

# CONFIDENTIALITY AND DATA PRIVACY

## Minnesota Sex Offender Program

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**POLICY:** All Minnesota Sex Offender Program (MSOP) staff, students, volunteers and persons or agencies under contract must follow all MSOP, Department of Human Services (DHS) and Direct Care and Treatment (DCT) policies on confidentiality and data privacy.

**AUTHORITY:** Minn. Stat. § 13, “Government Data Practices”  
 Minn. Stat. § 144.651, subd 16  
 Minn. Rule 9515.3040, subp. 2 (A).  
 Minn. Rule Chap. 1205  
Minnesota Department of Human Services (DHS) Data Practices Manual  
Minn. Stat. § 246.014, subd. (d)

**APPLICABILITY:** MSOP, program-wide

**PURPOSE:** To ensure compliance with DHS requirements and the laws governing client information and data collected and maintained by the MSOP. To meet data privacy laws and professional confidentiality standards, especially regarding the use and results of physiological examinations and the reporting of previously undisclosed and unreported criminal behavior. To provide procedures allowing for optimal therapeutic relationships, while complying with legal requirements for reporting criminal acts. To preserve confidentiality and protect data privacy of written, electronic, and verbal exchanges.

### DEFINITIONS:

Data event – an event or occurrence where private, confidential, or protected health information (PHI) on individuals, or protected nonpublic data not on individuals, unauthorized for release, is disclosed to unintended recipient(s).

Data on individuals – data on individuals is defined as government data in which any individual is or can be identified as the subject of that data, unless the appearance of the name or other identifying data can be clearly demonstrated to be only incidental to the data and the data is not accessed by the name or other identifying data of any individual.

Client record – set of comprehensive documents created in the course of client care from admission through discharge.

Confidential data – data about individuals to which even the individuals themselves cannot have access, e.g., information from an investigation about welfare fraud or in adoption records. Individuals retain the right to know whether an agency is maintaining confidential data about them.

Private – data about individuals allowed to be disclosed only to the subject of the data or to government entities and employees whose work assignments reasonably require access to the data.

Protected health information (PHI) – private information on individuals that is identifiable health information as described in the Health Insurance Portability and Accountability Act (HIPAA) (1996).

Public – data about individuals allowed to be disclosed to anyone for any purpose, e.g., state employee names and salaries of state employees.

Welfare data – data on individuals collected, maintained, used or disseminated by the MSOP pursuant to Minn. Stat. § 13.46, “Welfare Data.”

Data not on individuals – data about non-individuals, such as organizations, facilities, corporations, associations, etc.

Protected nonpublic – data not on individuals made not accessible to the public by statute or applicable federal law.

Data privacy – refers to all information on clients gathered for program purposes.

Security information – (Minn. Stat. § 13.37, subd. 1(a)) government data the disclosure of which would be likely to substantially jeopardize the security of information, possessions, individuals or property against theft, tampering, improper use, attempted escape, illegal disclosure, trespass, or physical injury. Information qualifying as security information under Minn. Stat. § 13.37 is considered nonpublic data or private data and may not be released to the public. This may include data relating to the client, such as impressions, perceptions, observations and/or opinions. Examples of security information include certain incident reports, policies or procedures.

## **PROCEDURES:**

### A. Client Information

1. All data on clients, including information in the client record, is considered private or confidential data and may not be released orally or in writing without written consent or as otherwise authorized under state or federal law. This includes records such as property, grievances, etc. Client names are not public information. (Refer to MSOP Division Policy 135-5300, “Health Information Record Designation.”)
2. Information determined by clinical staff to be detrimental or harmful to the physical or mental health of the client is considered confidential data.

### B. Requests for Information Stored at MSOP. Refer to MSOP Division Policy 135-5170, “Data Request and Copy Costs.”

### C. Safeguarding Information

1. Staff may only discuss and have conversations about clients in the performance of their duties.
2. If staff members question the appropriateness of sharing information, they must consult with the MSOP Records Manager and/or the MSOP Legal and Records Director.
3. Staff must request, access, use and disclose only the minimum amount of information necessary to provide services and benefits to clients.
4. MSOP staff must provide PHI to a client by handing it directly to the client or placing the data in an envelope. Refer to MSOP Division Policy 115-5030, “Staff Mail” and 420-5030, “Client Mail.”
5. Staff must participate in annual training regarding confidentiality and data privacy.

6. As part of new employee training, the MSOP Records Manager or designee collects the employee's signed DHS MSOP Confidentiality Agreement (135-5100a). MSOP retains a copy of each individual's signed agreement in their personnel file, student file, volunteer file or contractor file.

D. Confidentiality within Treatment

1. MSOP staff may only share information disclosed by clients during sex offender treatment and/or medical treatment to MSOP staff who need the information to perform their job duties and may share the information with individuals outside of MSOP under the following circumstances:
  - a) Staff may share information on a client as part of the judicial commitment process (Minn. Stat. §§ 253B.23, subd. 4 and 253D.03).
  - b) Staff members must immediately report information related to maltreatment of minors to the local welfare agency, police department, or county sheriff. (See MSOP Division Policy 420-5110, "Reporting Maltreatment of Minors.")
  - c) Staff members having knowledge or reason to believe that an identifiable vulnerable adult has been neglected or abused must immediately report that information consistent with Minn. Stat. § 626.557 and MSOP Division Policy 210-5058, "Vulnerable Adults."
  - d) The program or staff may disclose client data as otherwise specifically authorized under state or federal law. Staff who have questions regarding authorized disclosures must contact the MSOP Records Manager or MSOP Legal and Records Director.
2. Each client completes the Notice of Privacy Practices (DHS-6136-ENG) upon admission, as outlined in MSOP Division Policy 210-5100, "Admission to the MSOP" and MSOP Division Policy 215-5513, "MSOP-DOC Site Treatment Progression."
3. MSOP staff or contracted assessors initiating clinical or other treatment program assessments must first discuss the limits of confidentiality with the client and inform the client information disclosed during the assessment will be documented in the completed report.
4. As part of treatment, each client develops an agreed-upon history of his or her offending behavior. Clients are not required to provide the name(s) of the victim(s), date(s) of the offenses, and/or other identifying information in order to participate in therapy or psycho-educational groups or treatment progression.

