

# LUTHERAN SOCIAL SERVICES OF SD

## NOTICE OF PRIVACY PRACTICES

*This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

### Understanding Your Case Record/Information

Each time Lutheran Social Services of SD (LSS) provides a service, new information is entered or additions to existing information are made to your health record. This information serves as a:

- Basis for planning your care, services and treatment
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool with which we can assess and continually work to improve the care we render and the outcomes achieved

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### Your Information Rights

Although your case record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. **You have the right to:**

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your case record
- Amend your case record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

### Our Responsibilities

Lutheran Social Services of SD is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Before making a specific change in policies, we will post the revised notice at all service locations and on our website at [www.lsssd.org](http://www.lsssd.org). You may request a copy of the notice at any time.

We will not use or disclose your health information without your authorization, except as described in this notice.

### For More Information or to Report a Problem

If have questions and would like additional information, you may contact the Privacy Officer at 1-800-568-2401, by email at [privacy@lsssd.org](mailto:privacy@lsssd.org) or by mail at 705 East 41<sup>st</sup> Street, Sioux Falls, SD 57105. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

## EXAMPLES OF HOW WE WILL DISCLOSE YOUR INFORMATION FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

**Treatment:** Information obtained by your service provider will be recorded in your case record and used to determine the course of treatment and services that should work best for you. When a team of individuals are involved in your service delivery, we will share certain agreed upon components of your record. This is to ensure that the team can best meet your needs.

**Payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis (if applicable), procedures, and supplies used.

**Quality Improvement Operations:** Members of the staff, the continuous quality improvement coordinator, or members of the quality improvement team may use information in your case record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. Supervisors of your service provider may also review your case record as part of the supervisory process of the agency. We want to ensure that best practice occurs in service delivery.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include vendors who maintain copy machines or support our information systems, our auditors, our attorneys, our accrediting body, and other contract monitoring bodies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered, or they may have access to your health information due to the proximity of health information to their work. To protect your health information, however, we require the business associate to appropriately safeguard your information through a business associate agreement. This business associate agreement requires that the business associate hold your information with the same security and privacy that we hold your information.

**Notification and Communication with Family:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition in the case of an emergency.

**Appointment Reminders:** We may contact you to provide appointment reminders.

**Marketing:** We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about our agency such as newsletters, etc or contact you as part of a fund-raising effort.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law, such as: the reporting of suspected child abuse or neglect, reporting that a client poses a threat to himself or herself or to another identifiable individual, or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Any use of your protected health information outside of this NOTICE will not occur without your written permission.

Effective Date: April 2003. Modified December 2009.