

Your Privacy Rights

Information about your rights under the Minnesota Government Data Practices Act

The Minnesota Government Data Practices Act (MN. Statutes, Chapter 13) seeks to protect your privacy as an individual when you provide us information that is necessary for the effective administration of service. The Act also facilitates the release of information which is public. Whenever we ask you to provide us with private or confidential information about yourself, we are required to tell you:

1. Why we need the information;
2. Whether you are required to give it to us;
3. What will happen if you give it or don't give it to us; and
4. Whom do we share the information with

1. Why

We need to obtain this information about you to provide the best possible services for your needs and interests. We may use the information for:

- updating the county social service agency who contract with us;
- assisting you in applying for and receiving benefits;
- facilitating the survey of our program;
- reporting wages and hours worked;
- cooperating with licensing inspections;
- monitoring your progress;
- developing a program plan;
- filling out reports required by law;
- referring for treatment of medical/social/psychological problems.

2. Whether and What

The reasons we need the information make it important for you to give us the information requested. If you do not answer the questions we ask, it will be hard for us to provide you with the best possible services.

3. Who

The information you provide us will be shared with other people and agencies who work very closely with us to provide you services. We need to share information about you with them so that you can receive the best services. Some of the people who may see information about you are:

- Social Service agencies who contract with our agency;
- Social Security Office, if you apply and receive benefits;
- US Dept. of Health and Human Services, to audit our program;
- MN Dept. of Human Services, for licensing inspection;
- MN Dept. of Economic Security, if you are referred for a job and receiving services from Division of Rehabilitation Services;

- Day activity centers, work activity centers, sheltered workshops, or other alternative placements to coordinate your program;
- School districts, if you are attending a school program;
- Human services professionals, to assist in coordinating services;
- Relatives who may be responsible for your care;
- Your doctor, dentist, clinic, or hospital, to provide medical care;
- Private agencies or individuals who provide a service, such as Metro Mobility, if you use this service.

4. Questions

If you have any questions about the information we have about you, you may ask a staff person to tell you about it, to talk to your parent, guardian, or case manager. You may also contact: Data Privacy Office, MN Dept. of Human Services, 4th Floor, Centennial Building, St. Paul, MN 55155. You may call 651-297-3173.

We ask that you sign this form. Your signature is proof that you have received this form and understand what it says. If you have a guardian, they will be asked to sign for you. This notice about collecting and sharing information about you applies to all contacts we have with you when you are in our program, whether these contacts are in person, on the phone, or by mail.

Client Name _____ Date of Birth _____

Name/Title of Parent/Guardian _____

I have received a copy of these rights

(Signature of Consumer or Legal Rep.) (Date)

These rights were explained to me

(Signature of Consumer or Legal Rep.) (Date)