MINNEAPOLIS SCHOOL BASED CLINICS program

Notice of Privacy Practices

A program of the Department of Health & Family Support, Minneapolis City of Lakes

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

Your Health Record/Information

Each time you visit the MDHFS School Based Clinics (Clinics), a record of your visit is made. Usually this record has your symptoms, exam, test results, diagnosis, treatment, and a plan for future care or treatment. This information is often called your health or medical record. It serves as a:

- basis to plan your care and treatment.
- way the health professionals who care for you communicate with each other.
- legal document describing the care you received.
- way you and /or your insurance company can be sure that services billed were actually services performed.
- source of data for facility and service planning.
- source of information to improve the care and services we give to our patients.
- source of information for public health officials who have the goal of improving the health of the nation.

Understanding what is in your record and how your health information is used helps you to be sure your health information is correct, know who, what, when, where, and why others may have your health information and make better decisions when allowing disclosure to others.

Privacy Rights of Minors

Most of the time, parents or guardians of minors have the privacy rights described in this Notice. However, there are times when minor patients may make decisions about their own care and have the rights described in this Notice. When minor patients are allowed by law to make decisions about their own medical care, they can usually control the release of their medical information even to their parents/guardians. If you have questions or concerns about whether your parent will have access to your medical information, you should talk to your health care provider.

Your Rights Regarding Your Health Information

Although your health record belongs to the Clinics, the information in it belongs to you. You have the right to:

- look at and /or ask for a copy of your health record. An appointment is required to view the record with your health care provider. We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed in most circumstances.
- ask to restrict certain uses and disclosures of your record. If we deny your request, we will tell you in writing why we do not agree.
- ask for a correction or change to your health record. We do not have to make the change you request. If we deny your request you can write a statement of disagreement with the denial that we will keep with your medical record.
- get a list of when and to whom your health information has been sent for reasons other than treatment, payment, or health operations as of April 14, 2003.
- ask us to communicate your health information to you by other means or to another location. For example, you can ask that we only contact you through use of a certain telephone number.

Our Responsibilities

MDHFS School Based Clinics has a duty to:

- keep your health information private.
- give you this Notice of Privacy Practices and to seek your written acknowledgement of your receipt of this notice.
- abide by our current Notice of Privacy Practices. We will not use or give out your health information without your permission, except as described in this notice.
- tell you if we are unable to agree to your request to change or correct your health record or to restrict certain disclosures of your record.

How We Use Health Information

Treatment, Payment, and Health Operations

Treatment. For example, the laboratories conducting your lab tests will receive your health information necessary to conduct the test. Also, the information the health care provider gets about you will be put in your record in either paper form or electronic form. Your health record is used to decide the best course for treatment for you and to provide continuity of care should you get a different health care provider. We have policies and procedures in place to protect the confidentiality of your health information contained in either the paper or electronic record.

Payment. For example, if you have insurance that may cover the cost of your visit a bill may be sent to your insurance company. The information that goes to the consultant who helps us bill insurance companies and the bill sent to your insurance company may include information that identifies you, your diagnosis, procedures, and supplies used.

Regular Health Care Operations. For example, members of our clinical staff, a quality improvement or auditing team may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used to improve the quality and effectiveness of the health care and service we provide.

Patient Communications. We may contact you to remind you of appointments and we may contact you about health-related services that may be of interest to you. Normally we contact you at the telephone number and address you give us. You may ask us to communicate with you in other ways or at another location. We will agree to your request if it is reasonable.

Other Disclosures Not Requiring Your Permission

Required by Other Law. We may disclose health information when required by other federal, state or local laws. For example, other laws require us to report minor neglect, physical or sexual abuse and health information necessary to follow laws relating to workers' compensation or other similar programs established by law.

Legal Process. We may disclose health information in response to court orders, subpoenas or other legal documents.

Public Health. We may disclose your health information for public health purposes such as birth reporting, to prevent or control disease, injury or disability, to let a person know if they were exposed to a disease or may be at risk for getting or spreading a disease or condition, or to report problems with medicines or other products.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement, transplantation, or to an organ donation bank. We may also release health information to a coroner, medical examiner, or a funeral director.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensing. These activities are needed for the government to oversee the health care system.

Specialized Government Functions. If you are a member of the armed forces or a foreign military, or become an individual at a correctional institution, we may share health information as required by law. We may also disclose your health information to authorized federal officials for activities authorized by law related to national security.

Law Enforcement. If we believe you have been the victim of abuse, neglect or domestic violence, we must report it to law enforcement. If you are emancipated, we will get your permission first. Other situations are when a crime occurs at the clinic, or when it is necessary to prevent a serious health and safety threat to you, another person or the public.

Research. We may use of share your health information for research purposes as allowed by law or if you have given permission.

Disclosures Requiring your Permission

Other uses and disclosures will be made only with your written permission. You may cancel that permission in writing at any time. If you cancel your permission, we will no longer use or share your health information for the reasons on your written permission. Of course, we are unable to take back any disclosures we have already made with your permission.

Questions or Complaints

If you have questions, please contact the clinic manager (612-673-5305). If you believe your privacy rights have been violated let the clinic manager know. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be treated differently by MDHFS school based clinic staff if you make a complaint.

Changes to this Notice

We must follow the terms of the Notice of Privacy Practices. We can change this Notice of Privacy Practices, however, and reserve the right to make the new notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in this clinic. The effective date of this notice is listed on this page.