



## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights Regarding Your Personal/Health Information

You have the right to:

<b>Request restrictions on certain uses and disclosures of your personal/health information</b>	<p>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</p> <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>We will say “yes” unless a law requires us to share that information.</li> </ul>
<b>Request that we communicate with you in a certain way or at a certain location</b>	<p>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.</p> <ul style="list-style-type: none"> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Review and copy your personal/health information according to federal/state/agency regulations/standards</b>	<p>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</p> <p>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.</p>
<b>Request an amendment to your personal/health information</b>	<p>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</p> <ul style="list-style-type: none"> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Receive a listing of uses and disclosures of your personal/health information</b>	<p>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.</p> <ul style="list-style-type: none"> <li>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 one within 12 months.</li> </ul>
<b>Choose someone to act on your behalf</b>	<p>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.</p> <ul style="list-style-type: none"> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>Receive a copy of this Notice</b>	<p>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.</p>

## Your Choices

You have choices in the way we use and share your information. You may tell us your preferences for how we use and share information in order to provide mental health care, provide disaster relief, inform family or friends about your condition, raise funds, or market our services.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in your care</li> <li>Share information in a disaster relief situation</li> </ul> <p><i>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.</i></p>
<b>In these cases we <i>never</i> share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> </ul>

	<ul style="list-style-type: none"> <li>• Most sharing of psychotherapy notes</li> </ul>
<b>In the case of fundraising:</b>	<ul style="list-style-type: none"> <li>• We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>

## Our Uses and Disclosures

The Village may use and disclose your personal/health information in the following circumstances – on a “**need to know**” basis only:

<b>To provide treatment/service</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<i><b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.</i>
<b>To obtain payment for treatment/service</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i><b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.</i>
<b>For Village operations, as appropriate. Examples could be our Quality Improvement Program, case consultation, or in the process of accreditation</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<i><b>Example:</b> We use health information about you to manage your treatment and services</i>
<b>If you are receiving more than one type of service from us, information may be shared on a “need to know” basis</b>		
<b>To provide appointment reminders within certain programs (by phone, mail, etc.)</b>		
<b>When required by law:</b> <ul style="list-style-type: none"> <li>▪ if we become aware through our work that you may be a danger to yourself or others;</li> <li>▪ if we become aware of or suspect abuse or neglect of a child or vulnerable adult;</li> <li>▪ if we are court ordered to testify or to submit our records to the court;</li> <li>▪ if we become aware of a client’s death of serious injury, we are required to report this to the MN Ombudsman for Mental Health and Disabilities</li> </ul>		
<b>To authorized federal officials if it is required for lawful intelligence, counterintelligence, and other national security activities</b>		
<b>For research/educational projects approved according to Village policy or as required by law</b>		
<b>To provide fundraising information to clients within certain programs (by phone, mail, etc.) (not applicable for First Step Recovery); we will not sell your information</b>		
<b>In the event of an emergency, to contact a family member or significant other to inform them of your circumstances or well-being</b>		

## Our Responsibilities

We are required by law to maintain the privacy/security of your protected information. We will let you know promptly if a breach occurs that may have compromised the privacy/security of your information. We must follow duties and privacy practices described in this Notice and provide you with a copy. We will not use or share your information other than as described here unless you give us permission in writing. You may change your mind at any time and just need to let us know that in writing.

## Drug and Alcohol Treatment Information

The confidentiality of records regarding drug and alcohol treatment is protected by Federal law and regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. Information identifying you as a drug or alcohol treatment recipient or other information regarding your care will not be released unless 1) you consent in writing, 2) the disclosure is allowed by court order, or 3) the disclosure is made to medical personnel in a medical emergency. Violation

of Federal alcohol and drug abuse patient records law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, or about any threat to commit such crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Electronic Communications**

Village staff are trained to limit electronic communication of client information whenever possible because of associated security risks. If you choose to communicate electronically with your service provider (email, cell phones, etc.), please be aware that there are security risks and take precautions to protect personal information.

**Complaints/Questions about this Notice**

Complaints or questions regarding this Notice or how the agency handles your personal/health information may be directed to: ATTN: Privacy Officer, The Village Family Service Center, PO Box 9859, Fargo, ND 58106, (800) 627-8220, or to the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, SW, Room 509F HHH Building, Washington, DC 20201.

**Changes to this Notice of Privacy Practices**

The effective date of this Notice is 9/23/13. The Village's Notice of Privacy Practices may be modified due to agency needs, revisions in local, state, or federal laws or accrediting body regulations. Notification of modifications to our Notice and a current version will be available on our website ([www.thevillagefamily.org](http://www.thevillagefamily.org)) and in each of our service locations.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)