



HIPAA PRIVACY NOTICE

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.

As part of providing services to you, we will collect information about your health care. We need this information to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your care generated at or located at Independent Management Services. The law requires us to:

- a) Make sure that information that identifies you is kept private;
- b) Give you this notice of our legal duties and privacy practices with respect to information about you; and
- c) Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Information about You:

Listed below are a number of reasons or ways in which information about you might be disclosed. In each category we will explain what we mean and give an example. NOT EVERY USE OR DISCLOSURE IN A CATEGORY WILL BE LISTED. The ways we might disclose information include:

- A. **For Treatment:** We may disclose information about you to any personnel at Independent Management Services or outside of Independent Management Services who are involved in your care. For example, your direct care staff may need to share information about your medications with your psychiatrist, or with your case manager.
- B. **For Payment:** We may use and disclose information about you so that services may be billed and payment may be collected from you, an insurance company, or a government health program. We may also tell your health plan about a service you may receive to obtain prior approval or to determine whether your health plan will cover the treatment.
- C. **For Health Care Operations:** We may use information about you to run our program and to make sure you receive quality services, or to decide if we should change or modify our services.
- D. **As Required By Law:** We will disclose information about you required by federal, state, or local law. For example, we may reveal information about you to the proper authorities to report suspected abuse or neglect.
- E. **To Avoid a Serious Threat to Health or Safety:** We may use or disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- F. **Military and Veterans:** If you are a member of the armed forces, we may release information about you as required by military command authorities.
- G. **Workers' Compensation:** We may release information about you for workers' compensation or similar programs when required by law to do so. For example, if you are involved in a claim for workers' compensation benefits, we may release information requested about your health.
- H. **Health Oversight Activities:** We may disclose information to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.
- I. **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning your services or someone who provided services to you, we may disclose information about you in response to a court or administrative order. We may disclose information about you in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- J. **Law Enforcement:** In certain situations, we may release information about you to law enforcement officials. For example, we might release information about you to identify or locate a missing person; about a death that may be the result of criminal conduct; or in emergency circumstances to report a crime, the

- location of the crime or victims, or the identity, description of location of the person believed to have committed the crime.
- K. **Coroners, Medical Examiners and Funeral Directors:** We may release information to a coroner or medical examiner to identify a deceased person or determine a cause of death. We may release information to funeral directors as necessary to help them carry out their duties.
- L. **National Security and Intelligence, Protective Services for the President and Others:** We may release information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- M. **Correctional Programs:** If you are an inmate or in the custody of a law enforcement officer, we may release information about you to the correctional institution or law enforcement official, for example, to protect your health and safety or the health and safety of others.
- N. **Civil Commitment:** In certain circumstances, your records may be released without your consent as part of a civil commitment proceeding.
- O. **Marketing:** Generally, we will not use your information for marketing purposes without your consent.
- P. **Psychotherapy Notes:** Private notes taken by a therapist in a therapy session generally will not be released without your authorization.

Your Rights Regarding Information About You:

You have the following rights:

1. **To Inspect and Copy your Service Records:** Usually this includes medical and billing records, but may exclude psychotherapy notes. To inspect and copy information in your record, you must submit your request in writing to the Program Director, Administrator or HIPAA Compliance Officer. We may charge a fee for the costs of copying, mailing or other costs related to your request.

In very limited circumstances, we may deny your request. If we deny your request, you may ask that the denial be reviewed. Another licensed health care professional of Independent Management Services's choice will review your request for review.
2. **To Amend Your Record:** If the information we have about you is incorrect or incomplete, you may make a written request to the HIPAA Compliance Officer to amend the information. You must include a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:
 - a) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - b) Is not part of the information kept in our file;
 - c) Is not part of the information you would be permitted to inspect and copy; or
 - d) We believe the information is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, we will include your request in the record, whether the amendment is accepted or not.
3. **To Receive an Accounting of Disclosures:** We will keep a log of disclosures made on or after April 13, 2003, other than disclosures for treatment, billing or health care operations. You have the right to request the list of disclosures. You must submit a written request to the HIPAA Compliance Officer. The request may not cover more than a six-year period.
4. **To Request Restrictions:** You may request a restriction on the disclosure of information about you for treatment, payment or health care operations. Your request must be in writing and made to the HIPAA Compliance Officer. Your request must tell us 1) what information you want to limit; 2) whether you want to limit our use, our disclosure or both; and 3) to whom you want the limit to apply. For example, you could ask that we not use or disclose information to a certain person about services you've received.

We do not have to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

5. **To Request Alternative Ways to Communicate:** You may request that we communicate with you about your services in a certain way or at a certain location. For example, you can ask that we contact you only at work, or only by mail. Your request must be in writing, must tell us how you would like us to communicate with you, and must be sent to the HIPAA Compliance Officer. We will accommodate all reasonable requests.
6. **To Receive a Paper Copy or Electronic Copy of this Notice:** You have the right to receive a paper copy or an electric copy of this notice. You may request either a paper or an electronic notice from the HIPAA Compliance Officer.
7. **To be Notified if there is a Breach:** If there is an unauthorized release of your information, we will notify you of this breach promptly and will offer suggestions on how to minimize damage that might result from the breach.

ADDITIONAL RIGHTS UNDER STATE LAW:

State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this Notice.

CHANGES TO THIS NOTICE:

We may change this notice in the future. We can make the revised or changed notice effect for information we already have about you as well as any information we have in the future.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Compliance Officer.

ELECTRONIC ACCESS:

If your health records are stored electronically, you may make arrangements to access an electronic version of these records.

Internal Complaint Procedure:

Contact: Human Resources Department
101 21st St SE
Austin, MN 55912
Phone: 507-437-6389
Fax: 507-437-0977

Complaints may also be made directly to the government at:

Office for Civil Rights
U.S. Department of Health and Human Services 200 Independence Avenue, S.W.
Room 515F HHH Bldg.
Washington, D.C. 20201

All complaints must be in writing. We will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT AND CONSENT

I received a copy of the Independent Management Services Privacy Notice. I have had an opportunity to review, and to ask questions. I understand that Independent Management Services may sometimes disclose information about me without my consent, as required or permitted by law.

I understand that by submitting a written request, that I may receive a copy of my file; request an amendment to my file; request alternative communication methods, request limited distribution of information in my file; or obtain an accounting of disclosures.

In signing this document, I also consent to the use and disclosure of my service information for routine treatment, billing and operations.