



423 W. Travelers Trail  
Burnsville, MN 55337  
Ph: (952) 564-3030  
Fax: (651) 925-0031

## Notice of Privacy Practices

6/27/2017

### Options Residential, Inc.: 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.***

Federal and state privacy and medical records laws protect your rights as a client of Options Residential, Inc. This notice applies to your current contact with Options Residential, Inc. and all future contacts, whether the contact is in person, by telephone, or by mail.

Options Residential, Inc. is required to protect the privacy of your Protected Health Information (PHI) by the Health Insurance Portability and Accountability Act (HIPAA.) We are required to provide you with a notice of our legal duties and Privacy Practices with respect to PHI and to notify you following a breach of unsecured PHI. The terms we, our, and us refer to Options Residential, Inc. and the terms you and your, refer to our clients.

#### **NOTICE INFORMATION**

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, and health care operations and for other purposes that are specified by law. We are required to abide by the terms of the notice currently in effect.

We reserve the right to change this Notice. The changes will apply for PHI we already have about you and PHI we receive about you in the future. We will provide an updated Notice to you when you request one.

If you have questions about this Notice, our privacy practices, or Options Residential, Inc. that this notice applies to, please contact us at:

Options Residential, Inc.  
HIPAA Privacy Officer  
151 W. Burnsville Parkway, Suite 100  
Burnsville, MN 55337  
(952) 564-3000

#### **PROTECTED HEALTH INFORMATION**

Protected Health Information is:

- 1) Information about your physical or mental health, related to health care services.
- 2) Information that is provided by you, created by us, or shared with us by related organizations.
- 3) Information that identifies you or could be used to identify you, such as demographic information, address and phone number, social security number, age, date of birth, dependents, and health history.

#### **HOW OPTIONS RESIDENTIAL, INC. PROTECTS YOUR PHI**

Except as described in this Notice or specified by law we will not use or disclose your PHI. We will use reasonable efforts to request, use, and disclose the minimum amount of PHI necessary.



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Whenever possible, we will de-identify or encrypt your personal information so that you cannot be personally identified. We have put physical, electronic, and procedural safeguards in place to protect your PHI and comply with federal and state laws.

### **YOUR RIGHTS**

You have the following rights with respect to your PHI.

**Obtain a copy of this Notice.** You may obtain a copy of this notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy, you just need to request a copy.

**Request Restrictions.** You may ask us not to use or disclose any part of your PHI. Your request must be in writing and include what restriction(s) you want and to whom you want the restrictions to apply. We will review and grant reasonable requests, but we are not required to agree to restrictions, except in some cases of disclosures to a health plan. 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 agree to this request unless that law requires us to share that information.

**Request Confidential Communications.** You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. We will grant all reasonable requests.

**Inspect and copy.** You have the right to inspect and get a copy of your PHI for as long as we maintain the information. You must put your request in writing. If you have any questions about the process to obtain your record just ask us. We will provide a copy of a summary of your health information, usually within 30 days of your request. We may charge you for reasonable costs of copying, mailing, or other supplies that are necessary to grant your request.

We do have the right to deny your request to inspect and copy. If you are denied access, you may ask us to review the denial. In some cases, we may deny your request to review the denial.

**Request amendment.** If you feel that your PHI is incomplete or incorrect, you may ask us to amend it. You may ask for an amendment for as long as we maintain the information. Your request must be in writing and you must include a reason that supports your request. In certain cases, we may deny your request but will provide you with a written reason for the denial, within 60 days of your original request. If we deny your request for amendment, you have the right to file a statement of disagreement with our decision.

**Receive a list (an accounting) of disclosures.** You have the right to receive a list of the disclosures (an accounting) that we have made of your PHI six years prior to the date of your request, who the PHI was shared with, and why.

The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or healthcare operations; disclosures which you have authorized us to make; disclosures made directly to you or to friends or family members involved in your care; or disclosures for notification purposes.

Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations.



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Your request for an accounting must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request.

You will not be charged for the first disclosure list that you request, but you may be charged for additional lists provided within the same 12 month period as the first.

**Request confidential communication.** You may ask us to communicate with you using alternative means or alternative locations. For example, you may ask us to contact you about medical records only in writing or at a different address than the one in your file. Your request must be made in writing and state how and when you would like to be contacted.

You do not have to tell us why you are making the request, but we may require you to make special arrangements for payment or other communications.

We will review and grant reasonable requests, but we are not required to agree to any restrictions.

**Choose someone to act for you.** 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.

**Note: Special Rules for Psychotherapy notes.** Only Psychotherapy notes collected by a psychotherapist during a counseling session are considered PHI. If those notes are kept separate from a client's medical records, HIPAA requires that they be treated with higher standards of protection than other PHI.

