

# South Central Human Relations Center

## NOTICE OF PRIVACY PRACTICES

### **DETAILED NOTICE**

Effective April 14, 2003 (Revised 08/2013)

***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***

It is very important that you understand how your data is kept and how it may be shared with others. You get a copy of this Notice to keep for yourself. We are required by law to tell you about our legal duties and privacy practices, as well as how we maintain the privacy of protected health information. We are required to abide by the terms of the notice currently in effect. We may change the terms of this notice at any time. When we change the notice, it will affect all protected health information we maintain. You may get a copy of the new notice in the reception area or online at our website.

This policy applies to all workforce members at all South Central Human Relations Center locations and all current programs. Some parts also apply to companies that act on our behalf with whom we have a Business Associate Agreement and, if they have subcontractors who have access to your data, some applies to them also.

There are a variety of federal and state laws and regulations that protect the data about you at this center. You can be assured that every effort is taken to comply – physically, electronically, and procedurally – to keep your information safe. When state laws protect you more than federal laws, we will follow the state law.

Our policy has always been to keep your records safe. Your records tell what treatments and tests you have had and what decisions have been made, and also include things like your name and address and account balances. This is called ***protected health information*** and is not publicly available.

Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights is available to patients, their guardians, or your chosen representative upon reasonable request to the administrator or other designated staff person.

You have the right to be informed prior to a photograph or audio or visual recording being made and the right to refuse to allow it when not for the purpose of identification or supervision by the license holder.

11.1.23

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# Permitted Uses and Disclosures

*(Without your permission)*

**In most cases in Minnesota, your written approval is needed for us to use or share your health information;** however, Federal law allows us to do this without your permission sometimes.

We will only share the **minimum** amount needed of your health information for each situation. Following is a more detailed explanation with some examples.

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## Treatment

We may use or share information about you to treat your mental health and coordinate care. When treating you, we ask for your written permission to share your information with healthcare providers caring for you outside of our facilities. For example, your therapist may talk to your psychiatrist about your case, a physician caring for you may need your current information, or we may give information about you to an emergency room in a medical emergency. Sometimes, this may be done through a health information exchange or record locator service. We may also call you to provide appointment reminders, unless you tell us not to.

Minnesota law protects your mental health privacy rights more than HIPAA, so in most cases we will need your permission and will have you sign an Authorization to Release Information before talking to someone who is not providing for your care at SCHRC and before sending your information out to anyone.

If you are in our Dual Recovery Program, Federal laws protect your information even more than HIPAA or Minnesota laws.

## Payment

We may use or share information in order to bill and collect payment; for example, for insurance eligibility or coverage. Your insurance company may ask for records to determine if your treatment is medically necessary, and we ask you to sign an authorization to send these. You can request we not inform your insurance company of your appointment if you pay for the appointment in full first. We may use a collection agency if bills are not paid.

## Healthcare Operations

We may use or share your information to help improve quality of care or services. For example, we may use your information to evaluate the performance of our staff treating you, for cost-savings programs, or conducting audits and compliance programs, including fraud, waste, and abuse investigations. We may share your information with a contracted business associate (for example, a computer programmer, document shredder, etc.); their contract requires they also protect your privacy. Some companies we hire have rare, incidental disclosures, such as janitorial services, and they sign a privacy agreement.

