



**DAKOTA COUNTY
HEALTH CARE COMPONENTS
NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003

Amended May 13, 2020

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to give you this Notice of Privacy Practices (“Notice”). This Notice describes the protected health information (“PHI”) practices for the Dakota County (also referred to as “County”) health care components and related services components and your privacy rights under HIPAA. HIPAA requires us to keep your PHI private and to give you notice of our legal duties and practices to protect your PHI.

The County may also have other types of health information or private information about you that is not classified as HIPAA PHI. This Notice only applies to your PHI. In addition to HIPAA, you also have privacy rights under the Minnesota Government Data Practices Act, the Minnesota Health Records Act, as well as other state and federal laws, rules, and regulations. These laws also protect your privacy, but also allow us to provide your information to others as the laws permit.

Our Responsibilities:

We are required by law to maintain the privacy and security of your PHI. We limit use and disclosure of your PHI to the minimum necessary to provide you with services. We will notify you if a breach occurs that compromises the privacy or security of your PHI. We are required to follow the terms of the Notice currently in effect. We may change the terms of this Notice at any time. Changes will apply to all PHI we have about you. The new Notice will be available upon request, at our facilities, and on our website at [HIPAA Privacy Practices](#).

This Notice will be interpreted for you in other languages, if requested.

You have Privacy Rights regarding your Protected Health Information (PHI). You have the right to:

1. **Receive an electronic or paper copy of your records.** You must ask in writing. If your request is for reviewing current medical care, we will not charge a fee. For other requests, you may be charged a fee for copying costs. In limited cases we may deny the request.
2. **Ask us to correct PHI you think might be incorrect or incomplete.** Send your concerns in writing and tell us why the information is wrong or not complete. If the request is denied, we will give you a written explanation.
3. **Receive a list of disclosures.** You may ask for a list (referred to as an “accounting”) of the times

we've shared your PHI for six years prior to your written request. This does not include disclosures not required to be tracked including: treatment, payment, or health care operations. It also does not include disclosures we made directly to you or those that were sent with your authorization, or as otherwise authorized by law.

Please note that we will provide an accounting once per year for free, but we can charge you for another accounting within 12 months based on actual cost.

4. **Request limits on the uses or disclosures of PHI.** You must ask us in writing. Tell us what information you want to limit and to whom it applies. We are not required to agree to the request, and we may say "no" if it would affect your care, except as required by law. Minnesota law requires consent for disclosure for treatment, payment, or operations, subject to certain exceptions; most importantly, the County may share your PHI within our hybrid organization.

You may request lifting a restriction at any time, either verbally or in writing. We will document any verbal requests.

5. **Request confidential communication.** You may ask us to contact you in a specific way. For example, you may ask the County to send information to your work, instead of home, address. You must make this request in writing, but you do not have to explain the reason for your request.
6. **File a complaint if you feel your rights are violated.** You have the right to file a complaint if you do not agree with how the County has used or disclosed your PHI. You may use the contact information at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.
7. **Receive a paper copy of this Notice at any time.** You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Dakota County may use and disclose your Protected Health Information (PHI):

1. **For treatment** with other professionals who are treating you in our network including other Dakota County health care components without your consent. We can only release your PHI to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may otherwise share information only as authorized by law.
2. **For payment** for the health services you receive from Dakota County. For example, we may provide PHI to bill your health plan for services provided to you only with your consent or as authorized by law.
3. **To run our organization**, improve your care, and contact you when necessary. For example, we may use your PHI to review quality of services, train employees, or call you in the waiting area. We may also send you appointment reminders.
4. **For health oversight activities** for staff at Dakota County or authorities outside the County for monitoring providers.

5. **To help with public health and safety** This may include reporting diseases, birth or death information, abuse, neglect or domestic violence. It may also include lessening a serious threat to the health and safety of a person or the public.
6. **For judicial and administrative proceedings** in response to a court order or as otherwise authorized by law. For example, we may be required to share PHI with the court and attorneys in a family court proceeding.
7. **For government programs** for public benefits.
8. **For reports to coroner or medical examiners** as authorized. For example, we may disclose PHI to a medical examiner to identify an individual or cause of death.
9. **For health research** purposes only if you do not object.
10. **To address workers compensation, law enforcement or other government requests.** To inform workers' compensation claims, for law enforcement purposes, such as legal proceedings or medical emergencies, for military activities, national security, and presidential protective services.
11. **To comply with the law.** We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law. These laws include but are not limited to, the Minnesota Government Data Practices Act, the Minnesota Health Records Act, and the federal chemical dependency privacy law.
12. **For minor children, when failure to inform a parent/guardian poses a serious threat to health or safety.** Minnesota Statutes section 144.346 provides that a medical professional may inform the parent or guardian of a minor of any treatment given or needed when, in the professional's judgment, failure to inform them would seriously jeopardize the minor's health. Parents also have a general right to access data about their child. If you are a minor and believe giving your parent access may result in physical or emotional harm, you may ask us to withhold your information. We will ask you to put this request in writing and will determine whether to withhold the information.

Other than the uses and disclosures described above, Dakota County will not use or disclose your PHI without your written authorization, unless otherwise authorized by law. This includes that we will never sell your information for any purpose, including marketing purposes.

You may contact Dakota County to review, correct or limit your PHI. You may contact the County's Privacy Officer, using the contact information provided at the end of this Notice, to:

1. Ask to look at or copy your records.
2. Ask to limit how information about you is used or disclosed.
3. Ask to cancel your authorization.
4. Ask to correct or change your records.
5. Ask for a list of the times the County disclosed PHI about you.

We may deny your request to look at, copy or change your records. If your request is denied, we will send you a written explanation, along with information on how to ask for a review of the denial. You may file a complaint.

Confidentiality of Substance Use Disorder Patient Records

Certain Dakota County units and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs is protected by special federal law and regulations, in addition to HIPAA. Generally, such a Program may not say to a person outside the Program that a patient attends the Program, or disclose any information identifying a patient as having or having had a substance use disorder unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; (4) to report suspected child abuse/neglect; or (5) other specific disclosures only as authorized by federal law. Violation of the federal law and regulations governing substance use disorder patient records by a Program is a crime.

Suspected violations may be reported to appropriate authorities in accordance with federal regulations: The U.S. Attorney District of Minnesota, 316 N. Robert Street, Suite 404, St. Paul, MN 55101 Phone 651-848-1950.

Federal law and regulations do not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Privacy Officer

If you have any questions about this Notice or would like more information, please contact the Dakota County HIPAA Privacy Officer:

Dakota County
Attention: HIPAA Privacy Officer
Administration Center
1590 Highway 55
Hastings, MN 55033
Telephone: (651) 554-6244
Email: data.practices@co.dakota.mn.us

Dakota County is a hybrid entity under HIPAA and may revise its health care components and related service components at any time.

Attention. If you want free help translating this information, ask your worker.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker).

ຂະວັງ. ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນໍາພັນກອງການຊ່ວຍວຽກ ຂອງທ່ານ

Hubaddhu. Yo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu.

Внимание: Если Вам нужна бесплатная помощь в переводе этой информации, обратитесь к прикрепленному к Вам сотруднику социального обеспечения.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani, weydii adeeg hayaha.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị.