

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you as our client may be used and disclosed and how you can get access to this information. Please review it carefully.

In order to provide you with services, we gather information about you. We will collect and maintain certain demographic information about you including your name, telephone number, and address. We may ask you for certain information about your health history, your family's health history, and other information related to your physical, social, or mental health. Information about care you received at other agencies may be sent to us in writing or electronically. Your providers may make notes on their observations of you, record your test results, and medication history. We refer to all of this information as your health information. It is kept in your health record. We also maintain other records regarding the cost of your care and payment for the services we provide to you.

The law provides that you may refuse to give information that we request from you. If you do refuse, we may not know enough about you to provide the services you need. In addition, we may encounter billing problems that may result in you having to pay for services, which otherwise may be covered by insurance, health plans, or government programs. In some instances, if you do not provide certain information, we may not be able to serve you.

Except as described in this notice or as required or permitted by federal or state law, including the Minnesota Health Records Act, we will not use or disclose your health information without your permission. At times, we may ask you to provide specific written authorization to use or disclose your health information.

Our Uses and Disclosures of Your Health Information

With your consent, we typically use and disclose your health information as follows:

Treatment: We may use and disclose your health information for the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another. Example: We may use or disclose your information to conduct multidisciplinary team consultation, to coordinate services like prescriptions, or to make referrals to other services on your behalf.

Payment: We may use and disclose your health information to obtain payment for your health care services and other related services. Example: We may use or disclose your health information to confirm eligibility of insurance coverage, to obtain prior authorization, or so your insurance health plan will pay for your services.

Health Care Operations: We may use and disclose your health information for certain administrative, financial, legal, and quality improvement activities that are necessary to run our business and to support the core functions of treatment and payment. Example: We may use or disclose your information to contact you for appointment reminders, to assess your care or satisfaction, to review results to continually improve quality of care, to report outcome metrics to grants that fund care, and to disclose your health information to other entities that perform various activities on our behalf, such as billing or auditing. We must obtain your consent before we release health records to other providers for their own health care operations.

Additionally, we are allowed or required to share your information in other ways:

1. We may use or disclose your information for public health and safety issues, such as:
 - Reporting and controlling disease
 - Reporting adverse reactions to medications
 - Reporting suspected abuse or neglect of a child or vulnerable adult to the proper authorities
 - Preventing or reducing a serious threat to anyone's health or safety
2. We may use or disclose your information for health research if you do not object.
3. We may disclose information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
4. We may disclose health information with a coroner and medical examiner when an individual dies.
5. We may use or disclose health information about you to comply with:
 - Workers' compensation claims
 - Law enforcement purposes or with a law enforcement official with your consent, unless required by law.
 - Health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services with your consent, unless required by law.
6. We may share health information about you in response to a court or other legal order, subpoena, or other legal documents.
 7. Other State Law: In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, the disclosure is for a medical emergency and we are unable to obtain your consent.
 - In case of an emergency, or if you are incapacitated, we may disclose your health information as necessary if we determine that it is in your best interest, based on our professional judgement.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Receive an electronic or paper copy of your health record.
 - You may ask to see or request an electronic or paper copy of the health record we have about you. Ask us how to do this. We may withhold information in circumstances where there is reasonable belief that the information is detrimental to your physical or mental health, or may cause a risk of harm.
 - We will provide a copy or a summary of your health information within a reasonable time.
 - If you ask to see or receive a copy of your record for the purpose of reviewing current medical care, we will not charge you a fee.
 - If you request copies of your health records of past medical care, or for the purposes of certain appeals, we may charge you specified fees.
2. Ask us to correct your health record.
 - You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
3. Request for us to contact you confidentially
 - You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will attempt to accommodate all reasonable requests.
4. Ask us to limit what we use or share
 - You may request restrictions on how we use and disclose your health information for treatment, payment, or operations. We are not required to agree to your requests.
 - If you paid for a service or health care item out-of-pocket in full and have asked us not to bill your health plan for that item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to the health plan for purposes of payment or our operations. We will honor that request unless the disclosure is required by law.
5. Get a list of those with whom we’ve shared information
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you in advance of the cost involved.
6. Get a copy of this privacy notice
 - You can 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.
7. File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your privacy rights or if you have a concern about how we have used or disclosed your health information by contacting us at: Volunteers of America, Minnesota and Wisconsin 7625 Metro Boulevard Minneapolis, MN 55439 Attn: Privacy Officer; Phone: 952-945-4000
- You can 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, D.C. 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.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want, and we will follow your instructions.

1. In these cases, you have both the right and choice to tell us NOT to:
 - Share information with your family, close friends, or others involved in your care.
 - Share information in a disaster relief situation
2. In these cases, we will never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
3. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Responsibilities

1. We are required by law to maintain the privacy and security of your protected health information.
2. We must follow the duties and privacy practices described in the notice currently in effect and provide you a copy of our Notice of Privacy Practices.
3. If you give us authorization for the use or disclosure of your health information, you may revoke it at any time by submitting a written revocation and we will promptly process it. However, disclosures that have been made in reliance on your authorization before you revoked it will not be affected by the revocation.
4. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We may use or disclose health information as required to cooperate with authorities in investigations and to provide legally required notices of unauthorized access to or disclosure of health information to the Secretary of Health and Human Services.

Changes to the Terms of this Notice

1. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Other Instructions for Notice

1. Effective Date of this Notice: 11/1/24
2. Contact Information: Volunteers of America, Minnesota and Wisconsin 7625 Metro Boulevard Minneapolis, MN 55439 Attn: Privacy Officer; Phone: 952-945-4000
3. This notice covers Volunteers of America, Minnesota and Wisconsin, doing business as Vona Center for Mental Health, and its respective departments, personnel, contracted providers, students, and trainees. This notice also covers other health care providers that come to Vona sites to care for clients, unless these other health care providers give you their own notice of privacy practices that describe how they will protect your health information.