



Empowering People.
Empowering Change.

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibility.

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. You have privacy rights under the law commonly known as HIPAA (Health Insurance Portability and Accountability Act). You may also have rights under the Minnesota Health Records Act and the Minnesota Government Data Practices Act.

Why we ask you for information

- To tell you apart from other people with the same name.
- To help you get the services you need and are eligible for.
- To provide services to you.
- To receive payment for services.

Do you have to answer our questions?

- Generally, the law does not say you have to give us this information.

What will happen if you do not answer the questions we ask?

- We need information about you to provide services to you. Without the information, we may not be able to help you.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

Get an Electronic or Paper Copy of Your Health Record.

- You can ask to see or get an electronic or paper copy of your health record. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we will not charge you a fee.
- If you request copies of your records to review past care or for certain appeals, we may charge you specified fees. [MN Stat. 144.292]

Ask Us to Correct Your Health Record

- You can ask us to correct your health record if you think it is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request Confidential Communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or healthcare operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health plan.

Get a List of Those With Whom We've Shared Information

- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why for those uses and disclosures where an accounting is required by law.
- We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months

Get a Copy of This Privacy Notice

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

Choose Someone to Act for You

- If you have given someone medical power of attorney or if someone is your legal guardian or conservator, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if You Feel Your Privacy Rights are Violated

- You can complain if you feel we have violated your privacy rights. Contact staff, or the Guild Privacy Officer at 651-925-8471.
- You can also file a complaint by contacting the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can make choices about what we share. If you have a preference for how we share your information in the situations described below, tell us what you want to do, and we will follow your instructions.

You Have Both the Right and Choice To Tell Us To :

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In These Cases, We Never Share Your Information Unless You Give Us Permission:

- Marketing purposes.
- Sharing of psychotherapy notes.
- Minnesota Law also requires consent for most other sharing purposes.

In the Case of Fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do We Typically Share Your Information?

We typically use or share your health information in the following ways provided that we obtain any necessary consents required under Minnesota Health Records Act.

Treat You

- We use your health information to provide services to you and we may share your information with other providers who are also providing services to you.
- Example: A doctor treating you asks us for health information related to your care coordination.

Run Our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your treatment and services.
- We may disclose information to our business associates if we have a business associate agreement in place with them so they can provide services to us.
- We may share health information with an auditor auditing our billing practices.

Bill For Your Services

- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Work With Record Locator Services

- We may disclose your health information to other providers using a record locator service.
- We may also access your health information from other providers using a record locator service.

- You may object to the use of a record locator service by sending a letter to our organization.

Do Research

- We can use or share your information for health research.

Help With Public Health and Safety Issues

- We can share health information about you for certain situations such as:
 - Preventing disease.
 - Helping with product recalls.
 - Reporting adverse reactions to medications.
 - Reporting suspected abuse, neglect, or domestic violence.
 - Preventing or reducing a serious threat to anyone's health or safety.

Comply With the Law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

- We can use or share health information about you:
 - For workers' compensation claims.
 - For law enforcement purposes or with a law enforcement official.
 - With health oversight agencies for activities authorized by law.
 - For special government functions such as military, national security, and presidential protective services.
 - For mandated reporting under the MN Vulnerable Adults Act.

Respond to Lawsuits and Legal Actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Work With a Medical Examiner or Funeral Director

- We can share health information with a coroner or medical examiner when an individual dies.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind using the contact information below.
- For more information see: <https://www.hhs.gov/hipaa>

Changes to The Terms of This Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organization:

Guild

122 Wabasha St. S., Suite 400
St. Paul, MN 55107
guildservices.org

Privacy Officer:

Tiffany Grandchamp
Chief Operating Officer
651-925-8471
tgrandchamp@guildservices.org

This Notice is Effective as of: June 2019