## Additional Uses and Disclosures

*(Without your permission)*

### As Required by Law and Legal Proceedings - examples:

- In response to a **court order** or judicial or administrative proceedings or, in certain cases, in response to a subpoena or other lawful process
- To comply with **Workmen's Compensation** laws and similar legal programs
- **Inmates** – to treat inmates in a correctional facility, for health and safety of client or other inmates, officers, or employees of the facility, or those transporting clients. (Inmates do not have a right to receive this NPP.)
- **Food and Drug Administration** – reporting adverse drug events, product defects or problems, etc.
- As required by the **U.S. Department of Health and Human Services** regarding our HIPAA compliance
- **Health Oversight** and **Public Health** – for activities authorized by law, such as audits, investigations, and inspections by government agencies that oversee the healthcare system, government funded programs, other regulatory programs, and civil rights laws, as well as to control disease, injury, or disability.
- **Military Activity and National Security** – If you are in the Armed Forces: 1) for activities deemed necessary by military command authorities; 2) for determination of your eligibility for benefits by the VA; or 3) to foreign military authority if you are a member of that service. We may also disclose to authorized federal officials for conducting national security and intelligence activities, including protective services to the President or others legally authorized.
- **Abuse or Neglect** – We may disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect or if you have been the victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.
- **Coroners, funeral directors, organ donation** – for identification, determining cause of death, etc.
- To **law enforcement** when legal requirements are met:
  - For **legal processes** and otherwise as required by law
  - For limited information requests to **identify or apprehend** an individual
  - About **victims** of a crime
  - For suspicion that **death** has occurred as **a result of criminal conduct**
  - If a **crime** occurs on our property
  - For a **medical emergency** (off our property) where a likely crime has occurred
  - To avert a **serious threat to health or safety**
- For **research** when approved by any applicable waivers or a Review Board.
- To employers if they are the covered healthcare provider for medical surveillance of the workplace or to decide whether you have a work-related illness or injury. You must get a written notice about this or it must be posted in a noticeable place where the healthcare is provided.

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## **You May Decide if We Share Your Information**

*(Other permitted and required uses and disclosures that may be made with your consent, authorization, or opportunity to object)*

You have the opportunity to object to the use or disclosure of all or part of your protected health information. If you are not present or able to object, such as in a life or death emergency situation, then we may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the minimum necessary will be shared.

**Minnesota Law** allows certain minor children the right to request data about them be kept from their parents.

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### **With family or others involved in your care while you are present**

**Unless you object**, we may use and share your information with a member of your family or close friend or other person **you identify** as it directly relates to that person's involvement with your healthcare, such as bringing someone in with you to see your provider. We will not make the disclosure if you object or if we are unsure if you would object.

We will ask you to sign an Authorization for Release of Information to communicate with them outside of your presence.

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### **Limited Uses and Disclosures When You Are Not Present**

#### **In Emergencies**

We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, but only the minimum information necessary, such as of your location, your general condition, or death.

Using our professional judgement, we may tell an authorized public or private entity to assist in **disaster relief** efforts and to coordinate uses and disclosures to family or others involved in your healthcare.

#### **Appointment Reminders**

We may call, email, or text you to remind you of your appointment. You must approve text reminders in writing and supply us a cell phone number to send the reminder to.

#### **Other Forms of Treatment**

We may call or write to you to tell you about other treatment options.

#### **Prescription**

If a family member comes to pick up your prescription for you, we will give it to them, unless you have told us not to.

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### **Other Uses and Disclosures are not Permitted without Your Authorization**

We must have your written authorization to use or share your health information for reasons not covered by this Notice. If you do authorize us to use or share your health information and then change your mind, you have the right to tell us to stop, in writing, at any time. Please understand that we are unable to take back any uses or disclosures that were made before you changed your mind.

**Psychotherapy notes** about the content of your session taken by your therapist require you to sign a specific Release of before we can release them, unless we are defending ourselves in a legal action you bring against us.

**Chemical Dependency** information also requires a Release of Information, unless it is to the court who ordered your services for a medical emergency, or research, or program evaluation purposes.

If you committed a crime and inform us that you want therapy to keep you from committing a crime like this again, then we may not inform law enforcement.

