

Privacy Notice:

PERSONAL CARE PROVIDER ORGANIZATIONS
BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, section 256B.0627, requires the Minnesota Department of Human Services (DHS) to conduct background studies on all managerial officials and owners with 5% interest or more in a personal care provider organization, and all personal care assistants and other employees providing direct contact services for non-licensed personal care provider organizations. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who are found to have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Disqualification of owners and managerial officials will result in denial or termination of enrollment in the Medical Assistance program, unless the disqualification is set aside as provided in Minnesota Statutes, chapter 245C. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not found have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The

information you provide form will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

09/2003

Name - First: Middle: * Last:

Date of Birth: (mm/dd/yyyy) Age:

Gender: Male Female

MN DL#/State ID#: * (enter a letter followed by 12 numbers - don't enter dashes)

Race: * *

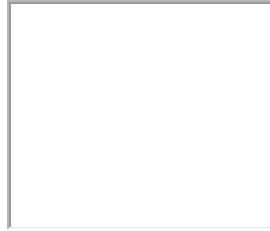
SSN: * (enter 9 numbers only - don't enter dashes)

Phone: * (enter 10 numbers only - don't enter dashes)

fields marked with an asterisk (*) are optional.

Address:

State: * City: Zip:



Other names by which subject has been known.

Alias Name Type: Alias Name:

1. First

2. First

1. Last

2. Last

3. Last

4. Last

5. Last