

NOTICE OF PRIVACY PRACTICES FOR NEXUS SD

READ CAREFULLY

THIS NOTICE EXPLAINS HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION AND HOW YOU MAY RECEIVE A COPY OF THE INFORMATION.

Where Do We Receive Information About You

Nexus SD collects information about you and your family from speaking with you. We refer to this as historical personal information. We may also have access to both private and public agency partners who may submit updated personal information about you and your family. Both the historical and updated personal information may involve data about your home, employment, education, income, living situation, language, medical treatment, and medical insurance. This is not a complete list of the information we may receive from speaking with you or the information we receive from others. We use all of this information to provide services to you and your family, make referrals for services, make eligibility decisions for social programs, create efficiencies between social service agencies, and gain faster access to services.

What We Will Do to Protect Your Personal Information

Under the law, we are required to protect your personal protected information from disclosures to others. We are required to notify you when we become aware of an unauthorized disclosure of your personal protected information. Under the law, there are also some exceptions to the release of this information.

Legally Permissible Uses and Disclosures of Your Personal Information

- **To contact you, a family member, friend, or personal representative**
When you call or contact us, you will be asked to provide contact information for yourself. This will be used to update the information in Nexus SD or to schedule an appointment. We may also use this information to text or email you regarding care or services offered through Nexus SD.
- **To verify your identity**
We may use your personal protected information to identify you or to verify your identity.
- **Referral for treatment, case management and for a determination of eligibility**
We may use your information to make a referral for services to assist you and your family.
- **For payment or qualification for government benefits**
Although this service is free, we may use your information to qualify you and your family for other government services or private services and to seek payment for those services. Utilization of other services is completely voluntary.

- **Business operations and Nexus SD associates**
We may use your information to perform business operations. Our partner agencies (Nexus SD associates) may use your information to perform business operations and provide services as part of Nexus SD.
- **Marketing**
We may not use your personal information to market for the use of Nexus SD.

Disclosures Required by The Law

Under the same law that requires us to protect your personal protected information, the law requires us to disclose this information to others without asking for your permission. The following is a list of those required disclosures:

- We must disclose information for public health activities, for example, to control the spread of disease.
- We must disclose information for health oversight activities, for example, audits or investigations that the government oversees.
- We must disclose information to law enforcement, for example, to respond to a court order, locate a suspect, report suspicious wounds, or report a crime or identify a victim.
- We must disclose information to government authorities to report domestic violence, abuse, or neglect.
- We must disclose information to avert a serious threat to health or safety to your health or another's health.
- We must disclose information for research of certain kinds of health or social service research.
- If you are a member of the United States armed services, we must disclose information to the military command.
- We must disclose information to national security agencies and other federally authorized officials.

Other Uses and Disclosures

In most cases, our disclosure of psychotherapy notes, substance use disorders and protected health information requires us to receive a written authorization for its release. We may ask for a paper or electronic release to make the disclosure. We will keep your authorization on file with us.

Your Rights Regarding Use and Disclosures

You have several rights you should be aware of regarding any disclosures we make:

- You have a right to receive a copy of the information we have collected about you in Nexus SD. This right lasts as long as we keep the information.
- You have the right to restrict what we provide. We need not agree to the restriction in most cases, but if we agree we will let you know. Even if we agree, we must disclose the information in an emergency situation or if required by law to disclose it.

- You may request we limit our communication with you in a certain manner, for example only by text or only by phone.
- You have a right to inspect and have a copy of the personal protected information we have.
- You have a right to amend self-reported information.
- You have a right to an accounting of the disclosures we have made, and you have a right to revoke the consents you have given us. For example, if you give us permission to give a loved one a copy of certain information you can withdraw that so we will no longer give that person the information.
- You have a right to file a complaint about our disclosures. Those complaints can be made to our privacy officer at NexusSD@state.sd.us.

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION IN NEXUS SD

Nexus SD collects information about you and your family from speaking with you. We refer to this as historical personal information. We may also have access to both private and public agency partners who may submit updated personal information about you and your family. Both the historical and updated personal information may involve data about your home, employment, education, income, living situation, language, medical care and medical insurance. This is not a complete list of the information we may receive from speaking with you or the information we receive from others. We use all this information to provide services to you and your family, make referrals for services, make eligibility decisions for social programs, create efficiencies between social service agencies, and gain faster access to services.

You are authorizing Nexus SD, its participating partners, and its staff at the South Dakota Department of Health to collect, use, store and share your personal, medical, financial and health information regarding you and your family to assess your needs, provide services for care, and refer to and coordinate services available from public and private entities. This authorization is valid for a period of 5 years from the date you sign it. It can be changed by you at any time.

Your authorization does not authorize Nexus SD to collect any information regarding a child living with you who turns 18 years of age. A separate authorization will be received from your child who turns 18 years of age.

We have provided you with a Notice of Privacy Practices that explains when, how and why we may share personal, medical, financial, and health information. You have the right to withdraw this authorization for use and disclosure at any time. You may do this by working with your partnering agency to complete the opt-out process or writing us at NexusSD@state.sd.us. After the date of the opt-out execution, your information will be only available to your care team members or Nexus SD system administrators. Your information will be no longer searchable or shareable to other Nexus SD members aside from in the form of deidentified and aggregated data.

SEEKER INFORMATION

I WOULD LIKE TO OPT IN TO NEXUS SD.

Seeker's Signature (or parent/guardian)

Seeker's Printed name

Date