E. Documentation of Data Events

1. Upon notification or discovery of an actual or alleged data event, MSOP staff must:
  - a) write a Level 2 Incident Report (see MSOP Division Policy 410-5300, "Incident Reports") including the following information, if available:
    - 1) the date and time the data event was reported or discovered;
    - 2) the name of the individual reporting the data event;
    - 3) the location of the data event;
    - 4) a description of the information disclosed;

- 5) the individual to whom the information was disclosed;
  - 6) a description of how the information was received (i.e., client mailbox, hand-delivered, verbal, e-mail);
  - 7) any steps taken to retrieve the information; and
  - 8) any other information pertinent to the investigation of the data event.
- b) secure all items, including the envelope and documents mailed with the questionable item related to the data event (if available) and document it on a Notice and Receipt of Secured Items (420-5250a); and
  - c) place the Notice and Receipt of Secured Items Form (420-5250a), along with the secured documentation, into evidence (see DCT Security Policy 145-1035, "Evidence Handling by Staff"). Staff must write on the evidence bag the documentation secured is for a data event.
3. The Office of Special Investigations (OSI):
    - a) removes the sealed evidence from the evidence storage area, according to DCT Security Policy 145-1035, "Evidence Handling by Staff";
    - b) routes the sealed evidence bag containing the secured documentation to the MSOP Due Process and Compliance Specialist, within five business days from the date it was secured through the staff mail or hand-delivery.

#### F. Investigation of Data Events

1. Upon receipt of evidence from OSI, the MSOP Due Process and Compliance Specialist:
  - a) logs the data event in the Data Event Tracking Log (135-5100b);
  - b) opens the evidence bag and visually inspects all of the documentation;
  - c) photocopies all documentation, including envelopes and the evidence bag;
  - d) routes the original documentation to the intended client, if possible;
  - e) contacts the author of the MSOP Incident Report and/or individuals involved in the data event for additional information as needed, and;
  - f) completes investigation of all data events within sixty days.
2. If the MSOP Due Process and Compliance Specialist, in consultation with the MSOP Records Manager and/or MSOP Legal and Records Director, believes the data event should be reported to the DHS Data Privacy Office, the MSOP Due Process and Compliance Specialist completes the Data Privacy Incident Report Form (DHS form).
3. Once completed, the MSOP Due Process and Compliance Specialist sends the Data Privacy Incident Report Form (DHS form) to the supervisor of the MSOP staff responsible for the data event. The supervisor:

- a) reviews the Data Privacy Incident Report Form (DHS form) with the staff responsible for the data event;
- b) adds any comments and signs the Data Privacy Incident Report Form (DHS form); and
- c) sends the original Data Privacy Incident Report Form (DHS form) to the MSOP Due Process and Compliance Specialist.

**G. Reporting Data Events**

1. The MSOP Due Process and Compliance Specialist forwards the signed Data Privacy Incident Report Form (DHS form), along with supporting documentation, to the DHS Data Privacy Office.
2. DHS Data Privacy Office staff review the submitted documentation and determine if the data event rises to the level of a data breach.
3. If DHS Data Privacy Office staff determine a data breach occurred, they direct the MSOP Due Process and Compliance Specialist to formally notify the client of the data event. The MSOP Due Process and Compliance Specialist:
  - a) routes a letter to the individual whose data was disclosed within sixty days of a determination that a data breach occurred;
  - b) retains a copy of the letter, along with data event investigation documentation, and;
  - c) notifies the assigned supervisor of the MSOP staff responsible for the data breach. The assigned supervisor:
    - 1) follows-up with the staff within seven business days, and;
    - 2) notifies the MSOP Due Process and Compliance Specialist once this meeting has occurred.

**REVIEW:** Annually

**REFERENCES:** DHS Data Practices Manual  
MSOP Division Policy 135-5300, "Health Information Record Designation"  
MSOP Division Policy 135-5170, "Data Request and Copy Costs"  
MSOP Division Policy 210-5058, "Vulnerable Adults"  
MSOP Division Policy 420-5110, "Reporting Maltreatment of Minors"  
MSOP Division Policy 210-5100, "Admission to the MSOP"  
MSOP Division Policy 215-5513, "MSOP-DOC Site Treatment Progression"  
MSOP Division Policy 410-5300, "Incident Reports"  
DCT Security Policy 145-1035, "Evidence Handling by Staff"  
DHS Policy 2.0 - 2.8, "DHS Privacy Policies Concerning How DHS Employees Handle Protected Information"  
45 CFR Parts 160 and 164 – Health Insurance Portability and Accountability Act (HIPAA)  
Rules of Criminal Procedure

**ATTACHMENTS:** DHS MSOP Confidentiality Agreement (135-5100a)  
Data Event Tracking Log (135-5100b)

Data Privacy Incident Report Form (DHS form)

Notice and Receipt of Secured Items (420-5250a)

Notice of Privacy Practices (DHS-6136-ENG)

**SUPERSESSION:** MSOP Division Policy 135-5100, “Confidentiality and Data Privacy,” 5/1/18.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/

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Minnesota Sex Offender Program