

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

Effective April 14, 2003
Amended March 22, 2010

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.

Under the Minnesota Government Data Practices Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the right to privacy regarding your Protected Health Information (PHI). These laws protect your right to privacy regarding your PHI, however these laws also allow Dakota County to use and disclose information with others if required by law. Under HIPAA, we are required to keep your PHI private and give you a notice of our legal duties and privacy practices to protect your protected health information. We will limit the use and disclosure of PHI to the minimum necessary to provide services and benefits to you or to accomplish the intended purpose of the use, disclosure, or request. Protected Health Information is health information about you which can be used to identify you and relates to your past, present, or future physical or mental health condition(s), related health care services, and payment. Dakota County is required to abide by the terms of the notice currently in effect.

However, we reserve the right to change the privacy practices described in this notice, in accordance with law. Changes to our privacy practices apply to all health information we maintain as well as any information we receive in the future. If Dakota County changes its privacy practices, we will post the new notice at each Dakota County site and facility and provide it as required by law. You may ask for a copy of the current notice anytime you visit a Dakota County facility, or online at www.co.dakota.mn.us.

This Notice describes the privacy practices pertaining to the use and disclosure of PHI that apply to the covered health care components of Dakota County which consist of the Social Services Department; the Employment and Economic Assistance Department (except Child Support); the Public Health Department (except for Nursing Services provided to the Dakota County Jail and for Disease Control); the Civil Division of the County Attorney's Office; Financial Services; Information Technology; the Dakota County Health Care Flexible Spending Account; and the Community Services Administration Department.

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

Dakota County may use and disclose your Protected Health Information without your Authorization:

1. **For Treatment.** Dakota County may use or disclose your health information with health care providers such as doctors, nurses, therapists and social workers who are involved in your health care. For example, information may be shared with our staff or providers outside our system to create or carry out a plan for your treatment.
2. **For Payment.** Dakota County may use or disclose your health information to obtain payment for or to pay for the health services you receive. For example, Dakota County may provide PHI in order to bill your health plan for health care provided to you.

3. **For Health Care Operations.** Dakota County may use or disclose your health information about you in order to manage its programs and activities. For example, Dakota County may use your PHI to review the quality of the services you receive, to train employees, or to call you by name in the waiting area when Dakota County staff is ready to meet with you.
4. **For Appointments and other Health Information.** Unless you have instructed us not to, Dakota County may send you reminders for medical care or checkups. Dakota County may send you the information about health services that may be of interest to you.
5. **For Health Oversight Activities.** Dakota County may use or disclose your health information to staff at Dakota County or to authorities outside Dakota County for the purpose of inspection or investigation of health care providers.
6. **For Public Health Activities.** Dakota County may use or disclose health information about you for public health activities required or permitted by law. This may include using your medical record to report certain diseases, birth or death information, or information related to child abuse or neglect.
7. **For Judicial and Administrative Proceedings.** We may disclose health information about you in response to a court order or as otherwise authorized by law. For example, a court order or law may require Dakota County staff to share PHI with the court and attorneys in a family court proceeding.
8. **For Law Enforcement.** We may disclose your health information to law enforcement when required by federal or state law. For example, a law may require Dakota County staff to disclose PHI to law enforcement in response to legal proceedings or medical emergencies.
9. **For Abuse Reports and Investigations.** If Dakota County suspects abuse, neglect, or domestic violence, we may disclose health information about you as required or permitted by law.
10. **For Government Programs.** Dakota County may use and disclose PHI for public benefits under other government programs as authorized by law.
11. **For Reports to Coroner, Medical Examiners, and Funeral Directors.** Dakota County may disclose your PHI to coroners, medical examiners, and funeral directors as authorized by law. For example, we may disclose PHI to a coroner or medical examiner to identify an individual or to determine the cause of death.
12. **For Research.** Dakota County may use and disclose your PHI for research purposes as authorized by law.
13. **For Health and Safety Concerns.** Dakota County may disclose your PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
14. **For Workers Compensation.** Dakota County may disclose your PHI as authorized by law to Workers' Compensation or similar programs.

