

## **CATHOLIC CHARITIES NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **OUR PLEDGE TO YOU REGARDING HEALTH INFORMATION**

We are committed to maintaining the security and privacy of information we receive about our clients. Whether it's your mental health diagnosis, healthcare treatment, payment for treatment or identifiable information (such as your name, address, phone number or insurance i.d. number) we maintain safeguards to protect you against unauthorized access and use. The privacy of your health information is important to us. We refer to this information as "protected health information" or "PHI."

- We must protect PHI that we have created or received about your past, present, or future health condition, healthcare we provide to you, or payment for your healthcare.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.
- We must abide by the terms of this Notice.

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. We will make the revised Notice available to you upon request.

### **Minnesota Consent for Disclosures**

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of healthcare service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization.

### **SAFEGUARDS TO PROTECT THE SECURITY OF YOUR INFORMATION**

We have a Privacy Officer who has overall responsibility to enforce privacy policies and procedures to protect your health information. We have made and will continue to make every effort to comply with federal and state laws both onsite and procedurally to safeguard your Protected Health Information (PHI.) In some instances where state laws provide greater protection for your privacy we will follow the provisions of state law.

Catholic Charities requires all of its employees and business associates to adhere to our privacy policies and procedures to protect your PHI consistent with this Notice.

Catholic Charities uses a paper record system and has policies, processes and technical safeguards in place to protect your information from being accessed by anyone other than those authorized. While our internal systems are secure from access by unauthorized parties, email communication between you and Catholic Charities is not secure because it is transmitted through public communication lines (the Internet.) Catholic Charities staff will not communicate with you using email unless you have authorized us to do so.

Catholic Charities is moving forward toward electronic filing of insurance claims and will have technical safeguards in place to protect your information from being accessed by anyone other than those authorized.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.**

**Treatment Purposes:** Catholic Charities may use and disclose your Protected Health Information for treatment purposes. This may include communicating with other healthcare providers regarding your treatment and continuing and managing the health services with others. For example we may use and disclose PHI about you when referring you to another healthcare provider.

**Payment:** Catholic Charities may use and disclose your protected health information so that treatment and services you receive may be billed to and payment may be collected from you, the responsible party (guarantor) on your account, Medicare or other governmental programs, insurance company or a third party. For example we may contact your health insurance company to determine whether your plan will cover treatment or may tell your health insurance company about treatment to obtain prior approval.

Catholic Charities will disclose/use your health information to determine:

- Reimbursement for healthcare
- Determination of eligibility of coverage
- Claims payment
- Utilization coordination of your benefits
- Medical necessity of your treatment
- Coordination of your care, benefits and other services

**Healthcare Operations:** We may use and disclose protected health information about you for healthcare operations. These uses and disclosures are necessary to operate our facility to make sure that all of our clients receive quality care. For example: we may use information in your health record to assess care and outcomes. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

**Your Authorization:** In addition to the use of your health information for treatment, payment, or healthcare operations, you may give us written authorization different from the Minnesota Consent to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Examples of when an authorization is required: disclosure of a child's PHI, requested by the child's parent, when disclosure is to the child's school to permit the child's participation in sports activities, use or disclosure of psychotherapy notes, disclosure of PHI to an employer for employment decisions, disclosures of PHI to a life insurer for underwriting/eligibility for insurance, disclosure by Catholic Charities for non-treatment purposes such as fund raising and marketing.

**Uses and Disclosure Authorized by Law That Do Not Require Your Consent, Authorization or Opportunity to Agree or Object:** In certain situations the law requires Catholic Charities to disclose protected health information without your authorization. The Limits of Confidentiality section of the Catholic Charities information handout explains what Catholic Charities is required by law to do. Additional requirements under the Privacy Regulations include: public health issues, health oversight activities (e.g. audits, licensing), research purposes (MN law requires a consent), judicial and administrative proceedings, uses and disclosures required by law, national security, military activity, and workmen's compensation.

**Your Rights:**

The right to request restrictions on certain uses and disclosures of protected health information and Catholic Charities is not required to agree to requested restrictions.

The right to receive confidential communication regarding protected health information by alternative means or at alternative locations.

The right to inspect and copy protected health information. The request must be in writing and may be denied in certain limited situations.

The right to request that your protected health information be amended. The request must be in writing.

The right to receive an accounting of certain disclosure of protected health information for the past six years. The request must be in writing.

The right of an individual including an individual who has agreed to receive the Notice electronically, to obtain a paper copy of the Notice from Catholic Charities upon request. 3-03

**Catholic Charities Duties:**

Catholic Charities is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

Catholic Charities is required to abide by the terms of the Notice currently in effect.

Catholic Charities reserves the right to change the terms of its Notice to make the new Notice provisions effective for all protected health information it maintains.

Whenever the Notice is revised Catholic Charities will make the Notice available upon request on or after the effective date.

**Complaints:** Individuals may complain to Catholic Charities and to the Secretary of DHHS if they believe their privacy rights have been violated. They may call Catholic Charities and file a written complaint attention to Catholic Charities Privacy Officer. The individual will not be retaliated against for filing a complaint.

**Contact:** Catholic Charities Privacy Officer, PO Box 379, 111 Market Street, Winona, MN 55987, Phone 507-454-2270.

**Effective Date:** 4-14-03

**Catholic Charities  
Notice of Privacy Practices Acknowledgment**

Name of Individual: \_\_\_\_\_

This is to acknowledge receipt of a copy of Catholic Charities Notice of Privacy Practice with an effective date of April 14, 2003.

Individual's (or Legal Representative's) Name: \_\_\_\_\_

Individual's (or Legal Representative's) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Office Use Only

We made the following efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices:

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However, acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify):

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**CONSENT FOR PURPOSE OF TREATMENT,  
PAYMENT AND HEALTHCARE OPERATIONS**

I consent to the use or disclosure of my protected health information (PHI) by Catholic Charities for the purposes of diagnosing or providing treatment to me, obtaining payment for my health care and for health care operations of Catholic Charities.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment or health care operations of Catholic Charities, but that Catholic Charities is not required to agree to the restrictions. However, if Catholic Charities agrees to a restriction that I request, the restriction is binding on Catholic Charities.

I have the right to revoke the consent in writing at any time, except to the extent that Catholic Charities has taken action in reliance on this consent (e.g., Catholic Charities has relied, in providing treatment, on being able to use and disclose PHI for payment purposes).

I understand that I have the right to review Catholic Charities Notice of Privacy Practice before signing this document. I also understand that the terms of the notice may change and a revised notice will be available upon request.

Signature(s)

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Date