

NOTICE OF PRIVACY PRACTICES

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 may collect information about your health care and medical condition and treatment. We need this information to provide you with quality services and to comply with certain legal requirements. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to all of the health information created or received by COMMUNITY OPTIONS & RESOURCES (COR). The law requires us to:

- make sure that medical information that identifies you is kept private;
- notify you if there is any breach of your unsecured medical information;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

Listed below are a number of reasons or ways in which information about you might be used or disclosed. Not every permissible use or disclosure will be listed.

This Notice governs how COR may use and disclose protected health information about you. In addition, all of our employees, volunteers and agents must follow the terms of this Notice.

A. Your medical information may be used and disclosed for the following purposes:

For Treatment. We may use your medical information to provide, coordinate, and manage your care and treatment. For example, your direct care staff may need to share information about your medications with your psychiatrist, or with your case manager. We will get your written consent prior to making disclosures outside of COR for treatment purposes, except in emergency circumstances when it is not possible to get your consent.

For Payment. We may use and disclose medical information about you so that services may be billed and payment may be collected from you, an insurance company, a government health program or another third party. For example, we may need to give your health plan information about a service you received at COR to obtain prior approval or to determine whether your health plan will cover the treatment. We will get your written consent prior to making disclosures for payment purposes.

For Health Care Operations. We may use and disclose medical information about you for COR's health care operations. Health care operations are the uses and disclosures of information that are necessary to run COR and to make sure that all persons receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff in caring for you. We will get your written consent before making disclosures to others outside of COR for health care operations purposes

Fundraising. Occasionally, COR may use limited information (your name, address, other contact information, age, gender, date of birth, the treating physician, outcome information, health insurance status, and the dates you received services at COR) to let you know about fundraising or other charitable events. You have a right to opt out of receiving fundraising communications by providing notice to us of your desire to not receive such communications.

Facility Directory. We may include certain limited information about you in our directory while you are receiving services. This information may include your name, location in the facility and your religious affiliation, if you provide this information to us. The directory information, except for your religious affiliation and condition, may be released to people who ask for you by name. This is so your family, friends and clergy can know your location. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. If you would prefer that COR not make these disclosures, please notify the HIPAA Privacy Officer.

To People Assisting in Your Care. COR will only disclose medical information to those taking care of you or helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. Generally, we will get your written consent prior to making disclosures about you to family or friends. If you are able to make your own health care decisions, COR will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, COR will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.

Research. Federal law permits COR to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your consent before we disclose your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.

As Required by Law. We will disclose medical information about you when required by federal, state, or local law. For example, we may reveal information about you to the proper authorities when we are required by law to report suspected abuse or neglect.

To Avoid a Serious Threat to Health or Safety. We may use or disclose medical 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. Any disclosure must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent to do so or when the disclosure is specifically required by law, including the limited circumstances in which COR health care professionals have a “duty to warn.”

To Business Associates. Some services are provided by or to COR through contracts with business associates. Examples include COR's attorneys, consultants, collection agencies and accreditation organizations. We may disclose information about you to our business associates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

Marketing. We will not be able to use or disclose your name, contact information or other PHI for purposes of marketing without your written authorization. This does not include informing you about treatment alternatives or other health related products or services we provide that may be of interest to you.

Psychotherapy Notes. We will not be able to use or disclose psychotherapy notes without your written authorization, except to carry out the following treatment, payment, or health care operations: Use by the person who authored the notes for treatment purposes; use or disclosure by COR for our own training programs, if any, in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their counseling skills; or use or disclosure by COR to defend itself in a legal action or other proceeding brought by you.

Sale of Medical Information. We will not be able to sell your medical information to another party without your written authorization.

B. Your medical information may be released in the following special situations:

Organ and Tissue Donation. We may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that COR may disclose is limited to the information necessary to make a transplant possible.

Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.

Workers' Compensation. We may release information about you for workers' compensation or similar programs when permitted to do so by law. These programs provide benefits for work-related injuries or illness. We are permitted to disclose this information to the parties involved in the claim without any specific consent, so long as the information is related to a workers' compensation claim.

