

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.

This notice applies to all Lutheran Social Services programs and staff operating in those programs. If you have questions and would like additional information, you may contact the Privacy Officer at 1-800-568-2401, by email at privacy@lsssd.org or by mail at 705 East 41st Street, Sioux Falls, SD 57105.

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

HOW WE USE AND DISCLOSE YOUR INFORMATION

- **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) and services provided.
- **Quality Improvement Operations:** Members of the staff, the 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 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.

We may contact you for:

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

We may share your health information in the following situations unless you tell us otherwise:

- **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.
- **Disaster relief:** We may disclose your health information to disaster relief organizations in an emergency so that your family can be notified about your condition and location.

We may share your health information in the following situations without your prior authorization:

- **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. 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 clients, workers or the public.
- **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 or elder 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 or court order.

- **Business Associates:** There are some services provided in our organization through contacts with business associates who may have access to your health information. Examples include vendors who support our information systems, our auditors, our attorneys, our accrediting body, and other contract monitoring bodies. To protect your health information, however, we require the business associate to appropriately safeguard your information through a business associate agreement that requires them to protect your privacy.

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:

- **Obtain a copy of your case record:** You may request to review and obtain a copy of your record. We will provide you with a copy within 30 days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some instances. If we deny your request to review or obtain a copy, you may submit a written request for review. There are some instances where LSS provides a service on behalf of another agency in a contractual relationship. In these instances, the other agency is the keeper/holder of the case record so the request to obtain a copy must be made directly to that agency.
- **Request a correction of your case record:** You may request a correction of your health information if you feel it is incomplete or inaccurate. We may deny your request, but we will do so in writing.
- **Request confidential communications:** You may ask us to contact you in a specific way (for example, on a home or office phone) or to send mail to a specific address.
- **Request that we limit how we use your information:** You can ask us to restrict how we share your health information for treatment, payment or healthcare operations. We are not required to agree to your request, and we may not agree if it would affect your care. If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurance plan for the purpose of payment. We will agree to this unless law requires us to share that information.
- **Obtain a paper copy of the notice of information practices.**
- **Get a list of those with whom we have shared your information:** You may request a list of the times we have shared your health information other than for treatment, payment or healthcare operations for six years prior, including who we've shared it with and why.
- **Revoke your authorization:** You may revoke your authorization to use or disclose your 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 and security 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 following a breach of unsecured protected health information.

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. 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 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 Office for Civil Rights. There will be no retaliation for filing a complaint.

Effective Date: December 2013.