with you in a certain way. For example, you may ask that Community Corrections only conduct communications pertaining to your health information with you in person privately, with no other family members present, or that we not send mail containing health information to you at your home. If you wish to receive confidential communications, please talk with your assigned probation officer or contact the Director. Community Corrections will attempt to honor reasonable requests for confidential communications.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to your assigned probation officer or the Director. We may charge a reasonable fee for copying and assembling your records. Requests for information will be honored immediately if possible, or within ten days of the date of the request, excluding Saturdays, Sundays and legal holidays, if immediate compliance is not possible. (MS 13.04 Subd. 3)

Right to amend health care information. You or your representatives have the right to request that Community Corrections amend our records if you believe that your health information is incorrect or incomplete. Such a request may be considered as long as the information is maintained by Community Corrections. A request for an amendment of records must be made in writing to the Director. The request may be denied if your health information records were not created by Community Corrections, if the records are not part of Community Corrections records, or if the health information that you wish to amend is not part of the health information that you or your representatives are permitted to inspect and copy.

Right to an accounting. You or your representatives have the right to request an accounting of disclosures of your health information made by Community Corrections.

Right to a paper copy of this notice. You have a right to be given a paper copy of this Notice at any time, even if you had previously received this Notice. The Notice is also posted on the Rice County website, www.co.rice.mn.us.

DUTIES OF COMMUNITY CORRECTIONS We are required by state and federal law to maintain the privacy of your health information and to provide you and your representative this Notice. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. If Community Corrections changes this Notice, we will provide a copy of the revised notice to all current clients. The most current Notice will also be posted on the Rice County website. You or your representatives have the right to express complaints to Community Corrections and to the United States Secretary of DHHS (Department of Health and Human Services) if you believe that your health information privacy has been violated. Any complaints to Community Corrections should be made in writing to the Director.

CONTACT PERSON Rice County Community Corrections has designated the Director as its contact for all issues regarding client privacy and your rights under the federal privacy standards. The current Director is:

Jim Haas, Rice County Community Corrections
128 NW Third Street
Faribault, MN 55021
Voice: (507) 332-6290; FAX: (507) 332-5981 / E-mail: jhaas@co.rice.mn.us

This Notice is effective April 14, 2003.

NOTICE REGARDING OTHER PRIVATE INFORMATION

The Minnesota Government Data Practices Act (MS 13.84 et. seq.) protects your privacy whenever you give personal information to a government agency, including Rice County Community Corrections. Much of the information we ask for is private, which means that you and the staff you work with can use it, but we can't disclose to anyone else unless you authorize it or the law allows us to share the information.

Why do we need private information from you? We need information about you for these reasons:

- To help the Court make decisions about your bail, pre-trial release, your sentence or disposition, or how to respond to violations of probation.
- To help us enforce the orders of the Court or agreements we make with you (such as diversion agreements or administrative sanctions)
- To recommend a level of chemical dependency treatment based on valid assessment
- To keep statistics which we are required to report to the Minnesota Department of Corrections.

What if you don't answer the questions we ask?

If you do not answer the questions we ask (in person or in writing), we will report that fact to the Court. If you are on probation, refusing to give certain information to your probation officer is a violation of probation.

Who will see this information?

The information we get from you will be used by the Court, the Court Administrator, your Attorney, the prosecutor, your probation officer, the Department of Public Safety, and other employees of the Community Corrections department. With your permission, we also may share the information with other agencies that provide services to you or us as part of your supervision.

I have read and understand the rights contained in the federal HIPAA notice and in the Minnesota Government Data Practices notice provided to me by Rice County Community Corrections.

Subject signature

date

Parent/guardian (if subject under 18)

date