Public Health. We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect, or abuse of a vulnerable adult;
- Reporting reactions to medications or problems with products;

- Notifying people of recalls of products they may be using;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Reporting to the FDA as permitted or required by law.

Health Oversight Activities. COR may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections and licensure activities. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. Minnesota law requires that patient-identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.

Lawsuits and Disputes. If you are involved in a lawsuit, dispute, or other judicial proceeding, or if there is a lawsuit or dispute concerning your services or someone who provided services to you, we may disclose medical information about you in response to a valid court, administrative order or a grand jury subpoena, or with your written consent.

Law Enforcement. We may release medical information about you to law enforcement officials in response to a valid court order, grand jury subpoena or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require consent or a court order. We may also release information to law enforcement officials that is not part of the health record (in other words, non-medical information) for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.

National Security and Intelligence, Protective Services for the President and Others. We will release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities only as required by law or with your consent. We will disclose medical information about you to authorized federal officials so they

may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

Correctional Programs. If you are an inmate of a correctional institution or in the custody of a law enforcement officer, we will release information about you to the correctional institution or law enforcement official only as required by law or with your consent.

C. You have the following rights regarding medical information we maintain about you:

1. To Inspect and Copy. You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by COR, but may exclude psychotherapy notes. To inspect and copy medical information, you must submit your request in writing to the HIPAA Privacy Officer. We may charge a fee for the costs of copying, mailing or other costs related to your request, to the extent permitted by state and federal law. If we maintain your health information in an electronic health record, you have the right to receive a copy of your health information in electronic form. You may also direct us to provide such electronic health information directly to an entity or person clearly and specifically designated by you in writing.

In very limited circumstances, we may deny your request to inspect and copy your information. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If we deny your request, you may ask that the denial be reviewed. Another licensed health care professional of COR's choice will review your request for review and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. To Amend Your Records. If you believe that medical information we have about you is incorrect or incomplete, you may make a written request to the HIPAA Privacy Officer to amend the information. You have the right to request an amendment for as long as the information is kept by or for COR. 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:

- was not created by COR, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information kept by or for COR;
- is not part of the information you would be permitted to inspect and copy or
- 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. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment or health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

You must submit a written request for the accounting to the HIPAA Privacy Officer. Your request must state the time period for which you would like the accounting. The request may not cover more than a six-year period, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

4. To Request Restrictions. You may request a restriction or limitation on the medical information we disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request. *However, we are not required to agree to any other request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Your request must be in writing and made to the HIPAA Privacy 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 have received.

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 Privacy Officer. We will accommodate all reasonable requests. We may require you to provide information about how payment will be handled.

6. To Receive a Paper Copy or Electronic Copy of this Notice. You have the right to receive a paper copy of this notice. You may request a paper copy of this notice from the HIPAA Privacy Officer at any time.

CHANGES TO THIS NOTICE

The effective date of this notice is April 14, 2003, and it has been updated effective 9/1/2016. We reserve the right to change this notice in the future. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we create or receive in the future. If the terms of this notice are changed, COR will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated locations at COR.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with COR, or to ask a question about this notice, contact the HIPAA Privacy Officer:

Natalie Knickrehm, HIPAA Privacy Compliance Officer
330 ½ Fox Lake Ave.
Sherburn, MN 56171
507-764-4612

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, SW
Room 515F HHH Bldg
Washington, D.C. 20201

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

Other Uses of Medical Information

Except as described above, COR will not use or disclose your protected health information without a specific written authorization from you. If you provide us with written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

COMMUNITY OPTIONS & RESOURCES

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in COR's Notice of Privacy Practices. COR is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

By signing below, you are acknowledging that you have received a copy of COR's Notice of Privacy Practices.

Name of person receiving services (print): _____

Legal representative (print): _____

If signed by Legal Representative, state authority to act on behalf of the person:

Signature: _____ Date: _____

[COR] USE ONLY

I, _____, attempted to obtain the person receiving services or legal representative's acknowledgement of receipt of the Notice of Privacy Practices, but was unable to do so.

Reason acknowledgement not obtained: _____

Signature: _____ Date: _____

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