DATA PRIVACY
YOUR RIGHTS UNDER MINNESOTA’S DATA PRACTICE ACT AND DATA PRIVACY RULES

Federal and State laws require this agency:

TO PROTECT YOUR PRIVACY.

TO LET YOU SEE THE INFORMATION WE HAVE ABOUT YOU.

TO EXPLAIN OUR NEED FOR AND USE OF INFORMATION ABOUT YOU.

TO EXPLAIN YOUR RIGHTS REGARDING INFORMATION.

PRIVACY

Most of the information we collect about you will be classified as private. That means you and the government agencies who need the information can see it; others cannot. Occasionally statistics and other anonymous data will be taken from the information we collect about you. This is public and open to anyone, but it will not identify you in any way.

In a few cases, information we collect is classified as confidential. Confidential data is not open to anyone (not even you) except the government agencies that need it. Data in this category deals with adoption, civil or criminal investigations, some medical data, and the names of a person who reports child or vulnerable adult abuse.

ACCESS BY YOU

You can see all public and private records about yourself and your children (see the section on “Minors” for an exception). Access may take seven to ten business days; 30 days is the longest you will have to wait by law. You may also authorize anyone else to see your records. Most access is without charge, but you may be charged for copies. Remember to bring identification with you when you go to see your record, such as driver’s license or birth certificate.

ACCESS BY OUR STAFF AND BY THE AGENCIES LISTED BELOW

Employees of this clinic will have access to information about you any time their work requires it. Others who may have access include our attorney, insurers, or other person who many become involved with legal or financial aspects of your case. By law, some other government and contractor agencies will also have access to certain information about you if they provide a service to you or if they provide a service to this clinic that affects you and requires access to your records. The other agencies that may have access to information about you are:

- The Social Security Office
- The U.S. Department of Health and Human Services
- The Minnesota Department of Human Services
• Relatives who may be responsible for your welfare in accordance with State Law
• Judiciary and any other agency to whom access is permitted by a valid court order
• Multidisciplinary case consultation teams and county social service departments for investigation of abuse and neglect of children and vulnerable adults
• Any individual or agency to whom you authorize access

PURPOSE

The purpose of the information we collect from you or that you authorize us to collect from other are listed below.

• To determine the appropriateness of service
• To provide effective care and treatment of mental health
• To enable us to collect federal or state or insurance funds for the services, care, or assistance that you or your family receives from this agency
• To develop treatment guidelines
• To prepare statistical reports and for evaluative studies (you will not be identified in the report or studies).
• To permit this agency to collect from the county welfare or human services agency the payments they owe us for the care and treatment you receive.
• To evaluate and audit programs
• Other purposes specifically authorized by you

OTHER RIGHTS

State and federal law secure other rights when you give information to a government agency.

• You have the right to refuse to give information that is not, under the law, considered necessary for your participation in a program, without that refusal affecting your eligibility;
• You have the right to refuse to give any information; (if you do not give needed information, you will probably not be accepted for the services you are applying for);
• You have the right to challenge the accuracy of any of the information in your record; (if you want to challenge any information, write to the clinic director or talk to the person who works with you at this clinic. Your challenge must be answered in 30 days);
• You have the right to insert your own explanation of anything you object to in your records;
• You have the right to appeal the decisions about your records. To file an appeal, you can contact the staff person at this clinic who works with you or write direct to: Commissioner of Administration, State of Minnesota, 50 Sherburne Avenue, St. Paul, MN 55155. Your notice of appeal should contain the following elements:
  - Your name, address and phone number, if any;
  - A statement that the person responsible for your records is as you designated;
  - The name of the agency involved in your appeal;
  - A description of the nature of the dispute including a description of the data;
The desired results of your appeal

This notice must be filed within 60 days of the action being appealed.

MINORS

If you are a minor, you have the right to request that data about you be kept from your parents. This request should be in writing and both explain the reasons for withholding data from your parents and show that you understand the consequences of doing so. If you have any questions about this, ask the staff person who works with you.

WHOM TO CONTACT

If you have any questions regarding the Data Privacy Act or any of the information above, write to: Commissioner of Human Services, 444 Lafayette Rd, St. Paul, MN 55155. Attention: Data Privacy Office. You may call (651) 296-2701.

GENERAL PATIENT’S RIGHTS AND RESPONSIBILITIES

PATIENT’S RIGHTS

1. Every patient shall have the right to considerate and respectful care.
2. Every patient can reasonably expect complete and current information concerning his/her diagnosis, treatment, and prognosis in terms he/she can understand from his/her mental health professional. When it is not advisable to give the information to the patient it may be available to the appropriate person on his/her behalf according to guidelines provided by Statute 144.335.
3. Every patient shall have the right to know by name and specialty, if any, the therapist responsible for his/her care.
4. Every patient shall have the right to expect the clinic to make a reasonable response to his/her requests.
5. Every patient shall have the right to expect reasonable continuity of care. This shall include, but not be limited to, whatever appointment times the therapists are available.
6. Every patient shall be fully informed of the services available in the clinic and of related charges.
7. Every patient shall have the opportunity to participate in the planning of his/her treatment, and to refuse to participate in experimental research.
8. No patient shall be arbitrarily referred, transferred, or terminated from the treatment program, but he may be referred, transferred, or terminated, for medical reason, for his/her welfare, or other patient’s welfare, or for non-payment of services unless prohibited by the welfare program’s paying for the care of treatment of the patient as documented in the treatment record. Reasonable advance notice of any referral, transfer, or discharge must be given to the patient.
9. Every patient may manage his/her own financial transactions on his/her behalf or he/she may delegate this responsibility in accordance with the laws of Minnesota to the clinic or its representatives for any period of time.

10. Every patient shall be free from mental and physical abuse, and free from chemical or physical restraints, except in emergencies or as authorized in writing by his/her physician for a specified and limited period of time when necessary to protect the patient from injury to himself/herself or to others.

11. No patient shall be required to perform services for the facility that are not included for therapeutic services in his/her plan of care.

12. Every patient may associate and communicate privately with person of his/her choice.

13. Every patient may meet with representatives and participate in activities of commercial, religious, and community groups at his/her discretion, provided, however, the activity shall not infringe upon the rights to privacy of other patients.

14. Every patient shall be fully informed prior to or at the time of admission to the treatment program of the rights and responsibilities set forth in this section on all rules governing conduct and responsibility.

**PATIENT RESPONSIBILITIES**

The staff at Nystrom and Associates, Ltd will do everything possible to make your experience here pleasant and comfortable, and you can help them in their efforts by assuming the following responsibilities:

1. You are responsible for being considerate of other patients.

2. You are responsible for keeping appointments. A 24-hour cancellation notice is required or else a cancellation charge will be made.

3. You are responsible for notifying your counselor about any unexpected change in your health.

4. You are responsible for letting us know immediately if you do not understand instructions, or if you feel that they are such that you cannot follow them.

5. You are responsible for using clinic supplies (test, inventories, and so forth) appropriately and to assist in ensuring their availability for future patients.

6. You are responsible for fulfilling the financial obligations of your health care as properly as you are able.

7. You are responsible for loss or damage to clinic property.