

**Kandiyohi County Health and Human Services
Health and Human Services Building
2200 23rd Street NE, Suite 1020
Willmar, MN 56201**

Filing	
<u>Circle Unit</u>	
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Your Privacy Rights

This sheet tells you about your rights under the **Minnesota Government Data Practices Act** and the **Health Insurance Portability and Accountability Act**. These Acts protect your privacy but also let us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with our Department. Those contacts may be person, by mail, or on the telephone. Your worker can explain any additional requirements.

A. Why Do We Ask You For Information?

We may ask you for information so we:

- Tell you from other persons by the same or similar name.
- Decide if you can get money or services from us and what or how much you can get.
- Help you get the medical, mental health, financial or social services.
- Collect money from the state or federal government for help we give you.
- Decide if you can pay for any help you get.
- Make reports, do research, audit or evaluate our programs.
- Investigate reports of people who may lie about the help they need.
- Decide about out-of-home care and in-home care for you or your children.
- Collect money from other agencies, like insurance companies, if they should pay for your care.
- Decide if you or your family needs protective services.

B. Do You Have To Answer The Questions We Ask?

Generally the law does not say you have to give us this information. Federal laws require that you give us your Social Security number if you want financial help or child support enforcement services.

C. What Will Happen If You Do Not Answer The Questions We Ask?

We need information about you to tell if you can get help from any program. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

D. Who May We Share The Information About You With?

We may give information about you to any of the following agencies if they need it for investigations or to help you or help us help you. This does not mean we always share information about you with these organizations. It only says that there is a law that says we may share data with these organizations (sometimes the law says we must share certain information). If you have questions about when we give these organizations information, ask your worker.

Federal Organizations

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| <ul style="list-style-type: none"> * U.S. Department of Agriculture * U.S. Department of Health & Human Services * Internal Revenue Services * Attorney General | <ul style="list-style-type: none"> * Social Security Administration * U.S. Department of Labor * Immigration & Naturalization Service * Center for Medicaid Services |
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State Organizations

- | | |
|---|---|
| <ul style="list-style-type: none"> * Minnesota Department of Human Services * Minnesota Department of Public Safety * Minnesota Department of Revenue * Minnesota Department of Veteran Affairs * Minnesota Historical Society | <ul style="list-style-type: none"> * Regional Department Centers * Minnesota Department of Labor & Industry * Minnesota Department of Economic Security * Minnesota Attorney General or other law enforcement officials |
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- * Minnesota Department of Health
- * State and Federal Auditors
- * Minnesota Office of State Auditor

- * Minnesota Department of Human Rights
- * Ombudsman for mental health & retardation

County Organizations

- * Other County Welfare offices, including Child Support Enforcement Offices
- * County Attorney
- * County Housing & Redevelopment Authority
- * Other Kandiyohi County Departments as necessary for Business Purposes

- * County Welfare Boards
- * County child and adult protection teams
- * Multi-disciplinary teams, which includes Pre-Placement teams
- * County Officials

Other Organizations

- * Mental Health Centers
- * Hospitals & Medical Clinics
- * Credit Bureaus
- * Higher Education Coordinating Board
- * Law Enforcement officials
- * Community food shelves or surplus food programs
- * Creditors
- * School and other institutions of higher education
- * American Indian tribes
- * People who investigate child & adult protection
- * Fraud prevention and control units
- * Anyone else who the law requires us to do

- * Insurance companies
- * Collections agencies
- * Member agencies of a local collaborative
- * Others who may pay for your care
- * Ombudsman for families
- * Guardians, conservators or power of attorneys
- * School districts
- * Local health departments
- * Employees or volunteers of any welfare agency
- * Court officials
- * Coroners and medical examiners
- * Hospital, if you, co-friend or relative has an emergency and someone needs to be contacted

E. You Have The Right To Copies Of Information We Have About You.

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for the copies. You may give other people permission to see and have the copies of private data about you. If the information is unclear, you may ask to have it explained to you.

F. How Do You Appeal If You Think The Information Is Not Accurate Or Complete?

Your objection must be in writing and be sent to the Director of this agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask your worker, or write to the MN Department of Human Services, Attn: Privacy Official, 444 Lafayette Road N., St. Paul, MN 55155-3813 or Office of Civil Rights Medical Privacy Complaint Division, U.S., Department of Health and Human Services, 200 Independence Ave. SW, HHH Building, Room 509H, Washington, DC 20201.

G. What Privacy Rights Do Children Have?

If you are under 18, your parents may see data about you and authorize others to see this data unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

If they have any questions about the information on this form, please ask your worker.

Signature of Client

Date

Signature of Agency Representative

Date