

**STEP, INC**  
**DATA PRIVACY PRACTICES**

In order to provide appropriate and beneficial services to individuals within this service, it is necessary to collect and share information regarding the individual. Information secured regarding individuals is private, and is covered by the Minnesota Data Practices Act and the Health Insurance Portability and Accountability Act (HIPAA). The following are procedures to assist STEP in assuring that people who have a legitimate need for information will have access to the information, while also protecting the individual's right to privacy. STEP staff and representatives will be provided training in Data Privacy Practices under the Minnesota Data Practices Act and the HIPAA.

**I. Privacy Official**

The individual responsible for developing and implementing Minnesota Data Practices and HIPAA policies and procedures is the Executive Director.

**II. Collection of Data on Applicants or Clients**

- A. Personnel of STEP, Inc. will collect data on individuals for the following purposes:
- Determination of admission status to the agency
  - Determination of appropriate type and scope of services to be provided
  - Planning for Individual Habilitation/Program Plan, individual program plans, individual risk management plans, individual abuse prevention plans, or other types of service and support plans
  - Determination of what funding program is available for services, and to appropriately bill for services
  - Procurement of employment for client, and to meet employer's information requirements
- B. Data may be collected or prepared on the following forms:
- Application
  - Emergency Information
  - Quarterly Review of Individual Habilitation/Program Plan
  - Annual Summary of Individual Habilitation/Program Plan
  - Medical Examination
  - Authorization to Administer Prescription Medications
  - PRN Medication List
  - Individual Risk Management Assessment and Plan
  - Individual Abuse Prevention Plan
  - Coordinated Service and Support Plan Addendum
  - Progress Reviews
  - Individual Program or Support Plan
  - Psychotropic Medication Monitoring Form
  - Potential Employer's Application
  - Standardized or Informal Assessments
  - W-4 Form
  - Employment Eligibility Verification Form (I-9)
  - Incident reports
  - Other forms or reports as required by state licensing standards

### III. Dissemination of Information

Information regarding applicants or clients will be released only under the following conditions.

#### A. Notice of Privacy Practice

Unless the legal representative specifically informs STEP otherwise, information will be shared without written release with agency and individuals as shown on the "Notice of Privacy Practices". This notice will be distributed to clients or their legal representative upon beginning services with STEP and when material changes are made to the policy or notice. STEP must make a good faith effort to obtain the individual's written acknowledgement of the receipt of the notice. The notice will be posted at all licensed locations.

#### B. Minimum Necessary Disclosure

STEP Inc. employees will make reasonable efforts to limit the use and disclosure of health information to the minimum necessary needed to accomplish the intended purpose of the use or disclosure to persons outside of STEP, Inc.

#### C. Incidental Uses and Disclosures

STEP, Inc. representatives and employees will use reasonable safeguards to protect against the illegal use or disclosure of protected information. Reasonable safeguards will also be used to limit incidental uses and disclosures.

#### D. For information shared with persons or agencies other than the above, a written release of information will be secured from the client's legal representative.

The release of information will state:

1. Person or agency receiving information
2. Person who the information is about
3. What information may be released
4. The purpose(s) for which the information is being released.
4. How the agency intends to use the information
5. That the release may be revoked and that it will automatically expire in one year.

#### E. Recording of Dissemination of Information

When STEP, Inc. shares information in order to treat the individual, to pay for or bill for a service, or in order to run our services, it is not necessary to keep a record of the information shared. For other purposes, STEP, Inc. will keep a record of information shared for at least six years. The individual or their legal representative may request a copy of this record in writing.

### III. Photos, Videotaping and Media Projects

A separate release from the legal representative will be secured in instances where STEP is requesting that a photo, videotape, etc. be used to develop or plan services or when being used for media

coverage.

IV. Client and Legal Representative Rights to Private Information and Health Information

**A. Access to Records**

Clients and their legal representatives have a right to access their records, and to receive copies of their records. They also have the right to give other people permission to see and get copies of information. Requests to review the information should be directed to the designated program coordinator for each person. The designated program coordinator will schedule a time to review the records with the client or legal representative.

**B. Restrictions on Disclosure and Uses of Information**

A client or legal representative can make a written request to restrict the use or disclosure of private information. The request must include what information is to be restricted, and to whom these restrictions apply. STEP, Inc. is not required to agree to these restrictions. The restrictions can be ended at any time verbally or in writing.

**C. Sharing of Information with Client and/or Legal Representative**

The client or their legal representative has the right to make a written request that we share information with them in a certain way or in a certain place. STEP may grant the request if they find it to be reasonable.

**D. Accuracy of Information**

Client or their legal representatives have the right to question the accuracy of information about them. He/she can put their concern in writing, indicating why the information is not complete or why it is inaccurate. This explanation will be attached at any time the information is shared with another agency or individual.

**E. Use of Information**

The information that STEP collects may only be used in the way and for the purpose that is indicated in the "Notice of Privacy Practices" or in the specific release of information.

Reviewed and approved by Board of Directors

February 9, 2022

## ATTACHMENT A DATA PRIVACY PRACTICES

STEP, Inc.

