



Cherish

**A PCA Choice / Home Management Agency
2506 E Beltline Hibbing, MN 55746 (218) 263-9000**

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.

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. We may tell you before we give the information. 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 must follow the terms that we have agreed to in this notice. However, we can choose to change 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 tell you if we change the terms of this notice.

Why do we ask you for this information?

- To tell you apart from other people with the same or similar name.
- To decide what you are eligible for.
- To help you get a medical, mental or financial or social services.
- To decide if you can pay for some of your services.
- To make reports, do research, do audits, and evaluate our programs.
- To and investigate reports of people who may lie about the help they need.
- To collect money from other agencies, like insurance companies, if they should pay for your care.
- To collect money from the state or federal government for help we give you.

Do you have to answer the questions we ask?

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

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

We need information about you to tell if you can get help. Without the information we may not be able to help you. If you give us wrong information on purpose you can be investigated and charged with fraud.

With whom may we share information about you?

We may give information about you to the following agencies if they need it for investigations or to help you or help us help you. We don't always share information about you with these people, but the law says we may share information with them. If you have questions about when we give these people information, ask your worker.

- Minnesota Department of Human Services
- U.S. Department of Health and Human Services
- Other human service offices, including child support enforcement offices.

- State hospitals or long-term care facilities
- Ombudsman for mental health and mental retardation.
- Insurance companies, to check benefits you or your children may get
- Hospitals, if you a friend or relative has an emergency and we need to contact someone
- Internal Revenue Service
- County human service boards
- Fraud prevention and control units
- Anyone under contract with the Minnesota Department of Human Services or US Department of Health and Human Services or the county social services agency.
- Social Security Administration
- Minnesota Department of Economic Security
- Minnesota Department of Revenue
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care
- County attorney, attorney general or other law enforcement officials.
- State and federal auditors
- Local collaborative agencies
- American Indian tribes, if your family is in need of human services at a tribal reservation
- Immigration and Naturalization Service
- Employees or volunteers of any welfare agency who need the information to do their jobs.
- People who investigate child or adult protection.
- Coroner/medical examiner, if you die and they investigate your death
- Court officials
- Anyone else the law says we can give the information.

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 only 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,

- Mental health centers
- Health care providers

You have the right to information we have about you

- You may ask if we have any information about you and get copies. You may have to pay for the copies.
- You may give other people permission to see and have copies of private information about you.
- If we have collected health information about you, we may use it only for the purposes that we have listed in this notice.
- 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 of your 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 Executive Director.
- If you do not understand this information, you may ask to have it explained to you

What if you believe the Information we have about you is wrong?

Send your concerns in writing, telling us why the information is not accurate 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.

may also be eligible without providing immigration information.

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 your parents unless the health care provider believes failing to share the information would jeopardize your health.

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. 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 badly 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 and Human Services
 200 Independence Avenue, SW. HHH Building,
 Room 509H Washington; D.C. 20201
 Phone: 866-627-7748
 TTY: 866-788-4989

I have read and understand this notice.

 Consumer Signature

 Parent or Legal Guardian

Date: _____