

YOUR PRIVACY RIGHTS

(Tennessee Notice)

Information about your rights under the Minnesota Data Practices Act

The Minnesota Government Data Practices Act, Minn. Statutes Chapter 13, (hereinafter "Data Practices Act") seeks to protect the privacy of the individuals about whom government agencies, their subdivisions, and agencies under contract with them collect data. The Minnesota Government Data Practices Act also facilitates the release of information that is public. The information on this sheet applies to your current and future contacts with this agency, whether the contact is in person, by mail or by phone.

The Data Practices Act requires that whenever we ask you to provide us with private or confidential information about yourself that you be told:

- The purpose and intended use of the data within this agency;
- The legal requirements, if any, of providing the information;
- The consequences of providing or refusing to provide the information requested; and
- The identity of other persons or agencies authorized by statute to receive the information.

Data Classifications

Public Data: Much of the information we collect about you will be public. Public information means that anyone may see the information.

Private Data: Some information we maintain about you is private or non-public. That means that you will be able to see it but it will not be available to the public. This information includes any financial information you submit to us, such as your social security number and insurance information. It also includes personal data on other members of your family who are not involved in your licensed operation, the results of any medical or psychiatric examination you or members of your family are required to take in order to be licensed, and verifications we do with the Bureau of Criminal Apprehension regarding any criminal history behavior.

Confidential Data: Some information about you may be confidential and will not be disclosed to you. An example of confidential information would be investigative data if you or family members are investigated for a violation of rule or statute, including the names of reporters of child and vulnerable adult abuse. Some of this information would be available to you when the investigation becomes inactive or when the information is presented to a court or hearing examiner.

Purposes:

The information we ask you to provide will be used to:

- Identify you from other applicants
- Determine if you meet licensing standards
- Investigate violations of rule or statute
- Investigate complaints or reports of abuse, maltreatment, neglect, fraud, or misconduct
- Investigate facility complaints

During the time we will be involved with you, we will be asking you for information about your physical health, your mental and emotional health, your chemical use, your living situation and employment, your finances, and your relationships. We will only ask for information that will help us determine your continuing eligibility to provide licensed services.

Requirements and Consequences of Providing Information

Statutory authority for licensing day care and foster care providers is found in Minnesota Statutes. If you fail to provide the required information, we may be unable to determine whether you meet licensing standards. If you already have a license, failure to provide any required information may result in negative licensing action.

Sharing Information

The information we collect about you may be shared with employees of this agency or other agencies that need the information to do their jobs and which is authorized by federal or state laws, rules and regulations to be shared. Information may be shared with other agencies of the Human Services System if you move and apply to be licensed by another agency, or if required to provide services to a particular client.

There are other agencies that we are allowed by law to share information with if they need it for investigations, for background studies, for licensing actions, or to help you or help us to help you. Information will only be shared with those entities or organizations and anyone under contract with these entities or organizations that need the information to perform their jobs. These may include:

- The Minnesota Department of Human Services
- County Welfare Agencies
- US Dept. of Health & Human Services
- State Hospitals and Nursing Homes
- Community Mental Health Centers
- Ombudsman for Mental Health or Mental Retardation
- Other agencies under contract to the extent of the contract.
- Law enforcement officers, county attorney, or other agents of the system who are acting in the investigation, prosecution, criminal or civil proceeding relating to the licensed program
- Appropriate parties in an emergency
- Parents, guardians, or other persons acting as parents or guardians if the law requires it or the information is necessary for the administration of a program
- Minnesota Department of Health to report communicable diseases
- Any other government agency that is authorized to have the information under state or federal law and has a need to know the information.
- Other: _____

Other Rights

- You have the right to know what information is maintained about you.
- You have the right to view all public and private information about you maintained by this agency. This includes the right for you to authorize other persons or agencies to view it.
- You have the right to have data to which you have access explained to you.
- You have the right to request copies of the information to which you have access. You may, however, be required to pay for the cost of those copies.
- You have the right to challenge the accuracy or completeness of any private information in your records. If you want to challenge any information, write to the responsible authority of the agency that has your records. You may also talk to the person at this agency who works with you.
- You have the right to insert your own explanation of anything you object to in your records.

I acknowledge I have been informed and received this explanation of my privacy rights.

| Client Signature | Date | Copy Provided / Initials |
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Original: Client
Copy: Agency

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