



AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210/7293

YOUR PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. WHY DO WE ASK YOU FOR THIS INFORMATION?

- We may ask you for information so we can:
- Tell you from other persons with the same or similar name.
- Decide if you can get money or services from us and what or how much you can get.
- Help you get medical, mental health, financial services, or social services.
- Collect money from the state or federal government for help you need.
- Decide if you can pay for any help you receive.
- Make reports, do research, audit, and evaluate our programs.
- Investigate reports of people who may lie about the help they need.
- Decide about out-of-home care and in-home care for you or your children.
- Decide if you or your family need protective services.

II. DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

Generally the law does not say you have to give us this information. Federal laws require that you give us your Social Security number if you want financial help or child support enforcement.

III. WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?

We need information about you to tell if you can get help from any programs. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

IV. WHO MAY WE SHARE THE INFORMATION ABOUT YOU WITH?

We may give information about you to the following agencies, if they need it for investigating or to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we must share certain information). If you have questions about when we give these people your information, ask your worker.

“This institution is an equal opportunity provider.”

- Minnesota Department of Human Services.
- Other Welfare offices, including the child support enforcement office.
- Mental Health Centers.
- State Hospitals or nursing homes.
- Ombudsmen for mental health and mental retardation.
- Insurance company to check benefits you or your family may get.
- Hospital, if you have an emergency and someone needs to be contacted.
- The Internal Revenue Service (IRS).
- County Welfare Boards.
- Minnesota Department of Public Safety.
- Collection Agencies, if you do not pay fees you owe us for services provided.
- Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services, or the county social service agency.
- U.S. Department of Health and Human Services.
- U.S. Department of Labor and Minnesota Department of Labor and Industry.
- U.S. Department of Agriculture.
- Social Security Administration.
- Minnesota Department of Economic Security.
- Minnesota Department of Revenue.
- Credit Bureaus.
- Minnesota Department of Health.
- Immigration and Naturalization Service.
- Member Agencies of a local collaborative.
- Higher Education coordinating board.
- Minnesota Department of Veterans Affairs.
- Minnesota Department of Human Rights.
- Others who may pay for your care.
- County Attorney, Attorney General, or other law enforcement officials.
- Ombudsman for families.
- Community food shelves or surplus food programs.
- State and Federal auditors.
- Guardian, conservator, or person who has power of attorney for you.
- Minnesota Historical Society.
- Creditors.
- School District.
- School and other institutions of higher education.
- Local and State Health Departments.
- Native American tribe, if your children are Native American and in need of out-of-home placement or you are in need of employment, training, or welfare services at a tribal reservation.
- Employees or volunteers of any welfare agency who need the information to do their jobs.
- Child or Adult Protection Teams.

- People who investigate child or adult protection matters.
- Court Officials.
- Fraud Prevention and Control Units.
- Coroner/Medical Examiner if you die and your death is investigated.
- Anyone else the law says we may give the information to.

V. YOU HAVE THE RIGHT TO COPIES OF INFORMATION WE HAVE ABOUT YOU.

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies however, you may have to pay for the copies.
- You may give other people permission to see and have copies of private data about you.
- If the information is unclear, you may ask to have it explained to you.

VI. HOW DO YOU APPEAL IF YOU THINK INFORMATION IS NOT ACCURATE OR COMPLETE?

Your objection must be in writing and sent to the Director of this Agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask your worker.

VII. WHAT PRIVACY RIGHTS DO CHILDREN HAVE?

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

If you have questions about the information on this form, ask your worker.

Client Signature:	Date:
Agency Signature:	Date: