

## Privacy Policy

This notice tells you how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact MRCI's Privacy Officer, Janette Hughes at (507) 386.5600.

This notice of Privacy Practices tells you how we may use and share your protected health information (PHI) to provide and manage your MRCI services, and for other reasons that are allowed or required by law. It also tells you your rights to see and control your protected health information. "Protected health information" is the personal health information MRCI maintains, creates or receives about you. It includes the past, present, or future physical or mental health condition of an individual.

We must follow the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. If the terms of this notice are changed, we will provide you with a revised notice upon request and will post the revised notice at [www.MRCIWorkSource.org](http://www.MRCIWorkSource.org) and in designated MRCI locations.

## Uses and Disclosures of Protected Health Information with your Written Consent:

You will be asked by your MRCI staff to sign a consent or agreement that will allow us to use your PHI for purposes of providing services to you and for payment for those services. The following are some of the ways that MRCI is allowed to use and share your protected health information.

**Programming:** We will use and share your PHI to provide and manage your program and any related services. This includes sharing information with others that have your approval. For example, we would share your PHI with someone who cares for you, with your county case manager, with the public health nurse or doctors who may be treating you.

**Payment:** Your PHI will be used to receive payment for your services. For example, we will share information needed to recover payment for services from Medical Assistance, Medicare, insurance companies or other funding sources.

**Healthcare Operations:** We may use or share your PHI in order to support the business activities of MRCI. The activities include, but are not limited to, quality assessment activities, licensing, accreditation and auditing.

**Business Associates:** We will share your PHI with third party "business associates" that perform activities such as accreditation and auditing for MRCI.

**Other Ways We May Use and Share Your PHI with Your Consent, Authorization or Opportunity to Object:**

We may use or share your PHI in the following ways. You may agree or object to the use or sharing of all or part of your PHI. If you are not present or able to agree or object, then your MRCI staff may, using professional judgment, decide whether the disclosure is in your best interest. In this case, only the PHI that is needed for your health care or service plan will be disclosed.

**Other's Involved with your Services:** Unless you object, we may share PHI with your family, or any other person you choose. The information must relate to that person's involvement in your care or services we are providing you. We may use or share information to tell a person in charge of your care, of your location and general condition or death. We may use or share your PHI to help in disaster relief efforts and to coordinate uses and disclosures to others involved in your care.

**Emergencies:** We may use or share your protected health information in an emergency treatment situation. If this happens, your MRCI staff, case manager or doctor will try to get your consent as soon as possible after treatment. If your doctor is required by law to treat you and has tried to get your consent, but is unable to do so, he or she may use or share your PHI for your care.

**Communication Barriers:** We may use or share your PHI if your staff tries to get consent from you but you cannot respond. Staff may decide, based on what they know, that you do consent to the use or sharing of your PHI.

**Other Ways We May Use and Share Your PHI without Your Consent, Authorization or Opportunity to Object.**

**Required by Law:** We will share your PHI when required to do so by federal, state or local law.

**Public Health:** We may share your PHI for public health reasons with a person who is allowed by law to collect or receive the information for the purpose of controlling disease, injury or disability.

**Spread of Disease:** We may share your PHI, if allowed by law, with a person who may have been exposed to or at risk of getting or spreading a disease or condition.

**Health Oversight:** If allowed by law, we may share PHI with a health oversight agency for things like audits, inquiries, inspections, and licensing. Health oversight agencies watch over and regulate benefit programs and civil rights laws.

**Abuse and Neglect:** We may share your PHI with those allowed by law to get reports of abuse and neglect. We may share PHI if we think you have been a victim of abuse, neglect, or domestic violence. All disclosures will comply with federal and state laws.

**Food and Drug Administration:** We may share your PHI with those who must review reactions to medicine or problems with products.

**Legal Proceedings:** We may share your PHI in the course of any lawsuit, dispute or other court proceedings in response to a legal order or with your consent.

**Law Enforcement:** We may share PHI for law enforcement purposes. These law enforcement purposes include: (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of MRCI and (6) medical emergency and it is likely that a crime has occurred.

**In case of death:** We may share PHI with a coroner or medical examiner for finding identity, cause of death or other duties allowed by law. We may also share PHI with a funeral director to aid in the performance of his or her duties. We may share PHI for reasonable expectation of death. We may share your PHI in case of organ, eye, or tissue donation.

**Research:** We may share your PHI if a review board has approved a research project and set guidelines to protect your health information.

**Crime:** We may share your PHI if we think that it will stop or lessen a serious threat to health or safety of a person or the public. We may also share PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Worker's Compensation:** We may share your PHI in order to follow worker's compensation laws.

**Required Uses:** Under the law, we must disclose PHI to you and the Secretary of the Department of Health and Human Services to check our compliance with federal HIPAA law.

## Your Rights

**You have the right to view and copy your PHI:** You may read and get a copy of your PHI record for as long as we have it. We are required to keep records for seven years after services ended.

**Under federal law, you can't read or copy the following records:** psychotherapy notes, information for use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access. A decision to deny access may be subject to review. Contact our Privacy Officer if you wish to challenge the denial.

**You have the right to ask for a restriction of your PHI:** You may ask us not to use or share any part of your PHI for programming, payment or for business needs. You may also ask that part of your PHI be kept from family or friends involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the restriction you request and to whom it should apply.

The MRCI staff who work with you do not have to agree to a requested restriction. If a staff person believes it is in your best interest to allow the use and disclosure of your PHI, your PHI will not be restricted. If the staff agree to the restriction, we will comply unless it is needed to provide emergency care. Please talk with your staff about any restriction you may want. You may request a restriction by contacting your MRCI staff or the Privacy Officer to obtain the request form. The form must be completed and given to the Privacy Officer who will make a decision about your request.

MRCI must comply with your request to restrict disclosures of your PHI to a health plan for treatment or services you paid for yourself.

**You have the right to ask us to share health information with you in a certain way or in a certain place:** We will honor reasonable requests. We will not ask for a reason for your request. You must put your request in writing. Ask the MRCI staff who work with you or contact the Privacy Officer to obtain a form.

**You may have the right to amend your PHI:** This means you may ask for an amendment of PHI about you in our record set for as long as we maintain the information. You must do this in writing. In some cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us. We may respond to your statement and will give you a copy of our denial. Contact the staff who work with you or the Privacy Officer if you have questions about amending your record or for obtaining a form requesting an amendment.

**You have a right to get a summary of certain disclosures of your PHI:** This right applies to PHI shared for things other than programming, payment or business needs. It is not for PHI we have shared with you, family or friends involved in your care, or for notification use. You have the right to get specific information about disclosures made within six years prior to the date of the request.

**You have a right to get a paper copy of this notice from us:** All new clients will get this notice as they begin services.

## Complaints

You may complain to us or to the Secretary of Health and Human Services if you think we have violated your privacy rights. You may file a complaint with us by contacting our Privacy Officer. You will not be penalized for filing a complaint.

You may contact our Privacy Officer at 507-386-5600 or 800-829-7110 for more information about the complaint process.

You may contact the Office of Civil Rights, Medical Privacy, Complaint Division at the U.S. Department of Health and Human Services, 200 Independence Avenue SW, HHH Building, Room 509H, Washington, DC 20201. The phone number is 866-627-7748.

This notice takes effect April 14, 2003