

HANDS OF HOPE RESOURCE CENTER

YOUR PRIVACY RIGHTS (Tennyson Warning)

Information about your rights under the Minnesota Data Practices Act and Data Privacy Rules

There are various state and federal laws which protect your rights as a client of various agencies. This sheet seeks to inform you of your rights under these laws.

DATA PRIVACY

The Minnesota Government Data Practices Act requires that when we ask you to provide us with private or confidential information about yourself that you will be told:

- The purpose for which the information will be used, and
- The legal requirements, if any, of supplying it; and
- The consequences to you of providing the information or refusing to supply it; and
- The identity of other persons or agencies authorized by statute to secure the information.

Purposes: Brief notes from contacts will be kept on file and will be used by your advocate to keep updated on your case in order to provide you with better support and advocacy services. The information will also be used to collect statistics for the Minnesota Center for Crime Victim Services – Office of Justice Programs and other funding organizations/foundations to show that we are indeed providing services; this information does not contain your name or any other identifying information.

Legal Requirements and Consequences: You are not legally required to provide any information that you do not wish to communicate.

Sharing: Information we maintain about you may be shared with other agencies or individuals under the following circumstances:

- Pursuant to a consent for release of information signed by you;
- Pursuant to a court order;
- Pursuant to a statute requiring release, including the Child Abuse Reporting laws;
- To communicate your condition to a family member or other appropriate person in cases of emergency;
- To other advocates in this program in cases of emergency or in other situations where it would be helpful in providing advocacy and support services.
- To our funding sources in the event that our records are audited.

Minors: If you are a minor, you have the right to request that private data about you be kept from your parents. You must make this request in writing and explain why you wish this data to be withheld and what you expect the consequences of lack of withholding to be. If this agency agrees that withholding the information from your parents is in your best interest, it will not be shown to your parents; however, they must have knowledge of the fact that you are receiving services from this agency.

Potential Conflict of Interest: It is important that as a client of the program you understand that because our services are offered to all survivors, there may be instances where we have, are, or will be working with:

- Different members of the same family,
- Mutual friends,
- Acquaintances,
- Or various people you may know, some of which may even be involved with the same case.

An individual Hands of Hope Resource Center staff and/or volunteer should not work with you if you are a friend, relative, employee, or otherwise closely associated. In general, we will not work with both you and the opposing party, and will make referrals to other sources in this situation.

Access: Most of the data we maintain about you is private. You can see all public and private records about yourself and your children. (See section on minors for an exception.) To see your file, go to the office and make a request. Access may take a few days, but 10 working days is the longest you can be asked to wait. You may also authorize, in writing, anyone else to see your records. Any access is without a charge, but you may be charged for copies. Remember to bring identification with you when you go to see your records.

If you feel any information we maintain about you is inaccurate or incomplete, you have a right to file a letter of disagreement. The information will not be subsequently released without your letter of disagreement attached. You have the right to contest the accuracy and completeness of data in your file. The responsible authority of this agency will answer your contest within 30 days of the receipt of your contest. Your contest of accuracy should be sent to: Executive Director, Hands of Hope Resource Center, P.O. Box 67, Little Falls, MN 56345.

CLIENT BILL OF RIGHTS AND COMPLAINT/GRIEVANCE PROCEDURE

Clients have rights in the following areas:

COMPETENCY: Hands of Hope Resource Center staff and volunteers must have specific formal training in order to be an advocate in the field of domestic violence, sexual assault, child abuse and/or general crime.

CONFIDENTIALITY: Hands of Hope Resource Center staff and volunteers are required to keep all information about you confidential unless you give written and/or verbal consent to tell someone else, with the exception of laws which mandate the reporting of child abuse.

PROFESSIONAL FEES: All services from the Hands of Hope Resource Center are at no cost to you.

CONFLICT OF INTEREST: An individual Hands of Hope Resource Center staff and/or volunteer should not work with you if you are a friend, relative, employee, or otherwise closely associated. In general, we will not work with both you and the opposing party, and will make referrals to other sources in this situation.

DATA PRIVACY: The Hands of Hope Resource Center staff and volunteers will provide you access to your own records upon request. They will be available to assist you in explaining written material and answering your questions.

DISCRIMINATION: The Hands of Hope Resource Center will provide services without regard to race, color, national origin, religion, creed, age, marital status, status with regard to public assistance, disability, sexual/affection orientation, or gender.

SEXUAL EXPLOITATION: The Hands of Hope Resource Center staff and volunteers should not, under any circumstances, be involved with you in a sexual manner. This could include sexual penetration, kissing, touching breasts or genitals, by either you or the advocate. Staff and volunteers should not "date" you or be in any way romantically involved with you. Staff and volunteers should not suggest being sexual with you or verbally demean you in any way.

COMPLAINT/GRIEVANCE PROCEDURE: If you feel that any of the aforementioned rights have been violated in any way, or have seen or experienced questionable behavior by staff and/or volunteer(s), you may take the following steps:

1. You may confront or tell the individual with whom you have a complaint how you feel about the way you have been treated.
2. If you are not satisfied with the response or feel that you cannot speak directly with that person, you can request a meeting with that individual's immediate supervisor (Morrison County – 632-1657, Todd County – 732-2319). The supervisor may ask you to, or assist you in putting your complaint in writing. You or the supervisor may request a meeting with all participants involved.
3. If you feel the outcome of that meeting was unsatisfactory, you may ask to speak to the Executive Director of the Hands of Hope Resource Center (632-1657). If your complaint is with the Executive Director, you may contact any member of the Board of Directors.
4. If the nature of your grievance or complaint is an illegal behavior, you may wish to file a police report or take civil action.

I HAVE READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES LISTED ON THIS DOCUMENT.

Date

Client

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