SWWC
THE READY CLINIC

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your child's paper or electronic medical record
- Correct your child's paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share about your child
- Get a list of those with whom we've shared your child's information
- Get a copy of this privacy notice
- Choose someone to act for your child
- File a complaint if you believe you or your child's privacy rights have been violated
- Revoke consent to release of information at any time

See page 2 for more information on these rights and how to exercise them.

Your Choices

Your consent is required for the use and sharing of protected health information by indicating this in:

- The Necessary Authorization for Release and Use of Protected Health Information
- Specific Authorization to Release and Use Protected Health Information

See page 3 for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your child's information:

- Within SWWC and The READY Clinic as related to treatment
- As we bill for your child's services
- As we comply with state and federal law

See page 3 and 4 for more information on these uses and disclosures.

When it comes to your child's health information, you have certain right.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your child's medical record	• You can ask to see or get an electronic or paper copy of your child's medical record and other health information we have about your child. Ask us how to do this. • We will provide a copy or a summary of your child's health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your child's medical record	• You can ask us to correct health information 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. • We will say "yes" to all reasonable requests.
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.
Give a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your child's health information for 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 provide you with a paper copy promptly.
Choose someone to act for your child	• 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 are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • 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 child's information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. Ask us how to do this.

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
- Share non-identifiable information for the purpose of research or scientific presentation

In these cases we will *never* share your information:

- Public relations and marketing purposes
- Fundraising
- Solicitation or testimonial
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your child's health information?

We typically use or share your child's health information in the following ways.

Treatment	• We internally use and share your child's health information to run our practice, improve your child's care, and contact you or your child when necessary.	***Example***: *We use health information about your child to manage treatment and services.*
Bill for Services	• We use and share your child's health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about your child to your health insurance plan so it will pay for your services.*
Records Locator Service	• We use an electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers.	***Example***: *We give identifying information to our program management agency to coordinate staffing, billing, and treatment plan data and documentation.*

How else can we use or share your child's health information? We are allowed or required to share your information in other ways.

Comply with the law	• We will share information about your child if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about your child: o For workers' compensation claims o For law enforcement purposes or with a law enforcement official o With health oversight agencies for activities authorized by law
Respond to lawsuits and legal actions	• We can share health information about your child in response to a court or administrative order, or in response to a subpoena.
In Case of Emergency	• We can share health information in the event of: o Medical emergency o Law enforcement emergencies

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. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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 website.

Legal References

144.291 Minnesota Health Records Act (MHRA)
Pub.L. 104-191 Health Insurance Portability and Accountability Act (HIPAA)

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