



**INFORMATION DISCLOSURE NON-EPIC HSPHD CLIENTS**

**Tennessee Notice - Explanation of the use of information gathered for HSPHD**

While you are receiving services from HSPHD you will be asked to give certain information about yourself, your family history, your living habits, your income and finances, and related information that is needed to assist in provision of services and/or benefits to you and your family. All of this information and any documents (case plans, assessments, etc.) will be kept in the HSPHD combined electronic record systems. Other information regarding charges for HSPHD services or payments for services may also be maintained in the HSPHD combined electronic record systems.

Minnesota law provides that this kind of information cannot be collected, used, stored, disseminated (released to others) without advising you of the manner in which this information is treated by HSPHD. You have received a copy of the HSPHD Notice of Privacy Practices that provides this information to you.

The law provides that you may refuse to give information to HSPHD. However, if you do refuse to provide information, the HSPHD staff may not know enough about you to provide the best care or coverage of that care through insurance, health plans or government programs. In some instances, if you do not provide certain information, HSPHD may not be able to provide services to you.

If you are under 18 and the nature of your services permits you to access services without parental consent, you may request in writing that no information about the services be given to your parent or guardian. You should be aware that HSPHD staff may provide information to your parent or guardian if it is determined that failure to inform a parent or guardian would seriously jeopardize your health or safety.






**Acknowledgement of the Information Disclosure Form**

By signing this form, I understand that information about the services that I receive from HSPHD is part of HSPHD's combined electronic record system and is available for identity management and service coordination purposes by other HSPHD programs and other HSPHD contracted providers that have been granted access to the electronic record system.<sup>(1)</sup>

Additionally, by signing this form I understand that:

- My health insurance information (health plan, dates of coverage, pending applications) can be shared with health care providers for billing purposes.
- If I have received mental health services from HSPHD mental health intake and case management programs is part of HSPHD's combined electronic record systems. The mental health information is limited to my case number, basic information about these services, the type of service, program providing the service, dates of service, whether my case is open or closed, and the name of my worker. <sup>(2)</sup>

**Signatures**

 Client Signature	 Date
 Print Client Name	
 Parent, Guardian or Personal Representative Signature	 Date

Client is a minor     Client has a physical or mental disability     Other \_\_\_\_\_

The client was given the Notice of Privacy Practices

The client was given the Information Disclosure Form

1. I understand that, even if I do not sign this form, this information is part of the department electronic record system.  
2. I understand that even if I do not sign this form, my information, including mental health data, may be accessed without my permission for certain activities that HSPHD is required to do by law (for example, Adult Protection Investigations, Child Protection Investigations, or Pre-Commitment Screenings).