



411 So. Broadway, P.O. Box 1147 Albert Lea, Minnesota 56007-1147

**Freeborn County Public Health**  
(507) 377-5100  
Fax (507) 377-5272

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION AND OTHER PRIVATE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

## **Notice of Privacy Practices and Appeal Rights**

**Effective Date: October 30, 2013**

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 also let us give information about you to others if the law requires it. 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 are required to follow 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 send or give you a revised notice if we change the terms of this notice.

### **Why do we ask you for this information?**

We may ask you for information so we can:

- Identify health concerns, develop and implement a plan for meeting your needs
- Tell you from other persons by the same name or similar name
- Decide if you can receive services from us
- Help you get appropriate services
- Decide if you can pay for any services
- Make reports, do research, audits and evaluate our programs
- Collect money from other agencies, like insurance companies, if they pay for your care
- Collect money from the state or federal government for help we give you
- To enable us to comply with child and adult welfare reporting statutes
- Properly manage our services and programs

### **Do you have to answer the questions we ask?**

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

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

We may not be able to provide the right service or treatment without your information. We may tell the court if you refuse to give us information if you are here because of a court order.

### **With whom may we share the information about you?**

Some of your information will be shared with other staff in Freeborn County Public Health whose work assignment requires it.

Your information *may* be shared with other agencies when the law allows. Information may be shared:

- With organizations under contract with Freeborn County Public Health, e.g. schools, social and human service agencies.
- With Social Services, law enforcement personnel, and the courts in accordance with state statutes.
- With relatives who may be financially or otherwise responsible for your welfare, in accordance with state law.
- For the purposes of audit by federal and state agencies.
- When there are risks to public health, e.g. with the Minnesota Department of Health for communicable disease reporting.
- In the event of a serious threat to health or safety.
- When legally required, e.g. reporting of child or vulnerable adult maltreatment.

In other cases your information may only be shared if you sign a consent form for release of information for treatment, payment, and health care operations, or other specific authorization. You have the right to revoke any consent you give us.

**You have the right to know what information we have about you and are entitled to copies of your information.**

- You may ask if we have any information about you.
- If we have information about you, you may see it and ask for copies subject to certain exceptions.
- You may have to pay for the copies.
- You may give other people written permission to see and have copies of your information.
- If you do not understand the information, you may ask to have it explained to you.

**Health information collected about you may only be used for the purpose listed in this notice.**

**Right to request alternative communications.** You have the right to ask us to share health information with you in a certain way, e.g. with no family members present, or that mail be sent to a certain address.

**Right to request restrictions on disclosure.** You may request restrictions on disclosures of health information. This request must be in writing. We are not required to agree to your restrictions.

**Right to get a list of disclosures.** You have the right to receive a record of the people or organizations that we have shared your health information with. This record will not include times we have shared information to treat you, to pay or bill health care services or to run our programs.

**You have the right to receive a paper copy of this notice.**

**What privacy rights do children have?**

If you are under 18, parents may see information about you and allow others to see this information, unless you have asked that this information not be shared with your parents or it involved medical treatment for which parental consent was not required. You must make this request in writing and say what information you want withheld and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information will be shared with your parents if they ask for it. When parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes failing to share the information would jeopardize your health.

**If you have any questions about the information on this form, ask your nurse or worker.**

**How do you appeal if you think information is not accurate or complete?**

Your objection must be in writing and be sent to the Data Privacy Designee. You must tell us why the information is not right 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. For more information on how to do this, ask your agency staff person working with you.

**To exercise these rights, contact:** Sue Yost, Director, Freeborn County Public Health Data Privacy Designee (See address below).

**Filing Complaints About Your Health Information Privacy Rights:**

If you believe that your health information privacy rights have been violated, you may file a complaint. Contact the Freeborn County Public Health Data Privacy Designee, or the U.S. Department of Health and Human Services, at the addresses below. **We cannot deny you services or treat you badly because you have filed a complaint against us.**

Sue Yost, Director  
Data Privacy Designee  
Freeborn County Public Health  
411 S Broadway Avenue  
PO Box 1147  
Albert Lea, MN 56007  
Phone: 507-377-5100

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: 800-537-7697