# Your Privacy Rights

- **Right to Request Restrictions** You have the right to request restrictions on our uses and disclosures of your health information; however, we may refuse to accept the restriction.
- **Right to instruct SCHRC to not share information about your treatment with your insurance company when you pay for your appointment with cash.**
- **Right to Request Confidential Communications** You have the right to request that we communicate with you confidentially; *for example*, to call you at a certain phone number or to send mail to a different address. This request must be in writing. We will make every attempt to honor your request.
- **Right to Inspect and Copy Your Health Information** Your request must be in writing. If you request a summary to aid in your understanding; there will be a charge to create a summary. We may deny your request to access records and, if so, you may request a review of the denial; however, we will make every attempt to honor your request.
- **Right to Request an Amendment of Your Health Information** You have the right to request an amendment to your health information. Your request must be in writing to our Medical Records Department and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement; however, we will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosures of Your Health Information** You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and healthcare operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures for more than six years prior to the date of your request.
- **Right to Obtain a Paper Copy of the Notice Privacy Practices** if you first received this notice electronically. We will give this to you upon request.
- **Right to Breach Notification** We are required to notify you by first-class mail or by email (if you indicated a preference to receive information by e-mail) of any breaches of confidentiality within 60 days of discovery of the breach. Such notice shall include a brief description of the breach and the information involved, steps you should take to protect yourself from harm, the action we are taking to investigate the breach, and contact information to obtain additional information
- **Right to Opt Out of Marketing and Fundraising by SCHRC** If we do these, we will give you the option to opt out.
- **Right to Complain** If you believe your privacy rights have been violated, you may file a written complaint with South Central Human Relations Center's Privacy Officer at 610 Florence Ave, Owatonna, 55060, 507-451-2630, or with the local Office for Civil Rights. We will not retaliate against you for filing a complaint.

Celeste Davis, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Voice Phone (800)368-1019  
FAX (312)886-1807  
TDD (800)537-7697

If you need to report a violation of your privacy in our **Dual Recovery Program**, you can contact the

U.S. Attorney's Office, U.S. Courthouse 300 S. 4 <sup>th</sup> S, Ste 600 Minneapolis, MN 55415 (612) 664-5600	OR:	District of Minnesota: U.S. Courthouse 316 N. Robert St, Ste 404 St. Paul, MN 55101 (651) 848-1950
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## Contact Information

You may contact our Privacy Officer if you have questions or would like more information about this Notice by mail at: 610 Florence Avenue, Owatonna, MN 55060, or by phone at: 507-451-2630.

## **Appendix A to Part 92—Notice Informing Individuals About Nondiscrimination and Accessibility Requirements Statement:**

### **Discrimination is Against the Law**

South Central Human Relations Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. South Central Human Relations Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **South Central Human Relations Center (SCHRC)**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, Intake Registration can assist you.

If you believe that South Central Human Relations Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer  
610 Florence Avenue  
Owatonna MN 55060  
507-451-2630  
Fax: 507-455-8133  
[contactschrc@schrc.com](mailto:contactschrc@schrc.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, staff are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## **Discrimination is Against the Law**

South Central Human Relations Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. South Central Human Relations Center no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

South Central Human Relations Center:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
  
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Intake Registration.

Si considera que South Central Human Relations Center no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Compliance Officer  
610 Florence Avenue, Owatonna, MN 55060  
507-451-2630, Fax 507-455-8133  
[contactschrc@schrc.com](mailto:contactschrc@schrc.com)

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, staff está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>

## **Kal Takoorka ayaa Sharciga Ka Soo Horjeeda**

South Central Human Relations Center ayaa u hoggaansam sharciyada dadwaynaha ee Federaalka ah oo kuma kala takoorto dadka iyada oo ku salaysan isir, midab, asal qaran, da', naafanimo, ama jinsiga. South Central Human Relations Center dadka ma takoorto ama si duwan ulama dhaqanto sababo isir, midab, asal qaran, da', naafanimo, ama jinsi awgood.

### **South Central Human Relations Center (SCHRC)**

- Ayaa u fidisa gargaar iyo adeegyo lacag la'aan ah dadka naafanimada qaba ee aan sida wax-ku-ool leh noola xiririn karin, sida:
  - Turjumaannada luqadda calaamadda ee sharciiyeysan
  - Macluumaad qoran oo ah qaabab kale (daabac far waawayn, maqal, qaabab elektiroonig oo marin u hel leh, qaabab kale).
  
