



## NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

**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.**

### **Our Pledge Regarding Your Personal Health Information**

This notice explains how Courage Center uses and discloses your personal health information and the rights that you, as a consumer, have with respect to accessing that information and keeping it private. We are required by law to protect the privacy of your personal health information and to provide you with this notice. "Personal health information" means individually identifiable information, including demographic information, related to your physical or mental health or condition, the payment for such health care, that is created or received by Courage Center.

We must follow the privacy practices that are described in this notice, which takes

effect on the date shown at the top of this form. We reserve the right to change our privacy practices and the terms of this notice at any time, and to have those changes be effective for all information that we have, including personal health information we created or received before the effective date of the new notice. Before we make a significant change in our privacy practices, we will revise this notice and make it available to consumers.

For more information, please contact us using the information listed at the end of this notice.

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### **Our Uses and Disclosures of Your Personal Health Information**

The following categories describe different ways that we use and disclose your personal health information.

**Treatment:** We may use your personal health information to provide you with medical treatment or health-related services. For example, Courage Residence staff may

share information about your medical condition with a therapist in Medical Rehabilitation & Education. Under Minnesota law, to release your health records for treatment purposes, we are required to obtain your written consent (except in an emergency). Courage Center also provides many non-health care services;

you will be asked to sign an authorization permitting Courage Center to use and disclose your personal health information as necessary to provide those services.

**Payment:** We may use and disclose your personal health information in order to receive payment for the services you receive. For example, we need to give information about therapy you received to your health plan to obtain payment. We may disclose your personal health information to another provider or health plan for payment purposes. Under Minnesota law, we are required to obtain your written consent before disclosing your health records for payment purposes.

**Health Care Operations:** We may use and disclose personal health information about you for our health care operations, which are activities necessary to operate Courage Center and make sure that all of our consumers receive quality care. For example, we may use and disclose your personal health information to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to manage our business. We may also disclose your personal health information for the health care operations of another provider or health plan under limited circumstances. Under Minnesota law, we are required to obtain your written consent before disclosing your health records for these purposes.

**Family and Other Individuals Involved in Your Care:** We may disclose to your family members, friends, and persons you indicate are involved in your care, personal health information that is directly relevant to their involvement in your care (or payment for your care) but only if you have an opportunity to agree or object to that disclosure. We may also use or disclose your information to notify these persons of your location, general condition or death.

If you are not present, or if you are incapacitated or in an emergency, we may disclose relevant personal health information to these persons if we determine that the disclosure is in your best interest. This does not give these persons the right to obtain copies of your personal health information.

**Facility Directory (applicable to Courage Residence Only):** Unless you object, we may disclose your room number and general condition to people who ask for you by name.

**Appointment Reminders:** We may use and disclose personal health information to contact you as a reminder that you have an appointment for treatment or services.

**Communication about Products and Services:** We may use and disclose your personal health information so that we can tell you about or recommend possible treatment options or alternatives, or tell you about health-related benefits or services that may be of interest to you. We may communicate with you face-to-face regarding any products or services. We may use or disclose personal health information to distribute small Courage Center promotional items.

**Fundraising:** We may use your name, address and other demographic data and the dates on which you received care, to contact you to ask you for your participation in fundraising activities to support Courage Center. If we do contact you, you can “opt out” of any future fundraising contacts. If you do not want to be contacted, please notify us at 763-520-0539.

**Special Situations involving Public Health or Legal Requirements:** We may use and disclose personal health information:

- If required by law.

- For disaster relief efforts.
- To state or local health departments for public health activities such as communicable disease reporting.
- To adult or child protection agencies or law enforcement to inform authorities of possible victim of abuse, neglect or domestic violence.
- To agencies with authority to conduct government healthcare oversight activities involving Courage Center, including the Attorney General, the Minnesota Department of Health, the Minnesota Department of Human Services, the Minnesota Department of Economic Security, and others authorized to oversee Courage Center's services.
- For judicial or administrative proceedings, such as responding to a court order.
- For law enforcement purposes.
- For research studies that meet all state and federal privacy law requirements.
- To avoid a serious threat to health or safety.
- To medical examiners, funeral directors, or organ procurement organizations, in regard to a deceased person.
- For special government functions, such as disclosures to authorized federal officials for national security activities.

- For workers' compensation and similar programs for work-related injuries or illness.
- To the Department of Human Services or Department of Economic Security personnel for determinations of eligibility and need for services.
- To case managers, if you participate in certain government programs and have been assigned a case manager through a government agency.
- To your legal guardian, if you have one.

**Uses and Disclosures You Specifically Authorize:** If you give us your written authorization, we may use and disclose your information as permitted by that authorization. You may revoke an authorization in writing at any time, except if we have already relied on it. Without your written authorization, we may not use or disclose your personal health information for any reason except those described in this notice.

## Your Rights

**Access:** You have the right to look at or get copies of your personal health information, with limited exceptions. We may require you to make this request in writing. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

**Amendment:** If you feel that your personal health information is wrong or something is missing, you have the right to request that we amend it. We may require you to make this request in writing and provide a reason to support your request. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

**Accounting of Disclosures:** You have the right to receive a list of disclosures we have made of your personal health information. This right does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. Your request for the accounting must be in writing. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.

**Restriction Requests:** You have the right to request that we place restrictions on our use or disclosure of your personal health information for treatment, payment, health

care operations. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for restrictions must be in writing signed by a person authorized by Courage Center to agree to such requests.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your personal health information by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Copy of this Notice:** You are entitled to receive a printed (paper) copy of this notice at any time.

**Right to Refuse:** You may refuse to give us information we request. However, without certain information, we may not be able to give you services or fulfill legal duties or obligations of Courage Center.

**Others Acting on Your Behalf:** These rights may also be exercised by someone who has the legal right to act on your behalf.

**Making a Request:** You may make the requests described in this section through the Courage Center department where you receive services, or by contacting the Privacy Officer at the address given at the end of this notice.

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## Questions and Complaints

If you want more information about Courage Center's privacy practices, have questions or concerns, or believe that we may have violated your privacy rights, please contact us using the following information:

Contact Office: HIPAA Privacy Officer

Address: Courage Center  
3915 Golden Valley Road  
Golden Valley, MN 55422

Telephone: 763-588-0811

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.