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**Hospice of Douglas County
Data Privacy- Tennesen Notice
Minn. Stat. §13.04 subd. 2**

Horizon Public Health is asking you to provide information which includes private information about you or your minor child under the Minnesota Government Data Practices Act (MGDPA). Horizon Public Health must protect the privacy of your private data. Horizon Public Health may not use your information for reasons other than the reasons listed on this form. Horizon Public Health may not share your information with individuals and agencies other than those listed on this form unless you give us consent in writing or a Court orders us to release the data.

Purpose and Intended Use

Horizon Public Health is asking for this private information for the following purposes and intended use:

- To tell you apart from other people with the same or similar name
- To decide if you can receive services from us and what or how much you can get
- Help you get medical, mental health, financial or social services
- To decide if you can pay for any help you get
- To conduct investigations, make reports, do research, do audits and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To decide if you or your family need protective service
- To collect money from other agencies, like insurance companies, if they should pay for the care
- To collect money from the state or federal government for the help we give you
- To provide information in court or administrative proceedings.

Your Social Security Number

We may need your Social Security number (SSN) to give you medical assistance, some kinds of financial help, or child support enforcement services (42CFR 435.910 [2006] Minn. Stat. §256.741 subd. 5(1); Minn. Stat. §256J.30 subd. 12; Minn. Stat. §256J.95 subd. 4(c); Minn. Stat. §256L.04 subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your SSN to verify identity and prevent duplication of state and federal benefits. Additionally, your SSN is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the SSN:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical Assistance only
- If you are from another country in the U.S. on a temporary basis and do not have permission from the U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS.

Right to Refuse to Provide Information & Consequences

You are not legally required to provide the information Horizon Public Health is requesting and you may refuse to provide some or all the information requested. However, Horizon Public Health may not be able to help you if you do not provide enough information. Failure to provide certain information could result in termination of your benefits or assistance. If you give us false information on purpose you can be investigated and charged with fraud.

Identity of Persons or Entities Authorized to Receive the Data

With some exceptions we may share the information you provide with the following agencies or people who need the information in order to do their jobs, as allowed by state and federal law:

- With written consent, with the State of Minnesota for the purpose of evaluating the Family Home Visiting Program. **Written consent is not required to access home visiting services.**
- Employees or volunteers with other state, county, local, federal collaborative, nonprofit and private agencies
- Researchers, auditors, investigators and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs
- Court officials, county attorney, attorney general, other law enforcement officials, adult protection investigators, child support officials and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states and the federal government administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with power of attorney including Ombudspersons.
- Coroners and medical investigators if you die and they investigate your death
- Native American Tribes
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- To comply with a Court Order
- Anyone else to whom the law says we must or can give the information.

Children's Rights

If you are under 18, parents may see information about you and let others see this information unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interests, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

Your Rights Concerning Your Data

Upon your request you have the right to know if you are the subject of stored data and whether it is public, private or confidential data. You have the right to see the data about you and told about the content and meaning of that data. You may receive copies of that data if you pay for the cost of making and certifying the copies.

If you believe the data we have is not accurate or complete, you must notify in writing the responsible authority of Horizon Public Health and describe your disagreement. Within 30 days the responsible authority will either correct the data and attempt to notify past recipients of inaccurate or incomplete

data or notify you that the responsible authority believes the data to be correct. Your correction will remain with that data.

If you have questions or concerns about Horizon Public Health's handling of your private information, please contact the Horizon Public Health Data Privacy Official, 809 Elm Street Suite 1200 Alexandria, MN 56308.

I Acknowledge Receipt of this Data Privacy - Tennesen Notice

Signature: _____

Date: _____

Relationship to Client: _____

Minnesota Law requires that each time we ask you to provide private information, we must give you this Notice. If you wish to waive receiving this Notice each time we ask, please sign here. You will receive this Notice annually.

Client Signature : _____

Date: _____