



Notice of Privacy Practices

This notice describes how medical and other private information about you may be used and disclosed and how you can gain access to this information.

Who We Are

This notice describes the privacy practices of Northwestern Mental Health Center, Inc. (NWMHC). This notice applies to all of the medical records generated by any Northwestern Mental Health Center, Inc. facilities, including Northwestern Apartments.

Our Privacy Obligation

We are required by law to maintain the privacy of your protected health information and provide you with a description of our privacy practices. When we use or disclose health information we are required to abide by the terms of this Notice or other Notice in effect at the time of the use or disclosure. Individuals will be notified in writing of reportable breaches of privacy and security.

Electronic Health Records

We use an electronic health record (EHR) to store and retrieve much of your health information. One of the advantages of NWMHC's EHR is the ability to share and exchange health information among our personnel and other community health care providers who are involved in your care. When NWMHC enters your information into the EHR, it may share that information and also information received about you from other health care providers who are involved with your care, by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

Substance Use Information

Substance Use information is protected more strictly by federal regulation 45 CFR Part 2. NWMHC follows the requirements of this regulation; you will notice that you may be asked to sign additional and/or more detailed releases of information when it comes to any records regarding care received in our substance use program.

NWMHC offers comprehensive and coordinated mental health, medication management and substance use services. In order to provide the best coordinated care, our programs have signed and been trained on *Qualified Service Organization Agreements*. The purpose of having this agreement is so that staff who are involved in your care have access to your full record, including substance use records in order to effectively coordinate your care and provide you with the best, most integrated services. Only authorized individuals involved in your care are allowed to view your records. If you have any questions or concerns about the internal sharing of your substance use information for the purpose of coordinated care, please discuss them with your provider.

Health Information Exchange

We use a Minnesota state-certified Health Organization providing a Health Information Exchange (HIE) which is a system to securely share your essential health information by connecting your doctors' electronic health record systems. Healthcare providers need essential elements of your health information to accurately treat you. If they can view a more complete record, they can provide you with better care. Security features are in place to protect your health information only authorized individuals will be able to view information from your health records.

You have the right to opt out of participation in the HIE; request an amendment or a change in health information that you feel is incorrect; request account of disclosures, or to know who your health information was shared with, as defined by the Health Insurance Portability and Accountability Act (HIPAA); to request and

electronic copy of your health information; to be notified of a breach that affects your health information; and to file a complaint.

Uses and Disclosures

A. NWMHC is permitted to make uses and disclosures of protected health information for the following purposes:

- **Treatment.** We may use information about you to provide you with treatments. For example, we may disclose information about you to employees, students, or volunteers who are involved in treating you. We may disclose information about you in a medical emergency.
- **Payment.** We may use and disclose health information about you for billing and collection purposes. For example, we may need to give your insurance company information about your services. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it.
- **Health Care Operations.** We may use and disclose your health information for health care system operations, (1) to fulfill state, federal and local requirements for reports, statistics and internal reviews; (2) to provide you with appointment reminders and (3) members of the staff may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to support our ongoing efforts to continually improve our quality of care.

B. Use or Disclosure with Your Authorization. We may use or disclose your health information for any reason other than these only when (1) you or your legally authorized representative give us written permission for release of your records or (2) there are certain exceptions to this which are mandated by State and Federal laws. One exception would be the admission of child or vulnerable adult abuse; which therapists are required by law to report even if the information was received in confidence.

Uses and Disclosures without Your Consent or Your Authorization

Use or Disclosure of Health Information without Your Consent or Your Authorization. NWMHC may use or disclose your health information without your consent or your authorization under the following circumstances: (1) when you require emergency treatment (2) when we are required by law to disclose your health information.

Disclosures to Individuals Involved in Your Care or Payment for Your Care. We may release relevant health information about you to a friend or family member who is involved in your medical care or helps pay for your care.

Disaster Relief Efforts. We may disclose your health information to an organization (e.g., Red Cross) assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Business Associates. Some of our services are provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for the services provided. We require that our business associates protect your health information.

Public Health Activities. We may use or disclose health information for the following public health activities and purposes: (1) to report health information to public health authorities for the purposes of preventing or controlling disease, injury, or disability, as required by law and public health concerns; (2) to report suspected abuse, neglect, or exploitation of children or vulnerable adults to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the FDA; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition; and (5) to report information to your employer as required by law.

