

Laura Baker Services Association

Notification of Privacy Practices

This notice describes how medical information about you may be used and disclosed by Laura Baker Services Association, and how you can access this information.

Use and Disclosure of Health Information: Laura Baker Services Association (LBSA) may use your medical information (as defined by Health Insurance Portability and Accountability Act (HIPAA) of 1996) for purposes of arranging medical treatment, reporting to the Department of Health and/or the Department of Human Services, or obtaining payment for your care. Except for obtaining payment for your care and as legally required, you and/or your legal representative provide authorization to release private information about you which we have gathered. LBSA has a Data Privacy Policy to guard against unnecessary and unauthorized disclosure of your health information. These policies are in accordance with the Minnesota Data Practices Act, Federal HIPAA rules, and any other applicable Minnesota statutes.

With your consent, protected health information about you may be used or disclosed:

To arrange treatment and/or coordinate service planning. LBSA may use your health information to refer you for services from others, such as physicians, psychiatrists, psychologists, occupational, physical, or speech therapists, day training habilitation service providers and/or supported employment providers, school personnel, and other service professionals. Annually, you and/or your legal representative approve release and exchange of information among your chosen providers. You and/or your legal representative authorize the release and exchange of information for any new services, not annually authorized.

To conduct Health Care Operations. LBSA may use and disclose health information for its own operations in order to facilitate the function of the Association and as necessary to provide quality services and supports for all of our clients. Health care operations include such activities as:

- Review of client information by supervisors and designated professional staff members to assess quality and improve supports.
- Review of records by state and federal oversight agencies.
- Managing the business and administrative aspects of the Association.
- Maintaining paper records of services provided.
- Complying with accrediting, certification, licensing, or related requirements.
- Providing learning experiences for students in human services professions.

Without your consent, protected health information may be used or disclosed:

To obtain payment.

LBSA may include your health information on invoices to collect payment from third parties such as insurance companies, Medicare, Medical Assistance, other county, state and federal governmental agencies.

When legally required. LBSA will disclose your health information when required to do so by any federal, state, or local law. Examples are mandatory reporting of child or vulnerable adult maltreatment, or Department of Health and Human Services licensing reviews.

Authorization to Use or Disclose Health Information:

Except as stated above, LBSA will not disclose your health information without you or your legal representative's written authorization. If you and/or your legal representative authorizes LBSA to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS RESPECTIVE TO YOUR HEALTH INFORMATION

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on LBSA's disclosure of your health information to someone who is involved in your care or the payment for your care. However, LBSA is not required to agree to your request. If you wish to make a request for restrictions, please contact the Executive Director (see contact information at the bottom of this Notice).

Right to receive confidential communications. You have the right to request that LBSA staff members communicate with you in a certain way. For example, you may ask that LBSA only conduct communications pertaining to your health information with you in person, and in private, with no one else present. If you wish to receive confidential communications, please talk with your Program Director, or contact the Executive Director. LBSA will attempt to honor reasonable requests for confidential communication.

Right to inspect and copy health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to your Program Director or the Executive Director. We may charge a reasonable fee for copying and assembling records. Requests for information will be honored immediately if possible, or within ten days of the date of the request, excluding Saturdays, Sundays, and legal holidays, if immediate compliance is not possible.

Right to amend health care information. You or your representatives have the right to request that LBSA amend our records if you believe that your health information is incorrect or incomplete. Such a request may be considered as long as the information is maintained by LBSA. A request for an amendment of records must be made in writing to the Executive Director. The request may be denied if your health information records were not created by LBSA, if the records are not part of LBSA records, or if the health information that you wish

to amend is not part of the health information that you or your legal representative are permitted to inspect and copy.

Right to an accounting. You or your representatives have the right to request an accounting of disclosures of your health information made by LBSA.

Right to a paper copy of this notice. You have a right to be given a paper copy of the Notice at any time, even if you had previously received this Notice.

DUTIES OF LBSA: We are required by state and federal law to maintain the privacy of your health information and to provide you and/or your legal representative this Notice. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information we maintain. If LBSA changes this notice, we will provide a copy of the revised notice to all current clients. You or your representatives have the right to express complaints to LBSA and to the United States Secretary of Health and Human Services if you believe that your health information privacy has been violated. Any complaints to LBSA should be made in writing to the Executive Director.

CONTACT PERSON:

LBSA has designated the Executive Director as its contact and Privacy Officer for all issues regarding client privacy and your rights under the federal and state privacy standards. The current Executive Director is:

Sandra Gerdes
Laura Baker Services Association
PO Box 611, 211 Oak Street
Northfield, MN. 55057
Voice: (507)645-8866
Fax: (507)645-8869
e-mail: sandi@laurabaker.org

NOTICE REGARDING OTHER PRIVATE INFORMATION

The Minnesota Government Data Practices Act protects your privacy whenever you give personal information to a government, or government-contracted, agency, including Laura Baker Services Association. Much of the information we ask for is private, which means that you and the people you work with can use it, but it cannot be disclosed to anyone else unless you authorize it or the law allows us to share the information.

Why do we need private information from you? We need information about you for these reasons:

- To assess your strengths and needs, so that we can recommend a program plan which will help you to meet your goals and dreams;
- To ensure that we understand what creates risks for you, so that we can provide a safe and healthy environment for you;
- To help us meet our licensing requirements;
- To ensure that you have access to appropriate medical treatment.

- To determine we are an appropriate service provider to meet your needs and requests.

What if you don't answer the questions we ask? If you do not answer the questions we ask, we may not be able to provide services to you, or you may be exposed to unnecessary risks.

Who will see this information? The information we get from you is used by the people who support you, by the Management Team of the household in which you reside, by your Case Manager, by the Minnesota Department of Human Services and the Minnesota Department of Health. With your permission, we also may share the information with other agencies or organizations that provide services to you.

I have read and understand the rights contained in the federal HIPAA notice and in the Minnesota Government Data Practices notice provided to me by Laura Baker Services Association.

Person receiving services (if able)

Date

Legal Representative

Date

Witness

Date