- Ayaa u fidisa adeegyo luqada lacag la'aan ah dadka luqaddooda hore aanay ahayn Ingiriisi, sida:
  - Turjumaanno xirad leh
  - Macluumaad ku qoran luqado kale

Haddii aad u baahan tahay adeegyadan, Intake Registration ayaa adiga ku caawin karta.

Haddii aad aaminsan tahay inay South Central Human Relations Center ka gaabisay inay ku siiso adeegyadan ama kaaga exeetay dariiq kale oo ku salaysan isir, midab, asal qaran, da', naafanimo, ama jinsi, waxaad u diri kartaa cabasho:

Compliance Officer  
610 Florence Avenue  
Owatonna MN 55060  
507-451-2630  
Fax: 507-455-8133  
[contactschrc@schrc.com](mailto:contactschrc@schrc.com)

Waxaad ku xerayn kartaa cabashada qof ahaan ama waraaq boosto, faakis ama iimayl. Haddii aad ugu baahan tahay caawimo xeraynta cabashada, waxa jira u doodayaal bukaan adiga ku caawiya.

Waxa kale oo waliba aad ku xerayn kartaa cabsaho xuquuq dadwayne Waaxda Caafimaadka iyo Adeegyada Aadanaha, Xafiiska Xuquuda dadwaynaha, elektiroonik ahaan iyada oo loo maro Barta Internerka ee Cabashada Xuquuqda Dadwaynaha, ee laga helo <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ama boosto ama telfoon ahaan:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Foomamka cabashada waxa laga heli karaa barta <http://www.hhs.gov/ocr/office/file/index.html>



**ATTENTION:** If you speak another language, language assistance services, free of charge, are available to you. Please request these when you set up your appointment.

**Español / Spanish:**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Por favor pida este servicio cuando haga su cita.

**Somali:**

**FIIRO GAAR AH:** Haddii aad adigu ku hadasho, adeegyada ka caawinta luqadda ayaad lacag la'aan ku heli kartaa. Fadlan weyddiso adeeggaas markaad qabsanayso ballanta.

**Norsk/Norwegian:**

**MERK:** Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg.

**繁體中文 / Chinese:**

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。

**Tiếng Việt / Vietnamese:**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

**한국어/ Korean:**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**日本語 / Japanese:**

**注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。

**Deutsch/German**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

**Hmoob / Hmong:**

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.

**λληνικά / Greek:**

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν.

**Deutsch / Pennsylvania Dutch:**

**Wann du** [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.

**Polski / Polish:**

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

**Français / French:**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

**ខ្មែរ / Cambodian:**

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។

# Minnesota Patients' Bill of Rights

## Legislative Intent

It is the intent of the Legislature and the purpose of this statement to promote the interests and well-being of the patients of health care facilities. No health care facility may require a patient to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient. An interested person may also seek enforcement of these rights on behalf of a patient who has a guardian or conservator through administrative agencies or in probate court or county court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

## Definitions

For the purposes of this statement, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. "Patient" also means a minor who is admitted to a residential program as defined in Section 7, Laws of Minnesota 1986, Chapter 326. For purposes of this statement, "patient" also means any person who is receiving mental health treatment on an out-patient basis or in a community support program or other community-based program.

## Public Policy Declaration

It is declared to be the public policy of this state that the interests of each patient be protected by a declaration of a patient's bill of rights which shall include but not be limited to the rights specified in this statement.

## 1. Information about Rights

Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in Section 7, the written statement shall also

describe the right of a person 16 years old or older to request release as provided in Section 253B.04, Subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments, and those who speak a language other than English. Current facilities policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and Section 626.557, relating to vulnerable adults.

