

*This notice describes how health information you have provided to the Center for Victims of Torture may be used and disclosed and how you can get access to this information. Please read it carefully.*

### **Your Health Information and Our Privacy Commitment to You**

Each time you visit the Center for Victims of Torture a record of your visit is made. Usually this record includes your name, date of birth, sex, financial information, insurance information and other personal information. Some examples of this personal information are the problems you are facing with your health or in your life, your goals for solving these and your strengths as a person. This information is called your health information. The health information we collect about you is private.

We care about your privacy. Only people who have both the need and the legal right may have access to your health information without your authorization. Unless you give us permission in writing, we will only use or disclose your health information for purposes of treatment, payment and health care operations or for the other reasons listed below. Where appropriate, we only use or disclose the health information that is minimally necessary to accomplish the intended purpose. This notice of privacy practices describes how we may use and disclose your health information without your authorization and your rights concerning your health information.

### **Uses and Disclosures of Your Health Information**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and give an example. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use or disclose information under federal law will fall within one of the categories.

#### *Treatment*

We may use and disclose health information about you to provide you with treatment or services. We may disclose health information about you to qualified professionals, or to qualified interns, volunteers, and interpreters, needed to make

treatment or services accessible to you. For example, your treatment team members will discuss your health information in order to develop and carry out a plan of care.

Continuity of care is part of treatment and your records may be shared with other qualified providers to whom you are referred outside of the Center. Other treatment providers may have different notices and policies regarding the use and disclosure of your health information. These treatment providers also have a legal duty to protect the privacy of your health information.

#### *Psychotherapy Notes*

Under most circumstances, without your written authorization we may not disclose the notes a mental health professional took during a counseling session. However, we may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, as required by DHHS to investigate compliance with the Privacy Regulations or as otherwise authorized by law.

#### *Payment*

We may use or disclose health information about you without your authorization to obtain payment for treatment and services. For example, we may disclose your health information to send bills to insurers.

#### *Health Care Operations*

We may use or disclose health information about you to carry out our general business activities and operate our center. These activities include but are not limited to training and education; quality assessment/improvement activities; risk management. They are meant to ensure the quality of the treatment and services we provide.

#### *Personal Representative*

If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

### *Appointments and Health Related Services*

Your health information will be shared with our administrative staff so they may contact you to make appointments, remind you of appointments, or let you know about health-related services available to you. Messages left for you will not contain any health information. You may request that we provide such reminders only in a certain way or only at a certain place. We will try to accommodate all reasonable requests.

### *Research*

We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information. The Center's headquarters are in Minnesota. While the Center operates in multiple U.S. states, we follow Minnesota privacy law for external research at all our U.S. locations. Minnesota law requires your consent prior to disclosures to external research.

### *Fundraising*

The Center does not solicit donations from its clients for being clients, but it does solicit donations from persons who previously donated money to the Center or to a similar organization. If you initiate a donation to the Center or to a similar organization that shares its donor list with us, we may use and release some of your information to contact you about raising money to support our activities. The information that may be used or released for this purpose is limited to the following: demographic information such as your name, age, gender, date of birth and address. If you are contacted, you can choose not to be contacted for future fundraising. To "opt out" of receiving further communications, please contact our Privacy Officer at the address listed below and request not to be contacted.

### *Business Associates*

CVT sometimes contracts with third-party business associates for services. Examples include answering services, interpreters, billing services, consultants, and legal counsel. We may disclose your health information to our business associates so that they

can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

### *Release to Family/Friends*

Our health professionals, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

### *Required by Law*

We may disclose your health information when required to do so by federal, state, or local law. For example, reports regarding suspected abuse, neglect, domestic violence, or relating to criminal activity or in response to a court order. Any such use will comply with the law and be limited to what is required by law.

### *Public Health Risks*

We may disclose information about you to public health authorities that receive information to prevent or control disease, injury or disability.

### *Health Oversight Activities*

We may disclose your health information to a health oversight agency for activities such as audits; civil, investigations, proceedings or actions; licensure; or other activities necessary for oversight as authorized by law.

### *Law Enforcement*

We may disclose your medical information to law enforcement in limited circumstances. For example, in the event that a crime occurs on the premises or suspicion that death has occurred as a result of criminal misconduct.

### *Lawsuits and Disputes*

We may disclose information about you in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request or other lawful process not accompanied by an order of court

or administrative tribunal, under certain circumstances as permitted by law. We will make reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

*To Avert a Serious Threat to Health or Safety*

We may disclose your health information when necessary to prevent a serious threat to your health, or the public's or another person's. We may also disclose information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. Any disclosure would be to law enforcement or others who can reasonably prevent or lessen the threat of harm.

