

# NOTICE OF PRIVACY PRACTICES

Southwestern Mental Health Center, Inc.

May 18, 2015

**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.)**

## **Who will follow this notice?**

Southwestern Mental Health Center, Inc. provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any credentialed health care professional who is a member of the Southwestern Mental Health Center, Inc. Staff such as your physician, psychologist, or mental health therapist.
- All departments and units of our organization including our outpatient community mental health center offices and residential programs.
- All employed associates, staff or volunteers of our organization, with whom we may share information.
- Any business associate (third party that utilizes patient health information on our behalf) or partner of Southwestern Mental Health Center, Inc. with whom we share health information.

## **Our pledge to you.**

We understand that healthcare information about you is personal. We are committed to protecting healthcare information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain. We are required by law to:

- Keep healthcare information about you private.
- Give you this notice of our legal duties and privacy practices as it relates to healthcare information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of unsecured protected health information.

## **Changes to this Notice.**

We may change our policies at any time. Changes will apply to healthcare information we already hold, as well as new information, after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas and on our website at [www.swmhc.org](http://www.swmhc.org). You can receive a copy of the current notice at any time. The effective date is listed just below the title. Upon your initial visit you will also be asked to acknowledge in writing your receipt of this notice.

## How we may use and disclose medical information about you.

With your signed consent, we may use and disclose medical information about you:

- For treatment (such as sending medical information about you to your referring Physician for ongoing coordination of care)
- For payment (such as sending billing information to your Insurance Company or Medicare).
- For health care operations (such as comparing patient data to improve treatment methods or sharing information with student interns for educational purposes).

We may use or disclose healthcare information about you **without** your prior authorization for several other reasons, for example, in certain situations such as:

- For **public health purposes** such as reporting communicable diseases or notifying a person who may have been exposed to a communicable disease.
- For reporting adverse events related to food, medications or procedures.
- For notifying persons of recalls, repair or replacement of products they may be using.
- For **reporting vital events** such as deaths.
- For **abuse, neglect or domestic violence** reporting.
- For **health oversight activities** such as licensing, auditing, or inspection agencies authorized by law.
- In connection with **lawsuits** or other legal proceedings in response to a court order, warrant, summons, or subpoena.
- For **research studies** in certain circumstances such as a chart review to compare outcomes of patients who received different types of treatment. On occasion, researchers contact clients regarding their interest in certain research studies. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form.
- To **coroners and medical examiners**. This may be required by law in certain circumstances and/or may be necessary to identify a deceased person or determine the cause of death.
- For **workers' compensation purposes**. We may use or disclose medical information about you for Worker's Compensation or similar programs as authorized or required by law.
- When **required by law** such as request from law enforcement to help identify or locate a suspect, fugitive, witness, or missing person. Other examples would include information about a death suspected to be the result of criminal conduct.
- **Inmates**. If you are an inmate of a correction institution or under the custody of law enforcement officials, we may release information about you to the correctional institution by law.
- **Military and Veterans**. If you are or were a member of the armed forces, we may release information about you to military command authorities as required or authorized by law.

We also may contact you for:

- **Appointment reminders**.
- To tell you about or recommend possible **treatment options, alternatives, health-related benefits or services** that may be of interest to you.
- Support of agency fundraising efforts. We would only use information such as your name, address, phone number, age, gender, date of birth, dates you received treatment, treating

physician, outcome information, department of services information, and health insurance status. You have the right to opt out of receiving such communications.

**If a client, unless you tell us otherwise, we will:**

- Disclose information to disaster relief authorities (in an emergency) so that your family can be notified of your location and condition.
- Disclose medical information about you to a friend or family member who is involved in your medical care or helps pay for your care.

**Other uses of health information:**

We will obtain your authorization to disclose your information for the following situations:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of your information for most marketing purposes.
- Sale of your information, and
- Any other situation not covered by this notice.

If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

**Your rights regarding health information about you.**

Your health information is the property of Southwestern Mental Health Center, Inc. You have the following rights regarding health information we maintain about you:

- **In most cases, you have the right to look at or obtain a copy of health information, when you submit a written request.** If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- **If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the records, by submitting a request in writing that provides your reason for requesting the amendment.** We may deny your request to amend a record if the information was not created by us; if it is not part of the healthcare information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **You have the right to a list of those instances where we have disclosed medical information about you; other than for treatment, payment, health care operations or where you specifically authorized a disclosure, if you submit a written request.** The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.
- **If this notice was sent to you electronically, you have the right to a paper copy of this notice.**
- **You have the right to request that health information about you be communicated to you in a confidential manner,** such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- **You may request, in writing, that we not use or disclose health care information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency.**

We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request. We will honor a request to restrict disclosures of your information to a health plan if:

- The disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; AND
- The information pertains solely to a health care item or service for which you, or someone on your behalf (other than your health plan), has paid us in full.

All written requests or appeals should be submitted to our Privacy Officer, listed at the bottom of this notice.

### **Complaints**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (listed below). Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

**Southwestern Mental Health Center, Inc.  
Executive Director/Privacy Officer  
PO Box 686  
Luverne, MN 56156  
(507) 283-9511**

**Southwestern Mental Health Center, Inc.**

**HIPAA Acknowledgement**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the Privacy Officer at Southwestern Mental Health Center, Inc., PO Box 686, Luverne, MN 56156.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices dated May 18, 2015.

Patient or Patient Representative: \_\_\_\_\_ Date: \_\_\_\_\_