



# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights Regarding Your Personal/Health Information

You have the right to:

- A. request restrictions on certain uses and disclosures of your personal/health information; if you pay out-of-pocket in full for services, you may ask us not to share information with your health insurer;
- B. request that we communicate with you in a certain way or at a certain location, i.e., at your work phone, address, by cell phone, PO Box, etc;
- C. review and copy your personal/health information according to federal/state/agency regulations/standards;
- D. request an amendment to your personal/health information; if we deny the request, we will provide our reasons in writing;
- E. receive a listing of uses and disclosures of your personal/health information;
- F. choose someone to act on your behalf regarding your personal/health information;
- G. receive a copy of this Notice. A more detailed version of this Notice is available on our website – [www.thevillagefamily.org](http://www.thevillagefamily.org).

### Your Choices

You have choices in the way we use and share your information. You may tell us your preferences for how we use and share information in order to provide mental health care, provide disaster relief, inform family or friends about your condition, raise funds, or market our services.

### Our Uses and Disclosures

The Village may use and disclose your personal/health information in the following circumstances – on a “need to know” basis only:

- A. to provide treatment/service;
- B. to obtain payment for treatment/service;
- C. for other Village operations, as appropriate. Examples could be our Quality Improvement Program, case consultation, or in the process of accreditation;
- D. if you are receiving more than one type of service from us, information may be shared on a “need to know” basis;
- E. to provide appointment reminders within certain programs (by phone, email, text, etc.)
- F. when required by law:
  - if we become aware through our work that you may be a danger to yourself or others;
  - if we become aware of or suspect abuse or neglect of a child or vulnerable adult;
  - if we are court ordered to testify or to submit our records to the court;
  - in the event of the death or serious injury of a client as defined under MN law, The Village is required to disclose that information to the MN Office of Ombudsman for Mental Health and Developmental Disabilities;
- G. to authorized officials if it is required for lawful intelligence, counterintelligence, national security, or public health threats;
- H. for research/educational projects approved according to Village policy or as required by law;
- I. to provide fundraising information to clients within certain programs (by phone, mail, etc.) (NA for CD svcs); we will not sell your information;
- J. in the event of an emergency, to contact a family member or significant other to inform them of your circumstances or well-being;
- K. mobile opt-in, SMS consent, and phone numbers collected for SMS purposes will not be shared or sold to any third parties or affiliates for marketing purposes.

### Our Responsibilities

We are required by law to maintain the privacy/security of your protected information. We will let you know promptly if a breach occurs that may have compromised the privacy/security of your information. We must follow duties and privacy practices described in this Notice and provide you with a copy. We will not use or share your information other than as described here unless you give us permission in writing. You may change your mind at any time and just need to let us know that in writing.

### Drug and Alcohol Treatment Information

The confidentiality of records regarding drug and alcohol treatment is protected by Federal law and regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. Information identifying you as a drug or alcohol treatment recipient or other information regarding your care will not be released unless 1) you consent in writing, 2) the disclosure is allowed by court order, or 3) the disclosure is made to medical personnel in a medical emergency. Violation of Federal alcohol and drug abuse patient records law by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, or about any threat to commit such crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

### Electronic Communications

The Village may use electronic communication to coordinate services with you (phone, email, text, etc.). Village staff are trained to limit electronic communication of client information whenever possible because of associated security risks. Please be aware of security risks when using electronic communication and take precautions to protect your personal information.

### Complaints/Questions about this Notice

Complaints or questions regarding this Notice or how the agency handles your personal/health information may be directed to: ATTN: Privacy Officer, The Village Family Service Center, 2701 12th Ave. S., Fargo, ND 58103, (800) 627-8220, or to the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, SW, Room 509F HHH Building, Washington, DC 20201.

### Changes to this Notice of Privacy Practices

The effective date of this Notice is 9/23/13. The Village’s Notice of Privacy Practices may be modified due to agency needs, revisions in local, state, or federal laws or accrediting body regulations. Notification of modifications to our Notice and a current version will be available on our website ([www.thevillagefamily.org](http://www.thevillagefamily.org)) and in each of our service locations.

I acknowledge that I have received a copy of this Notice regarding the use and disclosure of my personal/health information.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Confidentiality of Records

The Village takes confidentiality of private information very seriously. We want you to know the guidelines we follow in order to protect your information as outlined on the Client's Rights/Informed Consent and Notice of Privacy Practices. We also want to clarify what constitutes "your record" and how access to your record is controlled. Access to records varies depending on the type of service being delivered.

If you are receiving **individual** services:

- You/your legal custodian(s) sign a Client's Rights and Notice of Privacy Practices.
- You/your legal custodian(s) must sign an Authorization for Disclosure (release of information) form in order for information from your record to be released (except as we are required by law/court order to release information, or as allowed through the Notice of Privacy Practices).
- Other participants in your services: Other non-custodial adults (18 and older) participating in service/sessions will be provided informed consent and will sign a Client's Rights and Notice of Privacy Practices form. Informed consent will be verbalized to participating minors as appropriate. These other participants cannot authorize the release of your information.

If you are receiving **couples** services:

- Both members of the couple sign a Client's Rights and Notice of Privacy Practices.
- Both members of the couple must sign to authorize the release of information. If both signatures are not obtained, a redacted copy of the information may be provided.
- Other participants in your services: Other adults (18 and older) participating in your service/sessions will be provided informed consent and will sign a Client's Rights and Notice of Privacy Practices form. Informed consent will be verbalized to participating minors as appropriate. These other participants cannot authorize the release of your information.

If you are receiving **family** services:

- All adult clients (18 and older) sign a Client's Rights and Notice of Privacy Practices.
- All adults must sign to authorize the release of information. If all signatures are not obtained, a redacted copy of the information may be provided.
- Other participants in your services: Other adults (18 and older) participating in your service/sessions will be provided informed consent and will sign a Client's Rights and Notice of Privacy Practices form. Informed consent will be verbalized to participating minors as appropriate. These other participants cannot authorize the release of your information.

If service is to a **minor**:

- **At our ND locations a minor is a child under the age of 18 years.**
  - Minor's legal custodian(s) who presents the minor for services signs Client's Rights and Notice of Privacy Practices. Anyone with legal custody of the minor has rights to the information regarding treatment of/service to the minor.
- **At our MN locations a minor is a child under the age 16 years.**
  - Clients aged 16+ may consent for mental health services without legal custodian; in this case only the client will sign Client's Rights, Notice of Privacy and only the client may authorize a release of their information.
  - Clients aged 16+ **and** their legal custodian may both consent for services, sign Client's Rights and Notice of Privacy; in this case the client **or** legal custodian may authorize a release of information.
  - Legal custodian may consent for services, sign Client's Rights and Notice of Privacy; in this case only the legal custodian may authorize a release of information.
- There are times when we are not required to release a minor's information if, in a provider's professional opinion, doing so could result in harm to the minor.
- Minor's records are kept for at least 7 years past the close of services or until the minor reaches age 21, whichever is longest. When a minor reaches the age of 18, they become the owner of their information and must sign for the release of information.

The Village strives to limit the information in your record to only that which is necessary to 1) provide service to you based on your request, and/or 2) maintain a record of our service to you to assist with future service planning either by us or another provider.

## SMS Terms & Conditions

### SMS Consent Communication:

The information obtained as part of the SMS consent process will not be shared with third parties for marketing purposes.

### Types of SMS Communications:

If you have consented to receive text messages from The Village Family Service Center, you may receive messages related to the following:

- Date and time of appointment
- Name of provider
- Appointment location
- Waitlist notifications
- Reminders to complete intake forms or provide missing information
- Directions to review and sign a document in the Client Portal
- Confirm, cancel, or reschedule an appointment
- Outstanding balance on account

### Message Frequency:

Message frequency may vary depending on the type of communication.

### Potential Fees for SMS Messaging:

Please note that standard message and data rates may apply, depending on your carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

### Opt-In Method:

You may opt-in to receive SMS messages from The Village Family Service Center in the following ways:

- By submitting an online form
- By filling out a paper form

### Opt-Out Method:

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from our messaging list.

### Help:

If you are experiencing any technical issues, you can reply with the keyword HELP, or you can call 800-627-8220 or use our [contact form](#).

### Additional Options:

- If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our forms.

### Standard Messaging Disclosures:

- Message and data rates may apply.
- You can opt out at any time by texting "STOP."
- For assistance, text "HELP" or visit our [website](#).
- Message frequency may vary