

**BLUE EARTH COUNTY COMMUNITY CORRECTIONS**

PO Box 3543  
Mankato, MN 56002-3543

**YOUR PRIVACY RIGHTS**

This sheet tells you about your rights under the Minnesota Government Data Privacy Act, and the Health Insurance Portability and Accountability Act of 1996. These Acts protect your privacy, but also lets us give information about you to others if a law requires it, and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with our department. Those contacts may be in person, by mail, or on the telephone. Your agent can explain any additional requirements.

**Why do we ask you for information?**

We ask you to provide information such as: your name and date of birth, social security number (so that we can specifically identify you), current address and phone number, the names of additional family members, employer, financial information, any new criminal activity, and any family, medical, personal, and chemical health history which may be appropriate in managing your case. We may use the information to prepare reports to aid the Court in determining the appropriate disposition or sentence in your case; to aid the probation officer in his/her supervision, to help you get medical, mental health, financial or social services; to do research, audit and evaluate our programs; and in litigation. If applicable, to determine a release plan for you if incarcerated; or to furnish the State of Minnesota Commissioner of Corrections with information pertinent to his/her consideration of your parole/supervised release plan.

**Do you have to answer the questions we ask?**

The Court has ordered you to cooperate fully with and follow all recommendations of the Probation Department.

**What will happen if you do not answer the questions we ask?**

The Court will be informed that you have refused to cooperate fully with the Community Corrections Department and the Court will take any necessary action, which may include violating your probation.

**What other persons or entities are authorized to receive this data?**

The information you provide may be used by Blue Earth County Corrections staff and other agencies in the criminal justice system, such as prosecutors, your defense attorney, court personnel, and other law enforcement agencies. We may verify the information which you provide to us with other appropriate agencies and we may share this information with the Blue Earth County Human Services, Public Health, other staff in the Community Corrections Department, other correctional agencies, law enforcement agencies, and the Department of Corrections as authorized by law.

**How do you appeal if you think information is not accurate or complete?**

Your objection must be in writing and sent to the Director of this agency. You must tell us why the information is not accurate or complete.

**What privacy rights do children have?**

If you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If the agency agrees with you, that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

**You have a right to copies of information we have about you.**

If we have information about you, you may ask for copies. You may have to pay for the copies. You may give other people permission to see and have copies of private data about you. If the information is unclear, you may ask to have it explained to you. You have the right to ask us to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request. You may also ask us to restrict uses or disclosures of your information. Your request must be in writing and be specific as to what information you want to restrict from being disclosed and to whom these restrictions apply.

I understand that the private and confidential information which I provide will not be made public unless, there is a child protection/truancy hearing and if any information collected from me is included in the report to the court or introduced at court, that information may become public pursuant to Rule 44 of the Minnesota Rules of Juvenile Procedure, except for the data specifically listed in Rule 44.04 of the Minnesota Rules of Juvenile Procedure.

I agree that I have been informed of and understand my rights as a subject of private and confidential data. I have been provided with a copy of this Privacy Act Statement, and I recognize that a copy will be placed in my Blue Earth County Community Corrections file as evidence of this notification.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Probationer

\_\_\_\_\_  
Agency Representative Signature

Distribution: White – agent; Canary – client