15. **For Specialized Government Functions.** Dakota County may disclose your PHI to government agencies with special functions, such as veteran's activities, National Security and Intelligence activities, Protection Services to the President, and correctional institutions and other law enforcement custodial situations as authorized by law.
16. **For Individuals Involved in Your Care or Payment for Your Care.** Dakota County may disclose your PHI to family or other persons you identify as directly involved in your health care. You may object to the sharing of this information.
17. **Inmates.** Dakota County may disclose PHI as authorized by law to a correctional institution having legal custody of you in order for the institution to give you health care; for the health and safety of you or others; or for the safety and security of the institution.
18. **When Requested by Law.** Dakota County may use or disclose PHI when required by federal or state law.
19. **Parental Access.** Minnesota law requires Dakota County to disclose PHI to parents, guardians, and persons acting in a similar legal status in most situations. We will act consistent with Minnesota law.

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.

You have the following Privacy Rights regarding your PHI:

1. **You have the right to inspect and obtain copies of your records,** unless the records are psychotherapy notes, or the information has been compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must make the request in writing. You will be charged a fee for copying costs.
2. **You have the right to request that we amend the health information we maintain in your medical or billing record.** Your request must be in writing and we may deny your request in certain circumstances.
3. **You have the right to a List of Disclosures.** You have the right to ask for a list of disclosures of your PHI made by Dakota County in the six year period prior to the date of your disclosure request. You must make the request in writing. This list will not include the disclosures made for treatment, payment or health care operations. This list will not include information made directly to you or your family. In addition, the list will not include information that was sent pursuant to your authorization or as otherwise authorized by law. If you request a list more than once during a year, we may charge you a fee for each subsequent request.
4. **You have the right to request limits on the uses or disclosures of PHI.** a) You have the right to ask that Dakota County limit how your PHI is used or disclosed. You must make the request in writing and tell Dakota County what information you want to limit and to whom you want the limits to apply. Dakota County is not required to agree to the restriction, except as otherwise authorized by law and as stated in section b below. You may make a request at any time, either

verbally or in writing that the restrictions you have requested be terminated. Verbal requests will be documented by Dakota County.

b) Dakota County must comply with your request to restrict the disclosure of your PHI if: the disclosure is to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

5. **You have the right to revoke your authorization to release PHI.** If you sign an authorization requesting Dakota County to use or disclose your PHI, you may revoke that authorization at any time by notifying Dakota County in writing. This revocation will not apply to any PHI that was disclosed prior to the County's receipt of your written notification.
6. **You have the right to choose how Dakota County communicates with you.** You have the right to ask that Dakota County share information with you in a certain way or in a certain place. For example, you may ask Dakota County to send 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.
7. **You have the right to file a complaint.** You have the right to file a complaint if you do not agree with how Dakota County has used or disclosed PHI about you.
8. **You have the right to receive a paper copy of this notice at any time.**

You may contact Dakota County to review, correct, or limit your Protected Health Information (PHI).

You may contact the Dakota County Privacy Officer at the address listed 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 Dakota County disclosed protected health information about you.

Dakota County may deny your request to look at, copy or change your records. If Dakota County denies your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with Dakota County or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to file a complaint or report a problem.

If you want to file a complaint or to report a problem with how Dakota County has used or disclosed information about you, you may complain to the Dakota County HIPAA Privacy Official at the address

listed below or to the Office of Civil Rights, Medical Privacy Complaint Division, U.S. Department of Health and Human Services.

Your benefits will not be affected by any complaints you make. Dakota County cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

If you have any questions about this notice or need more information, please contact the Dakota County Privacy Officer.

Dakota County
Attn: HIPAA Privacy Official
1 Mendota Road West, Suite 500
West St. Paul, MN 55118
Telephone: (651) 554-5889

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 បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ 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).
ຣະວັງ. ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນັກງານຊ່ວຍວຽກ 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 kaalmeyo 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.