*Workers' Compensation*

We may disclose your health information to comply with workers' compensation laws and other similar programs established by law.

*For Specific Government Functions*

We may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security purposes.

*Medical Examiners*

We may disclose your health information to a medical examiner. This may be necessary to identify a deceased person.

*When We Use or Disclose Your Personal Information with Your Permission*

In some situations, we may be required by State law to obtain your written consent in order to share your personal information with nonaffiliated people or organizations for treatment, payment or health care operations. If so, we may ask you to give us this consent every year or more frequently. If you do not give us this consent, then we may be unable to bill your payor for your services.

*Other Circumstances Where Your Health Information May be Used or Disclosed*

Except as noted above, we will ask for your written authorization before using or disclosing any identifiable information about you. Your written authorization also is required prior to any use or disclosure of your health information for marketing purposes or for any disclosure of your health

information that is a sale of that information. If you sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures without penalty of any kind except to the extent that we have already undertaken action in reliance upon your authorization.

## **Individual Rights**

You have the following rights with respect to your health information.

*Right to Review and Copy your Personal Information.*

We maintain a designated record set of our patients' medical records, billing records and other records used to make decisions about our patients and their care. You have a right to inspect and obtain a copy of your personal information that we maintain in this designated record set. If the designated record set is maintained in an Electronic Health Record, you may request a copy of your personal information in electronic format. We reserve the right to determine the format.

*Right to Request an Amendment of Your Personal Information.*

You have the right to request an amendment of your personal information in our designated record set. We will consider your request, but we are not required to agree to your changes.

*Right to Restrict Disclosures to Health Plans.*

You have the right to prohibit us from disclosing to your health plan personal information related to a particular service, if you pay us for that service up front and in full.

*Right to Request Other Restrictions of Your Personal Information.*

You have the right to ask us not to use or disclose your personal information for any of the purposes described in this notice. We will consider your request, but we are not required to agree to your request.

*Right to Request Confidential Communications.*

You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations. We will make reasonable efforts to accommodate your request.

*Right to Receive an Accounting of Disclosures.*

Subject to certain exceptions, you have the right to receive from us an accounting, or listing, of instances when we released your personal information to nonaffiliated third parties.

*Right to Obtain a Copy of this Notice.*

You can request an additional copy of this notice from the Center's receptionist or by using the Contact information below. This notice is also available at <http://www.cvt.org/>

*Right to Complain about Our Privacy Practices.*

If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information below) or to the Office for Civil Rights of the United States Department of Health and Human Services. You may file a complaint with either us or the Office for Civil Rights without fear of reprisal.

*Right to Receive Notice of a Breach.*

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.

**For More Information or to Report a Problem**

For more information or to report a problem you may contact any of the Center's providers.

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you can file a complaint with the Center's Privacy Manager in person or by phone at:

Privacy Manager  
Center for Victims of Torture  
2356 University Ave W, Ste 430  
St. Paul, MN 55114  
Phone: 612-436-4800.

You will not be treated differently if you make a complaint. You may also file a complaint with:

Region V Office for Civil Rights

US Department of Health and Human  
Services  
233 N. Michigan Ave, Ste. 240  
Chicago, IL 60601

Voice Phone: 312-886-2359

Fax: 312-886-1807

TDD Phone: 312-353-5693

You will not be penalized for filing a complaint with the federal government.

**Our Legal Duty**

We are required by law to protect the privacy of your health care information, to provide this notice about our information practices, to follow the information practices that are described in this notice, to accommodate reasonable requests you may have to communicate health information, and to notify you if we are unable to agree with a request.

We are also required by law to obtain your signed acknowledgment of receiving this notice. Please know that you can refuse to acknowledge receipt of this notice and still receive treatment at the Center. The privacy practices described in this form will still be followed. You will not be treated differently.

We may change our policies at any time and to have those changes be effective for all information that we have, including health information we created or received before the effective date of the new notice. Before we make significant change in our policies, we will change this notice and post the new notice in the waiting area. We are required to abide by the notice currently in effect. You can also request a copy of this notice at any time, through the Center's receptionist. If you have any questions or would like more information about our privacy practices, please ask your therapist or social worker.

**Acknowledgment of Receipt of Notice of Privacy Practices of  
The Center for Victims of Torture**

Please sign your name and print your name and today's date on this acknowledgment form. Signing this form means that you have received the information contained in it from the Center for Victims of Torture.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Thank You**