

# South Dakota Human Services Center

## NOTICE OF PRIVACY PRACTICES

(Effective: April 1, 2015)

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

#### PLEASE REVIEW IT CAREFULLY. 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.

- **Get an electronic or paper copy of your medical record.**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record.**
  - You can 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.
- **Request confidential communications.**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. All reasonable requests will be granted.
- **Ask us to limit what we use or share.**
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.**
  - You can ask for a list of the times we’ve shared your health information for the 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.
- **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 promptly provide you with a paper copy.
- **Choose someone to act for you.**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights have been violated.**
  - You can file a complaint if you feel we have violated your rights by contacting us using the information on the last page of this brochure.
  - 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, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in our patient directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written authorization:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for:

- Appointment reminders
- To tell you about or recommend treatment options, alternatives, health-related benefits or services that may be of interest to you.

## **OUR USES AND DISCLOSURES**

**We typically use or share your health information in the following ways:**

- **For Treatment.** We can use your health information and share it with other professionals who are treating you.
  - For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** We may use or disclose your health information to obtain payment or to pay for the health care services you receive.
  - For example, we may provide protected health information to your health plan in order to bill for health care services provided to you.
- **For Health Care Operations.** We may use or disclose your health information in order to manage our programs and activities and to contact you when necessary.
  - For example, we may use protected health information to review the quality of services you receive or we may share your information with medical or nursing students for educational purposes.

## **OTHER USES AND DISCLOSURES**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues**
  - We can share health information about you for certain situations such as:
    - Preventing disease.
    - Helping with product recalls.
    - Reporting adverse reactions to medications.
    - Reporting suspected abuse, neglect, or domestic violence.
    - Preventing or reducing a serious threat to anyone's health or safety.
- **Research purposes**
  - We may use information for studies and to develop reports. Any studies or reports prepared for research purposes would not identify specific people.
- **To comply with the law.**
  - We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
  - We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director.**
  - We can share health information about you with organ procurement organizations.
  - We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.**
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.

- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions**
  - We can share health information about you in response to a court or administrative order, or in certain circumstances, to a subpoena.
- **Health Oversight Activities.**
  - We may use or disclose information to inspect or investigate health care providers.
- **We will not share any alcohol or substance abuse treatment records without your written authorization.**

### **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, but understand that we cannot take back any uses or disclosures already made with your authorization. Let us know in writing if you change your mind.

### **CHANGES TO THE TERMS OF THIS NOTICE**

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 web site.

### **How to Contact Us to Review, Correct, or Limit Your Protected Health Information**

**Human Services Center**  
 ATTN: HIPAA Privacy Contact  
 P.O. Box 7600  
 Yankton, SD 57078-7600  
 Phone: (605) 668-3100  
 TTY: (605) 668-3158  
 Fax: (605) 668-3460  
 Email: [infohsc@state.sd.us](mailto:infohsc@state.sd.us)

### **How to File a Complaint or Report a Problem**

You may contact those listed above if you want to file a complaint or to report a problem with how we have used or disclosed your health information. **Your services will not be affected by any complaints you make.** We cannot and will not retaliate against you for filing a complaint, cooperating in an investigation or refusing to agree to something you believe to be unlawful.

You may also file a complaint with the US Department of Health and Human Services, Office of Civil Rights by contacting:

**Region VIII, Office of Civil Rights**  
 Department of Health and Human Services  
 1961 Stout St., Room 1185 FOB  
 Denver, CO 80294-3538  
 Phone: (303) 844-2024  
 TDD: (303) 844-3439  
 Fax: (303) 844-2025