



**Notice of Privacy Practices  
(HIPAA, MN Data Practices Act, Tennessee Warning)**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

The terms of this notice apply to protected health information created or received by Washburn Center. Washburn Center providers will gather health information about you and/or your family. We use the information to establish diagnosis, determine your treatment plan and goals, process payment, and provide the services you request. You are not required to provide us with health information; however, we may not be able to provide services without it. We are required to keep records of the care that we provide to you.

Except as described in this Notice, Washburn Center will not use or share your health information without specific written permission from you. If you provide us with written permission to use or share health information about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share health information about you, except to the extent we have already used or shared information based on the permission you previously gave. We are unable to take back anything we already shared with your permission.

*If you feel your rights have been violated, see page 4 for details on how to file a complaint.*

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information
- We will promptly tell you if the privacy or security of your information has been compromised, such as a data breach
- We must follow the duties and privacy practices described in this notice

**Your Rights (for more details, see page 2)**

- *Review and receive a copy of health records (with some exceptions)*
- *Request changes to health records (we may or may not approve such requests)*
- *Request a list of when Washburn Center has shared certain health information about you/your child*
- *Request limitations on how we use/share health information (we may or may not approve such requests)*
- *Request confidential communication of health information*
- *Receive a paper copy of this notice*
- *Minors can request health information not be shared with parents (we may/may not approve requests)*

**How we may use or share your information (for more details, see page 3)**

- *Treatment, payment, and health care operations*
- *Appointment reminders*
- *Fundraising*
- *Sharing health information with people helping you with your healthcare*
- *Research*
- *As required by law*
- *In situations where you or others are in danger or are being harmed (mandated reporting, duty to warn)*
- *To our business partners that help us perform job duties*

**Special situations where we may use your information (for more details, see page 4)**

- *Organ and tissue donation, workers compensation, public health, health oversight, lawsuits and disputes, law enforcement, coroner/medical examiner/funeral director, special government functions (secret service, military)*



## Your Rights:

- **Right to Review and Copy:** To review and receive a copy of your health information. Generally, this includes health and billing records maintained by Washburn Center.

Please contact our health records department at 612- 871-1454 to request a copy of records. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, as allowed by state and federal law. You have the right to receive a copy of your health information in electronic format upon your request. You may also ask us, in writing, to send your records to another person or organization.

We may deny your request for records in some circumstances. For example, we may deny access if your clinician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Washburn Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Request Changes:** If you believe that health information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request changes for as long as the information is kept by or for Washburn Center. To request a change to your information, your request must be made in writing and submitted to our Associate Director of Compliance and Quality (1100 Glenwood Ave Minneapolis, MN 55405). In addition, you must provide a reason that supports your request.

Washburn Center may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to change information that:

- Was not created by Washburn Center, unless the person or organization that created the information is no longer available to make the change;
- Is not part of the health information kept by or for Washburn Center;
- Is not part of the information which you would be allowed to access; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures”, which is a list of the times Washburn Center shared information about you. This list will not include: disclosures for treatment, payment, and health care operations; disclosures that you gave permission for; disclosures made directly to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; and certain other disclosures.

To request this list, send a request in writing to Washburn Center’s Associate Director of Compliance and Quality (1100 Glenwood Ave Minneapolis, MN 55405). You must include the date range for which you are requesting information. The date range may not go back further than six years from the date of the request. You may receive one free accounting in any 12-month period. We may charge you for additional requests.



- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment, or health care operations. *We may not agree to such requests, especially if doing so would affect your care.* If you pay out-of-pocket, in full for a service, then you may request that we not share information related to that service to your health plan. We are required to agree with such a request unless the request is related to a health maintenance organization (“HMO”) and the law prohibits us from accepting payment from you above the cost-sharing amount for the service. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction.

To request restrictions, you must make your request in writing to Washburn Center’s Associate Director of Compliance and Quality (1100 Glenwood Ave Minneapolis, MN 55422). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use ability to share, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your health plan.

- **Minor’s Right to Request Restrictions:** Under Minnesota law, minor clients have the right to request that their health information not be shared with their parents. Washburn Center will review these requests and determine whether withholding the information from the parent is in the best interests of the child.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you only at a Safe at Home address or that we do not leave voicemails for you.

To request confidential communications, you must make your request to the Associate Director of Compliance and Quality (612-871-1454). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and we may require you to provide information about how payment will be handled.

- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is also on our website: [www.washburn.org](http://www.washburn.org).

#### **We typically use or share your health information in the following ways:**

- **Treatment:** To provide, coordinate, and manage your care and treatment. For example, a Washburn Center clinician may share your health information with another service provider for a consultation or referral. We will get your written consent prior to sharing information outside of Washburn Center for treatment purposes, except in emergency circumstances.
- **Payment:** So that the services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Washburn Center so your health plan will pay us for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get your written consent prior to making disclosures for payment purposes.
- **Health Care Operations:** In situations where we need to share information in order to run Washburn Center and to make sure that our patients receive quality care. For example, we may use your health information to review our services or to evaluate the performance of our staff in caring for you. We will get your written consent before making disclosures to others outside of Washburn Center for health care operations purposes.
- **Appointment Reminders and Other Health Information:** To send you reminders about future appointments.



- **Fundraising:** Washburn Center, one of its business associates, or Washburn Center’s foundation may use certain information about you (name, address, age, gender, date of birth and other demographic information; dates you received health care from Washburn Center; treating clinician; outcome information; and health insurance status) to let you know about opportunities to raise funds for Washburn Center. You have the right to opt-out of receiving such fundraising communications. Each fundraising communication you receive will include an opportunity to opt-out of future fundraising communications. You may notify Washburn Center’s Development Department at 612-872-3357 or [donate@washburn.org](mailto:donate@washburn.org) to opt-out of fundraising communications.
- **To People Assisting in Your Care:** Washburn Center will only share health information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. Generally, we will get your written permission prior to making disclosures about you to family or friends. If you are able to make your own health care decisions, Washburn Center will ask your permission before using your health information for these purposes. If you are unable to make health care decisions, Washburn Center will share relevant health information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.
- **Research:** Federal law permits Washburn Center to use and share health information about you for research purposes, either with your specific, written permission or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be allowed to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your consent before we share your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.
- **As Required by Law:** When we are required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** To prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. We will only do this with your written permission or when the disclosure is specifically required by law, including when Washburn Center health care professionals have a “duty to warn” or mandated reporting laws apply.
- **To Business Associates:** Some services are provided by or to Washburn Center through contracts with business associates. Examples include Washburn Center’s attorneys and consultants. We may share information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is shared, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-share the information unless specifically permitted by law.

**Your health information may also be released or shared in the following special situations:**

- **Organ and Tissue Donation:** To organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that Washburn Center may share is limited to the information necessary to make a transplant possible.



- **Workers' Compensation:** For workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted to share information regarding your work-related injury to your employer or your employer's workers' compensation insurer without your specific consent, so long as the information is related to a workers' compensation claim.
- **Public Health:** To public health authorities about you for public health activities including (but not limited to):
  - Preventing or controlling disease, injury or disability;
  - Reporting births and deaths;
  - Reporting child abuse or neglect, or abuse of a vulnerable adult;
  - Reporting reactions to medications or problems with products;
  - Notifying people of recalls of products they may be using;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  - Reporting to the FDA as permitted or required by law.
- **Health Oversight Activities:** To a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Minnesota law requires that patient identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.
- **Lawsuits and Disputes:** In response to a valid court order or statutory authorization, or with your written consent.
- **Law Enforcement:** If required to do so by law in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.
- **Coroners, Medical Examiners, and Funeral Directors:** To a coroner or medical examiner in the case of certain types of death, and we must share health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, person appointed by you writing or your legally authorized representative.
- **Special Government Functions:** We will release health information about you for special government functions such as military, national security, and presidential protective services, with your consent, unless required by law.
- **Review by State or Local Government:** Services paid for pursuant to a contract between Washburn Center and state or local government may be subject to review by state or local government. We will release health information about you in connection with such review only with your consent, unless otherwise required by law.



## **Changes to This Notice**

The effective date of this notice is 4/13/03 and it has been updated effective 4/21/21. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, Washburn Center will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated locations at Washburn Center.

## **Complaints or Questions**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Washburn Center, or to ask a question about this Notice, contact Washburn Center's Associate Director of Compliance and Quality at 612-871-1454. All complaints must be submitted in writing (1100 Glenwood Ave Minneapolis, MN 55405). *You will not be penalized for filing a complaint.*