

**Wright County Human Services Agency  
DATA PRACTICES**

**Privacy Rights Notice**

This notice tells you about your rights under the **Minnesota Government Data Practices Act (DPA)** and the **Federal Health Insurance Portability and Accountability Act (HIPAA)**. These Acts (Laws) protect your privacy and also allow us to give information about you to others if a law requires it. This Notice tells why and when we will ask for and give information about you. It applies to all future contacts you may have with our Agency. Those contacts may be in person, by postal mail, e-mail, or on the telephone. Agency staff can explain any additional requirements.

**A. Why Do We Ask You For Information?**

We may ask you for information so we may:

- Differentiate you from other persons by the same or similar name.
- Decide if you can get money or services from us and what or how much you can get.
- Help you get medical, mental health, financial, public health, or social services.
- Collect money from the state or federal government for help we give you.
- Decide if you can pay for any help you get.
- Make reports, do research, audit and evaluate our programs.
- Investigate reports of people who may falsify the help they need.
- Decide about out-of-home care and in-home care for you or your children.
- Collect money from other agencies, like insurance companies, if they are responsible to pay for your services.
- Decide if you or your family needs protective services.

**B. Do You Have to Answer The Questions We Ask?**

Generally the law does not say you have to give us this information. Federal law requires that you give us your Social Security number, if you want financial help or child support enforcement services.

**C. What Will Happen If You Do Not Answer The Questions We Ask?**

We need information about you to determine if you can get help from any program. Without certain information, we may not be able to help you. Or, we may be able to help you, but the help may be late or insufficient. Giving us wrong information purposefully may result in our investigating and charging you with fraud.

**D. With Whom May We Share The Information About You?**

We may give information about you to the below-listed organizations, if they need it for investigations, or to help you, or help us help you. This does not mean we always share information about you with these organizations. It only says that there is a law that says we may share data with these organizations (sometimes the law says we must share certain information).

**Federal Organizations**

- \* U.S. Department of Agriculture
- \* U.S. Department of Health & Human Services
- \* Internal Revenue Service
- \* Attorney General
- \* Social Security Administration
- \* U.S. Department of Labor
- \* Immigration & Naturalization Service
- \* Center for Medicare & Medicaid Services

**State Organizations**

- \* Minnesota Department of Human Services
- \* Minnesota Department of Public Safety
- \* Minnesota Department of Revenue
- \* Minnesota Department of Veterans Affairs
- \* Minnesota Historical Society
- \* Minnesota Department of Health
- \* Minnesota Office of State Auditor
- \* Minnesota Regional Treatment Centers
- \* Minnesota Department of Labor & Industry
- \* Minnesota Department of Economic Security
- \* Minnesota Department of Human Rights
- \* Ombudsman for Mental Health & Developmental Disabilities Services

**County Organizations**

- \* Other County Human Services Agencies
- \* County Attorney
- \* County Housing & Redevelopment Authority
- \* County Welfare or Human Services Boards
- \* County Child & Adult Protection Teams

**Other Departments**

- \* Mental Health Centers
- \* Hospitals & medical clinics
- \* Insurance companies
- \* Collection agencies

- \* Credit Bureaus
- \* Higher Education Coordinating Board
- \* Law enforcement officials
- \* Community food shelves or surplus food programs
- \* School and other institutions of higher education
- \* American Indian tribes
- \* People who investigate child & adult protection
- \* Fraud prevention and control units
- \* Member agencies of a local collaborative
- \* **Anyone else with whom the law may require us to share information**
- \* Others who may pay for your care
- \* Ombudsman for families
- \* Guardians, conservators, or persons with power of attorney responsibility
- \* School districts
- \* Local health departments
- \* Employees or volunteers of any welfare agency
- \* Court officials
- \* Coroners and medical examiners

### **E. Immigration Information**

Immigration information given as part of an application is private and confidential. Information will only be used for eligibility determinations and program administration. If you are applying for emergency services, you do not need to give us information about your immigration status. Non-immigrant or undocumented people who are pregnant, under age 18, age 65 and over, or people with disabilities, may also be eligible without providing immigration information.

### **F. You Have The Right To Information We Have About You**

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for the copies. You may give other people written permission to see and have copies of private data about you. If the information is unclear, you may ask to have it explained to you.

- ▶ You may question the accuracy of any information we have about you.
- ▶ You have the right to ask us to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request. If we find that your request is reasonable, we will grant it.
- ▶ You can ask us to restrict uses or disclosures of your health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed and to whom you want these restrictions to apply. You can request to end these restrictions at any time by calling us or by writing to us. We are not required to agree to your restrictions.
- ▶ You have the right to receive a record of the people or organizations that we have shared your health information with. We must keep a record of each time we share your health information for six years from the date it was shared. This record will be started on April 14, 2003. It will NOT include those times when we have shared your information in order to treat you, pay or bill for your health care services, or to run our programs. If you want a copy of this record, you must send a request in writing to our Privacy Official, the Director of the Wright County Human Services Agency.
- ▶ If you do not understand this information, you may ask to have it explained to you.

### **G. What Privacy Rights Do Children Have?**

By law, if you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing to our Privacy Official and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data 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.

### **H. How Do You Appeal If You Think Information Is Not Accurate Or Complete?**

Your objection must be in writing and be sent to the Director of this Agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts with which you disagree. Your explanation will be attached any time that information is shared with another agency.

If you believe that your health information privacy rights have been violated, you may file a complaint. Write to the Minnesota Department of Human Services, or to the U.S. Department of Health and Human Services, at the address below. We cannot deny you services or treat you poorly because you have filed a complaint against us.

Privacy Official  
Minnesota Department of Human Services  
444 Lafayette Rd. N  
St. Paul, MN 55155-3813  
Phone: 651-296-5764

Office of Civil Rights  
Medical Privacy, Complaint Division  
U.S. Department of Health & Human Services  
200 Independence Ave. SW, HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 886-827-7748  
TTY: 866-788-4989

- I. Information provided to you in this notice, as well as all other data practices information in the Agency's Data Practices Policy Manual, is available for you to review upon request to the Agency. In addition, the HIPAA policy section is posted in the reception areas of the County Government Center Building (Third Floor Annex) and the Human Services Center Building.