

## **Notice of Privacy Practices**

This notice describes how medical and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

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

- To tell you apart from other people with the same or similar name
- To decide how our services might best help you
- To inform placement options and decisions
- To conduct a background check, as required by statute
- To help you access medical, mental health, financial or social services
- To decide if you can pay for some of your services
- To make reports, do research, do audits, and evaluate our programs
- To decide about out-of-home care and in-home care for you or your children
- To collect money from the state or federal government for help we give you.

### **Why do we ask you for your Social Security number?**

- We need your Social Security number to provide the most complete information possible to the Department of Human Services when conducting your background checks.
- To complete paperwork related to foster care and adoption
- To be able to pay you a stipend should you participate in programming that includes it.

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

*You do not have to give us your personal information. We need this information to tell if you can get help from us. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.*

### **With whom may we share information?**

*Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following types of agencies or persons who need the information to do their jobs:*

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies
- Court officials, county attorney, attorney general, other law enforcement officials, and child protection and fraud investigators
- State or federal government departments that provide payment for help we give you.
- Child support officials
- Educational institutions and organizations
- 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
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Human services offices, including child support enforcement offices
- Anyone else the law says we must or can give the information.

*Ampersand Families provides permanency and adoption services to older youth and families who face barriers to equity in child welfare and to champion systemic changes that advance belonging, dignity and hope.*

### **What are your rights regarding the information we have about you?**

*You may see and copy medical or other private information we may have about you. You may have to pay for the copies.*

- You may give other people permission to see and have copies of information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share your information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations that we have shared your information with.
- If you do not understand the information, ask your worker to explain it to you.

### **What are our responsibilities?**

- We must let you know our legal duties and privacy practices, which we are doing by providing you with this notice.
- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get special written permission from you. We may not share your information with individuals and agencies other than those listed on this form unless we get special written permission from you.
- We are required to follow the terms of this notice, but we may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our Web site at [www.ampersandfamilies.org](http://www.ampersandfamilies.org).

### **What privacy rights do children have?**

*If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others to 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 interest, 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.*

### **What if you believe your privacy rights have been violated?**

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your privacy was violated by agency staff, please contact:

Executive Director  
1751 County Rd B West, Suite 300  
Roseville, MN 55113  
612.605.1904

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