

**Region 4 South Mental Health Consortium Mobile Crisis Team
Health Insurance Portability and Accountability Act
Notice of Privacy Practices for Protected Health Information**

Crisis Program Manager at 507 North Nokomis Street, Suite 203, Alexandria, MN, 56308. You may also file a complaint by mailing or emailing it to the Secretary of Health and Human Services whose street address and email address is: Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C., 20201, Attention: Secretary. Phone: 202-690-7203. Email Address: hhs@mail@os.dhhs.gov

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the Region 4 South Crisis Team. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

USES AND DISCLOSURES ALLOWED (WITH OPPORTUNITY TO AGREE OR OBJECT)

Region 4 South Crisis team may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

In an emergency, using our best judgement, we may disclose to a family member, other relative, close personal friend, or any other person you identify, such health information as is relevant to that person's involvement in your care or in payment for such care.

We may use or disclose your PHI to assist in disaster relief efforts.

USES AND DISCLOSURES ALLOWED (WITHOUT OPPORTUNITY TO AGREE OR OBJECT)

As required by law, the Crisis Team may disclose your PHI to the following:

1. To public health or legal authorities for controlling disease.
2. To public authorities as allowed by law to report incidents of abuse or neglect.
3. To the Food and Drug Administration (FDA) such information regarding adverse events related to food supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
4. To oversight agencies for such activities as audits, civil, administrative, or criminal investigations, and inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.
5. To Judicial/Administrative Proceedings as allowed or required by law, or as directed by a proper court order provided only the PHI released is expressly authorized by such order; or in response to a subpoena, discovery request or other lawful process.
6. To Law Enforcement such PHI as required by law when required by court order, including laws that require reporting of certain types of wounds or other physical injury.
7. To Coroners, Medical Examiners, and Funeral Directors such PHI as is consistent with applicable law to allow them to carry out their duties.
8. To Organ Procurement Organizations and other entities engaged in procurement, banking, or transplantation of organs or tissue such PHI as is consistent with applicable law for the purpose of donation and transplant.
9. To research organizations when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
10. In the event there is a posed threat to the health and/or safety of another person or the public, we may disclose PHI consistent with applicable law in order to avert or minimize the threat.
11. To governmental programs or agencies as authorized by law for national security purposes or to public assistance program personnel.

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Any other uses and disclosures besides those identified in this Notice will be made only as authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.