Health Oversight Activities. We may disclose your health information to a health oversight agency that ensures that NWMHC is complying with the rules of government programs such as Medicare and Medicaid.

Judicial and Administrative Proceedings. We may disclose your health information in the course of a judicial or administrative proceeding if we receive a legal order or other lawful process requiring us to disclose your health information.

Law Enforcement Officials. We may disclose your health information to law enforcement officials as required by law or in compliance with a court order. We may also disclose limited health information to police or law enforcement officials for identification and location purposes and to assist in criminal investigations. We may disclose protected health information about an inmate to a correctional institution or law enforcement officer as authorized by law.

Health or Safety. We may disclose your health information if we reasonably believe that disclosure would prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Medical Examiner. We may disclose your health information to a medical examiner as authorized by law.

Research. We may use or disclose your health information without your consent or authorization to researchers when an institutional review board has approved a waiver of authorization for disclosure and the researcher has established protocols to ensure the privacy of your health information.

Workers Compensation. We may disclose your health information for services provided for work-related injuries or illnesses, as necessary to comply with the Minnesota Workers Compensation Statute.

Your Individual Rights

For Further Information:

If you want further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we have made about your health information, you may contact the Northwestern Mental Health Center, Inc. **Chief Operations Officer** by calling (218) 281-3940. You may also file written complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

Right to Request Additional Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. If you wish to request a restriction or limitation, you should discuss your request with the provider who is responsible for coordinating or managing your care.

While we will consider all requests for restrictions carefully, NWMHC is not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment. To request restrictions, you must make the request in writing. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. You may request that no information is shared with your insurer if you pay in full out of pocket. NWMHC will comply with your written request not to share information with your insurer and will not bill your insurer. We cannot restrict EHR Administrator, HIPAA Compliance Officer, Revenue Manager, Chief Financial Officer, Medical Records staff and Chief Executive Officer.

Right to Receive Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. If you wish to receive confidential communications, you should discuss your request with NWMHC's customer service staff. We will consider all requests for confidential communications carefully and will honor reasonable requests.

Right to Inspect and Copy Your Health Information. You have the right to obtain a copy of your protected health information. You may request electronic copies of electronic records. Under very limited circumstances, we may deny you access to your health record file. If you are denied access to your health information, you may request that the denial be reviewed. A licensed health care professional chosen by NWMHC will review your request and the denial. This person will not be the person who denied your request. We will comply with the decision of the reviewer. If you request a copy or copies of your record, you may be charged a reasonable cost-based fee for each copy.

Right to Amend Your Records. If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. While we will review each amendment request carefully, NWMHC may deny your request if we believe that the information that you would like to amend is accurate and complete, or other circumstances apply. If your request for an amendment is denied, you will be notified of the reason for the denial.

Right to Receive a Paper Copy of This Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive this Notice electronically.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of disclosures we make of your protected health information, for purposes other than treatment, payment, health care operations, to persons involved in your care for notification purposes, for national security, law enforcement, or for certain disclosures to correctional institutions. It does not include uses and disclosures for which you gave us written authorizations or disclosures to you.

Privacy Rights of Children. If you are a minor (under 18 years of age) you have the right to request that private data about you be kept from your parents. You must make this request in writing and explain why you wish this data be withheld and what you expect the consequences of this withholding will be. If this agency agrees that withholding the information from your parents is in your best interest and is allowed by law, it will not be shown to your parents.

Effective Date and Duration of This Notice

Effective Date. This Notice describes the privacy policy of Northwestern Mental Health Center, Inc. that became effective on April 14, 2003 with current revision on August 20, 2018.

Right to Change Terms of this Notice. NWMHC reserves the right to change the terms of this notice and to provide individuals with a revised notice. If we change this Notice, we may make the new terms effective for any information created or received prior to issuing the new notice. We will post the new Notice in waiting areas or registration areas at all Northwestern Mental Health Center, Inc. facilities and on our website at www.nwmhc.org. You may also obtain a new notice by contacting Northwestern Mental Health Center, Inc. at (218) 281-3940.