

Right to Privacy

Updated as of June, 2021

OSCS Notice of Privacy Practices and Consent to Use and Disclosure of Personal Information

In connection with providing services to you, Our Saviour's Community Services (OSCS) collects data about you. There are federal and state laws that protect the information about you. OSCS's policy is to comply with all laws that protect your information. The purpose of this notice is to inform you of the types of data OSCS may collect, how OSCS will protect your information, who OSCS may share that information with and why, and to inform you of your rights regarding your information. OSCS respects your privacy and will treat your information with appropriate care.

Relevant Laws

Your information may be protected under one of more of the following laws:

- Health Insurance Portability and Accountability Act (HIPAA).
- Minnesota Health Records Act (MHRA)
- Minnesota Government Data Practices Act (MGDPA)

Reasons OSCS collects, uses and discloses information from you may include:

- To determine if you are eligible for OSCS services or services from other agencies.
- To assess your individual situation and coordinate services for you. You may receive services from OSCS or from other agencies.
- To provide services to you and others.
- To assess and improve our services.
- To understand what people need and plan services to meet those needs.
- To know how many people we serve and the types of people we serve at our agency and in the state.
- To bill and receive payment from government agencies and other funding sources for services provided to you.
- To provide information to government agencies or other organizations that fund our programs and require the information.
- To comply with audit, accreditation, or administration requirements.

Information OSCS collects from and about you and may share could include:

- Information about your family/household and why you are seeking services.
- Education, employment and income information, and information about public benefits you receive.
- Information about your health, including records from your health care providers. This may include information about your physical health, HIV status and behavioral health.
- Your name, birthdate, social security number, gender, race and ethnicity.
- Information about your military history and domestic violence.

People who may receive information about you:

- OSCS staff and volunteers.
- Federal and state agencies.
- Other non-profit and private organizations that provide services you may receive.
- People or organizations who have a court order.
- The state or legislative auditor.
- Auditors or funders who have legal rights to review our work.
- Business associates of OSCS who have agreed in writing to protect your information.
- The Homeless Management Information System (HMIS). This is a database that many social service agencies use to coordinate services for the homeless. We are required to submit information about our clients to HMIS. The agencies that participate in HMIS may change over time. A copy of the current list of agencies is available on request.
- Organizations that support the HMIS system.
- People who use the HMIS system for research and reporting (your personally identifiable information will not appear in research reports).

Summary of your rights:

- To review the information we have about you.
- To receive a copy of your paper or electronic health record and data.
- To know who your information has been shared with.
- To have your information corrected.
- To file a complaint if you believe your privacy rights have been violated.
- To a paper copy of this notice. This notice is on our website <https://oscs-mn.org>.

Right to refuse and consequences of refusal:

- You have the right at any time to refuse to share information about yourself with OSCS.
- If you do not provide information, it is possible that OSCS will not be able to provide services to you.
- If you do not provide information, it is possible that other agencies will not be able to provide services to you.
- OSCS will let you know if refusal to share information will affect the services that can be provided.

OSCS may also share information about you in the following situations:

- If you are threatening to harm yourself or another person.
- To protect the health or safety of you or others as required by law. This includes, among other things, suspected abuse (physical, sexual or emotional) of you or someone in your household, or of a child or vulnerable adult.

- If you have an emergency (for example, an accident or other medical problem) on our premises.
- If a new law is passed that authorizes us to release information or use it for a new purpose.

OSCS is required to do the following with your medical information:

- Make sure that information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you in the event there is a breach of unsecured medical information about you.

Right to Request or Amend Your Records:

- At any time you may submit to OSCS staff a written request to view your information. OSCS may charge you for costs of copying and mailing if you request a copy of the information.
- OSCS may deny your request in some circumstances. OSCS may deny access to your health records if your physician believes it will be harmful to your health or could cause a threat to others. If this happens, we may give the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed by a health care professional chosen by OSCS.
- If you feel that the information OSCS has about you is incorrect or incomplete, you may ask OSCS to amend the information. You must make your request in writing and provide a reason for the change. OSCS may deny your request if medical information: (1) was not created by OSCS; (2) is not part of the medical information kept by us; (3) is not part of the information which you would be permitted to view; or (4) is accurate and complete.

Complaints: If you believe your privacy rights have been violated you may file a complaint with the Housing Director. You may also send a written complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington D.C. 20201
(800) 368-1019
TDD toll-free: (800) 537-7697

By signing below, you confirm that you have received a copy of this document, that you understand this document, and you consent to the use and disclosure of your information as described above. This consent will stay in effect until you revoke it.

Sign: _____

Print name: _____ Date: _____