### NOTICE OF PRIVACY PRACTICES TO CLIENTS AND CLIENT REPRESENTATIVES EFFECTIVE APRIL 14, 2003

This notice describes how health information and other private 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 Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy but also let us give information about you to others if the law requires it. We may tell you before we give the information. These laws require us to keep your health information private and to give you notice of our duties and practices to protect private information. We must follow the terms that we have agreed to in this notice. However, we can choose to change the terms of this notice. If we change the terms of this notice, those changes will be applied to all present and future information that we collect about you. We will tell you if we change the terms of this notice.

#### Why do we ask you for this information?

- To decide if we can provide services to you and whether to admit you to services
- To decide what kind of services we should be providing for you
- To make plans and reports for on-going services to you, including planning for training and supervision, and plans to help keep you safe
- To make reports to other agencies that oversee your services, and that provide funding for your services
- To coordinate services with other agencies or people that provide services to you, such as your case manager or residential service provider
- To determine what kind of funding program is available for your services, and to appropriately bill for these services
- To help you find employment, and to provide the information that the employer needs to employ you

#### Do you have to answer the questions we ask?

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 tell what kind of services and help we should be providing to you, and to know how we can receive funding for those services. Without this information, we may not be able to provide services. If you give us wrong information, we may not provide the right kinds of services and help, including helping to keep you safe and healthy.

### With whom may we share information about you?

We may give information about you to the following agencies or individuals if they need it for investigations or to help you or to help us help you. We don't always share information about you with these people, but the law says we may, and in some cases, must, share information with them. If you have questions about when we give these people information, please ask your program coordinator.

- Members of the interdisciplinary team, which may include your case manager, your family members, your residential services provider and our own staff members
- Professional or financial workers for the Human Services of Faribault & Martin Counties, and the Human Service Board of Faribault & Martin Counties
- Residential service provider staff who need information to do their jobs
- Members of the STEP staff or Board of Directors who require the information for program planning or provision of services
- Individuals or agencies who are under contract with or written agreement with STEP, such as our Health Consultant, etc.
- Minnesota Department of Health
- Minnesota Department of Human Services
- Minnesota Department of Employment and Economic Development
- Ombudsman for Mental Health and Mental Retardation
- Hospitals or health care providers, if you have an emergency and we need to contact someone regarding your care
- Local School District, if you are a student
- Others who may pay for your care
- Internal Revenue Service
- Legal Representative, Guardian, conservator, or person who has power of attorney for you
- U.S. Department of Health and Human Services
- People who investigate child or adult protection
- Prairie Lakes Transit or other transportation providers (pick up and emergency information only)
- Potential Employers, as needed for employment applications
- Social Security Administration
- Anyone else the law says we can give this information

### **You have the right to information about you**

- You may ask if we have any information about you and get copies. In order to see the information, you need to contact your usual STEP contact, and arrange a time to look at the information.
- You may give other people permission to see and have copies of private information about you.
- If we have collected health information about you, we may use it only for the purposes that we have listed in this notice.
- You may question the accuracy of any information we have about you.
- You have the right to ask us to share health information with you in a certain way or in a

certain place. You must make this request in writing. If we find that your request is reasonable, we will grant it.

- You can ask us to restrict uses or disclosures of your health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed, and to whom you want these restrictions to apply. We are not required to agree to your restrictions. You can request to end these restrictions at any time by calling us or by writing to us.
- You have the right to receive a record of the people or organizations that we have shared your health information with. This record will not include times we have shared your information in order to treat you, to pay or bill for your health care services, or to run our services. We must keep a record of each time we share your health information for six years from the date it was shared. If you want a copy of this record, you must send a request in writing.

### **What if you believe that the information we have about you is wrong?**

Send us your concerns in writing, telling us why the information is not complete or accurate. You may send your own explanation of the facts you disagree with. Your explanation will be attached at any time that information is shared with another agency.

### **Complaints About Your Health Information Privacy Rights**

If you believe that your privacy rights have been violated, you may file a complaint. Write to the Executive Director, STEP, Inc., Box 110, Fairmont, MN 56031, or to the U.S. Department of Health and Human Services at Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., HHH Building, Room 509H, Washington, D.C. 20201.

## STEP, Inc. Release of Information Authorization

Person's name: \_\_\_\_\_

In order to provide services to you this program may need to obtain information from or share information with other individuals, programs, or providers. This program needs information to provide you services. If this program does not get requested information, or if we cannot share with others who work with you, then this program might not be able to provide you services you may need or this program's assistance may be hindered. Also, this program may not be able to follow government laws or regulations.

I, \_\_\_\_\_, authorize STEP, Inc. to share  
Name of person or person's legal representative

information with \_\_\_\_\_  
Name of program, agency, clinic, etc.

Indicate the types of records that will be released : [i.e., assessments, health diagnosis, medical records, personal information]

This information will be used for the purpose(s) of:

I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
- If I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
- The person(s) or agency (ies) who get my information may be able to pass it on to others.
- If my information is passed on to others by this program, it may no longer be protected by this authorization.
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

I may revoke this authorization at any time and that in any event, this consent expires automatically in one year's time.

Name	Signature	Title	Date
		Person receiving services	
		Legal Representative	

