

HIPAA Notice of Privacy & Confidentiality Rights & Procedures

THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND ASK QUESTIONS IF THIS INFORMATION IS NOT CLEAR TO YOU.

The Federal Register governing confidentiality of alcohol and drug abuse patient records, the state of Minnesota Data Practices Act, and the Federal Health Information Portability & Accountability Act of 1996 (HIPAA) require that healthcare providers (and more strictly, chemical health providers) protect your privacy and confidentiality. It is the Center for Alcohol & Drug Treatment's responsibility to assure your privacy and to notify you of your rights and the procedures by which your information is protected and to document that you have received this information. Each client will receive a copy of the Notice of Privacy and Confidentiality Rights and Procedures form at the time of admission to a program. The Center reserves the right to change this notice at any time. If there are changes to this notice, you will receive a copy within 60 days. A copy will be posted at each site with the full policy and is available from staff upon request.

RIGHTS

No client identifying information (including your presence in a program) may be released without your informed, signed consent. This includes oral as well as written information. This legislation also requires that we release only the minimum necessary information to meet the purpose of the release. All material must contain a notification of privacy and confidentiality stating that the information CANNOT be used for any purpose other than that stated and MAY NOT be re-released by the receiving party. A court may only received information from your record with a subpoena and court order.

1. Under Federal Law, you have the right to determine what information is to be shared and for what purpose, with your signature to authorize release.
2. You have the right to request that the Center communicate your medical information to you in a specific way or to a specific location (i.e. Only at work by mail).

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3. You have the right to refuse to authorize to release of information; however if you refuse, you will be advised of the impact this may have on the Center=s ability to treat you, to obtain insurance coverage or funding, and how this may result in additional consequences outside the Center (i.e. refusing to release information to you Probation Officer).

4. You have the right to limit information to be released and if applicable, you will be advised how this may impact delivery of services.

5. You have the right to revoke your authorization at any time except as when it has already been acted on.

6. You have the right to know what information has been released under your authorization, to review your clinical records within a reasonable length of time following request and to receive copies at a reasonable fee upon your signed consent. Request forms are available upon request.

7. You have the right to reasonable notice of changes in the counseling services or charges.

8. You have the right to file a grievance without fear of retaliation if you feel your rights have been violated or your care has been inappropriate. The Grievance Procedure is posted at each facility and is available upon request from staff.

9. You have the right to choose from available counselors and to change counselors after services have begun within the limits of health insurance and other payment agreements.

10. You have the right to coordinated transfer when there will be a change in the provider of services.

YOU MAY NOT WAIVE YOUR PRIVACY RIGHTS!

Exceptions

1. Professional staff is mandated to report all known or suspected cases of child abuse/neglect.

2. Staff is required to request a Vulnerable Adult Release of Information form to be signed by all adult clients entering

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treatment who are considered vulnerable. The purpose is to report neglect or abuse to the County and to develop an abuse prevention plan.

3. Professional staff is required to report if there is substantial reason to believe you may do harm to yourself or others.

4. Professional staff may report information in an emergency situation when the client is unable to provide authorization to assure you receive appropriate medical care or other services to address the emergency, or to the Coroner's Office in case of death. Staff is required to document the information disclosed and to notify the client or the client's representative of any disclosures as soon as possible following the emergency.

5. Staff will report crimes committed by clients on the Center property or against other clients or staff.

THE FOLLOWING INFORMATION IS NEEDED IN ORDER TO PROVIDE SERVICES YOU SEEK:

1. Program costs and dates of service provided to you.
2. Determination of your ability to pay for services you receive.
3. Preparation for billing to insurance companies, funding agencies or to you.
4. Information regarding your problems and their severity in order to determine your need for services from the Center or referral to a more appropriate agency if or when it is a service not provided by the Center.
5. Diagnosis and goals to be attained through a service/treatment plan.
6. Objectives toward a goal attainment and progress notes in client record, as well as any correspondence regarding your case.

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7. A summary or letter at completion of evaluation, counseling and/or treatment and arrangements for follow-up contact to determine effectiveness of the services you received.

8. Case and record review is conducted regularly by Center staff and for quality improvement purposes.

9. General, non-identifying information to approved researchers trained in collection, maintenance and research reports as it applies to all laws regarding privacy and confidentiality.

10. The preparation of state and county reports using demographic information for the purposes of funding and licensing.

11. You have the right to choose not to provide the above information, however should you choose not to, the Center may not be able to adequately deliver the services you request and/or it may make you ineligible to receive those services.

PROCEDURES

1. All staff is trained upon hire and annually thereafter regarding privacy and confidentiality regulations and of the penalties and consequences if these laws are not strictly enforced.

2. All client records are maintained in a secure room when not in use and may be accessed by authorized personnel only.

3. All records are maintained for a period of seven years from last contact with the client or five years past a client's 18th birthday if the client was a juvenile at the time of service.

4. Billing and clinical records are maintained separately.

5. Files are transported between the sites by a bonded courier in locked boxes or by staff upon specific authorization.

6. Any requests for information must be accompanied by a valid release of information (or subpoena and court order) and must be approved by the Support Staff Supervisor, Program Director or Chief Executive Officer.

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7. Violation is a crime and suspected violation may be reported to authorities.

You may report violations to the members of the Quality Improvement Committee. You will not be discriminated against if you present a problem. Members of the Quality Improvement Committee are:

Gary Olson, Chief Executive Officer (218) 529-3431
Michelle Immerfall, Chief Financial Officer (218) 529-3434
Tina Silverness, Director of Operations (218) 529-3437
Ginny Tuominen, Office Manager (218) 529-3454
Laurie Hull, Program Director - Detox (218) 529-3438
Bonnie Mathison, Program Director - Residential, Howard Friese (218) 529-1112
Julie Seitz, Clinical Director (218) 529-3437
Paige Salyards, Program Director - Marty Mann, Woodland Hills, Gambling Services (218) 728-1533
Josette Church, Clinical Supervisor (218) 529-3428

Or you may report directly to the state or federal agencies listed below:

Minnesota Dept. of Human Services
Licensing Division
444 N. Lafayette Road
St, Paul, MN 55155
(651)296-3971

Minnesota Dept. of Health
320 W. Second St, Suite 703
Duluth, MN 55802
(218)723-4642

Minnesota Board of Behavioral Health & Therapy
Counselor Licensing
2829 University Ave. SE, Suite 210
Minneapolis, MN 55414
(651)296-3971

Ombudsman
320 W. 2nd Street, Suite 105
Duluth, MN 55802
(218) 279-2526

Secretary of the Federal Department of Health & Human Services
200 Independence Ave SW
Washington, D.C. 20201
(202)690-7000