It is not Options Residential, Inc. practice to keep psychotherapy notes as defined by HIPAA, or to keep any client notes separate from the client's file.

### **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 information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### ***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

If you are not able to provide us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### ***In these cases, we never share your information unless you give us written permission:***

- Marketing purposes
- Sale of your information



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### WHEN OPTIONS RESIDENTIAL, INC. MAY USE AND DISCLOSE PHI

#### **Common reasons for our use and disclosure of PHI include:**

**Treatment.** To provide, coordinate, or manage health care and related services for you to make sure you are receiving appropriate and effective care. For example, a therapist who works directly with you may communicate with their clinical supervisor to better coordinate your care.

**Payment.** To obtain payment or reimbursement for services provided to you. For example, we give information about you to your health insurance plan so it will pay for your services.

**Health Care Operations.** To assist in carrying out administrative, financial, legal, and quality improvement activities necessary to run our business and to support the core functions of treatment and payment. For example, we use health information about you to manage your treatment and services.

**Health Plan Sponsor.** We may disclose PHI to a group health plan administrator, which may in turn, disclose such PHI to the group health plan sponsor, solely for the purposes of administering benefits, unless you pay for services out-of-pocket and request that we not disclose PHI related solely to those services and disclosure is not required by law.

**Individuals involved in your care or payment for your care.** We may disclose your PHI to a family member, other relative, close personal friend, or any person you identify, who is, based on your judgment, believed to be involved in your care or in payment related to your care.

**As required by law.** We must disclose PHI when required to do so by law.

### LESS COMMON REASONS FOR OUR USE AND DISCLOSURE OF PHI INCLUDE:

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs/ocr/privacy/hipaa/understanding/consumers/index.html)

**Legal proceedings.** We may disclose PHI for a judicial or administrative proceedings in response to a court or administrative order or in response to a subpoena.

**Help with Public Health and Safety Issues.** We may disclose PHI to avoid a serious and imminent threat to your health or safety or to the health or safety of others such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

**Research.** We can share your information for health research.

**Medical examiners:** We can also share information with a coroner, medical examiner, or funeral director when an individual dies.



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**To provide reminders and benefits information to you.** Disclosures may be used to verify your eligibility for health care and enrollment in various health plans and to assist us in coordinating benefits for those who have other health insurance or eligibility for government benefit programs.

**Worker's compensation.** We may disclose PHI to comply with worker's compensation laws and other similarly legally established programs.

**Abuse or neglect.** We may make disclosures to government authorities or social services agencies as required by law in the reporting of abuse, neglect, or domestic violence.

**Law enforcement.** We may disclose PHI to law enforcement officials for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information about victims of crimes.

**Comply with the Law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Your written permission:** We are required to get your written permission (authorization) before making or disclosing your PHI for purposes other than those provided above. Including most uses and disclosures of psychotherapy notes, use or disclosure of PHI for marketing purposes and sale of PHI, or as otherwise permitted or required by law. If you do not want to authorize a specific request for disclosure, you may refuse to do so without fear of reprisal.

**You may withdraw your permission:** If you do provide your written authorization and then later want to withdraw it, you may do so in writing at any time. As soon as we receive your written revocation, we will stop using or disclosing the PHI specified in your original authorization, except to the extent that we have already used it based on your written permission.

### **YOU MAY FILE A COMPLAINT**

If you believe your privacy rights have been violated, you can file a complaint with Options Residential, Inc.'s HIPAA Privacy Officer at:

Options Residential, Inc.  
HIPAA Privacy Officer  
151 W. Burnsville Parkway, Suite 100  
Burnsville, MN 55337  
(952) 564-3000

Or you may contact the United States Department of Health and Human Services at:

Medical Privacy Complaint Division  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-877-696-6775



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Or you can file a complaint by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You will not be retaliated against for making a complaint.

### **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your PHI.
- 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **DATA PRIVACY**

**Why do we ask for information?** We ask for information from you to determine what service or help you need, develop a service plan with you, and give you the services you want.

The information may also be used to determine your charges for services or for collection of payment from insurance companies or other payment sources.

**Do you have to give information to us?** There is no law that says you must give us any information. However, if you choose not to give us some information, it can limit our ability to serve you well.

**What will happen if you do not answer the questions we ask?** If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the Court.

Without certain information, we may not be able to tell who should pay for your services.

### **EMAIL COMMUNICATION**

You may choose to receive PHI through email. Options Residential, Inc. utilizes encrypted email, which is HIPAA compliant. It requires you to log in, in order to receive the information. Certain programs within Options Residential, Inc. may not have email communication available based on program requirements.

You will need to provide written/electronic consent in order to receive email communication from Options Residential, Inc. However, if you initiate communications with us using e-mail prior to intake into our services we can assume that e-mail communications are acceptable to you (unless you have explicitly stated otherwise).