



Restoring Hope...One Life At A Time

NOTICE OF PRIVACY PRACTICES

This notice describes how medical and mental health information about you may be used and disclosed by Zumbro Valley Health Center (ZVHC), and how you can get access to this information. Please review this carefully.

Information about you is collected by ZVHC for the purpose of providing services to you, including assessment, psychotherapy, and other mental health or chemical dependency treatment. Unless ordered by a court, you have the right to refuse to provide any information at any time. Refusing to provide information may make it more difficult or even impossible for us to provide competent and effective services to you, and may make you ineligible for financial assistance with fees.

Protected, or private, health information may be released to or obtained from any individual or organization of your choosing, provided you have given us your authorization in writing to do so. Your clinical record, or certain portions of it, may be provided to or used by the following individuals or organizations without your signed authorization:

- ZVHC staff, including clinicians, service providers, supervisors, support staff, and billing office staff. Our employees are permitted to access information in your clinical record only on a need-to-know basis.
- Other ZVHC programs in which you are involved or plan to become involved.
- Your health insurance provider.
- Personnel from the Minnesota Department of Human Services.
- The U.S. Secretary of Health and Human Services, or his/her designated representative.
- County Community Services/Social Services staff if you are eligible for services paid through the county-funded sliding fee scale.
- We may provide certain information to an outside collection agency for the purpose of collection of an unpaid bill due to ZVHC.
- We may participate in one or more electronic health information exchanges, record locators, or patient information services which permit us to exchange information about you with other participating providers and their vendors.

There are some additional situations in which we may have to share protected health information about you without your signed authorization:

- We are required by law to report suspected neglect, physical abuse, or sexual abuse of a child that has occurred in the past three years.
- We are required by law to report suspected maltreatment of vulnerable adults.
- We may report situations in which you are believed to be at risk of harming yourself or someone else in the immediate future.
- We may have to disclose information if required by a court order.

You have the following rights regarding protected health information about you:

- You have the right to request restrictions on certain uses and disclosures of protected health information about you, but ZVHC is not required to agree to a requested restriction.
- You have the right to receive confidential communications of your protected health information.
- You have the right to inspect and copy protected health information about you contained in your clinical record. To do so, contact the ZVHC Privacy Officer, or inquire with the receptionist or clinical records staff for information regarding the procedure.
- You have the right to amend, or request changes in, your protected health information.
- You have the right to receive an accounting of disclosures of your protected health information.

Zumbro Valley Health Center has the following duties regarding protected health information:

- We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices concerning protected health information. If information is changed in this document, you will be provided a new copy of the Privacy Practices document. The Privacy Practice document is based on the Privacy Rule that became effective April 14, 2003. This document is reviewed annually and was last reviewed February 10, 2020.
- We are required to abide by the terms of this notice.
- We reserve the right to change the terms of this notice whenever necessary and to make the provisions of the new notice effective for all protected health information that we maintain.

If you believe your privacy rights have been violated, you are encouraged to file a complaint with ZVHC or to the Secretary of Health and Human Services. Complaint forms are available at the reception desk or from any clinician. ZVHC will in no way retaliate against you if you choose to file a complaint.