## 2. Courteous Treatment

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

## 3. Appropriate Health Care

Patients shall have the right to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

## 4. Physician's Identity

Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, of any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

## 5. Relationship with Other Health Services

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

## 6. Information about Treatment

Patients shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member

or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

## 7. Participation in Planning Treatment

Notification of Family Members:

- (a.) Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient cannot be present, a family member or other representative chosen by the patient may be included in such conferences. A chosen representative may include a doula of the patient's choice.
- (b.) If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient's health care decisions. For purposes of this paragraph, "reasonable efforts" include:
  - (1.) examining the personal effects of the patient;
  - (2.) examining the medical records of the patient in the possession of the facility;
  - (3.) inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a physician to whom the patient normally goes for care; and
  - (4.) inquiring of the physician to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family

member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c.) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

## 8. Continuity of Care

Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

## 9. Right to Refuse Care

Competent patients shall have the right to refuse treatment based on the information required in Right No. 6. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

## 10. Experimental Research

Written, informed consent must be obtained prior to patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

## 11. Freedom from Maltreatment

Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in Section 626.5572, Subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent

course of conduct intended to produce mental or emotional distress. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patients' physician for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

## 12. Treatment Privacy

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

## 13. Confidentiality of Records

Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and Section 144.335. This right does not apply to complaint investigations and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

## 14. Disclosure of Services Available

Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients in obtaining information regarding whether the Medicare or Medical Assistance program will pay for any or all of the aforementioned services.

## 15. Responsive Service

Patients shall have the right to a prompt and reasonable response to their questions and requests.

## 16. Personal Privacy

Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.

## 17. Grievances

Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens.

Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, Section 307 (a)(12) shall be posted in a conspicuous place.

Every acute care in-patient facility, every residential program as defined in Section 7, and every facility employing more than two people that provides out-patient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision-maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in Section 7 which are hospital-based primary treatment programs, and outpatient surgery centers with Section 144.691 and compliance by health maintenance organizations with Section 62D.11 is deemed to be in compliance with the requirement for a written internal grievance procedure.

## 18. Communication Privacy

Patients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient's care record. Where programmatically limited by a facility abuse prevention plan pursuant to the Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b), this right shall also be limited accordingly.

## 19. Personal Property

Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

## 20. Services for the Facility

Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

## 21. Protection and Advocacy Services

Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this Section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

## 22. Right to Communication Disclosure and Right to Associate

Upon admission to a facility, where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, shall be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors who may seek to communicate with the patient. To the extent possible, the legal guardian or conservator of the patient shall consider the opinions of the patient regarding the disclosure of the patient's presence in the facility

The patient has the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C and the right to visitation and health care decision making by an individual designated by the patient under paragraph 22.

Upon admission to a facility, the patient or the legal guardian or conservator of the patient, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

### **ADDITIONAL RIGHTS IN RESIDENTIAL PROGRAMS THAT PROVIDE TREATMENT TO CHEMICALLY DEPENDENT OR MENTALLY ILL MINORS OR IN FACILITIES PROVIDING SERVICES FOR EMOTIONALLY DISTURBED MINORS ON A 24-HOUR BASIS:**

## 23. Isolation and Restraints

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to be free from physical restraint and isolation except in emergency situations involving likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program



rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed consulting psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

## 24. Treatment Plan

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.

**Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:**

Minnesota Board of Medical Practice  
2829 University Ave. SE, Suite  
400  
Minneapolis, MN 55414-3246  
612-617-2130  
800-657-3709

Office of Health Facility Complaints  
P.O. Box 64970 St. Paul, MN 55164-  
0970 651-201-4201  
800-369-7994

**Inquiries regarding access to care or possible premature discharge may be directed to:**

Ombudsman for Long-Term  
Care PO Box 64971  
St. Paul, MN 55164-  
0971 800-657-3591  
651-431-2555 (metro)

Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-  
0900 651-201-4101  
health.fpc-licensing@state.mn.us

*To obtain this information in a different format, call: 651-201-4101.*