

**COMMUNITY OPPORTUNITIES
NOTICE OF PRIVACY PRACTICES
Effective Date – April 14, 2003
Revised June 2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is NOT an authorization. It is to explain the rules how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes the privacy of your own medical/health records and our legal duties regarding how to protect the privacy of your medical/health records that we create or receive. Generally, we are required by law to ensure that medical/health information that identifies you is kept private. We are required by law to follow the terms of the notice that are the most current and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by our agency, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the agency, and any other use required by law.

THE PRIMARY REASONS WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION ARE AS FOLLOWS:

Treatment We may use or disclose medical information about you to provide you with treatment or services. We may use/disclose your PHI to your direct-care staff and health care personnel who are involved in providing your health care on an as-needed basis. For example, your direct-care staff team members will internally discuss your medical/health information in order to develop and carry out a plan for your services. Different departments of the agency also may share medical/health information about you in order to coordinate the different things you need, such as prescriptions, medical tests, special dietary needs, temporary residential care, personal assistance, day programs, employment services, etc. We also may disclose medical/health information about you to people outside the agency who may be involved in your medical care after you leave the agency, or others we use to provide services that are involved in your care, but only the minimum necessary amount of information will be used or disclosed to carry this out.

Payment We may use and disclose medical/health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about psychiatric treatment or habilitation services you received so your insurance plan, or any applicable Medicaid or Medicare funds, will pay us for the services. We may also tell your insurance plan or other payer about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration, the Division of Employment Security, or the Department of Health and Senior Services.

Health Care Operations We may use and disclose medical/health information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use medical/health information for quality improvement to review our services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many agency consumers to decide what additional services the agency should offer or what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students and residents, and other agency personnel as listed above for review and learning purposes. We may also combine the medical/health information

we have with medical/health information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. It may also be necessary to obtain or exchange your information with the Department of Elementary and Secondary Education, the Department of Health and Senior Services, Vocational Rehabilitation, the Office of State Courts Administrator, or other Missouri state agencies or interagency initiatives, such as the Juvenile Information Governance Commission, or System of Care initiative. Or, we may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific consumers. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, avert a serious threat to health or safety, military activity and national security, protective services for the President or others, medical suitability determinations, correctional institutions and other law enforcement custodial situations/inmates, workers' compensation, and other required uses and disclosures.

Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

OTHER USES AND DISCLOSURES OF MEDICAL/HEALTH INFORMATION THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION:

We can use or disclose health information about you without your consent or authorization when:

- There is an emergency or when we are required by law to treat you;
- When we are required by law to use or disclose certain information; or
- When there are substantial communication barriers to obtaining consent from you.

WE CAN ALSO USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR CONSENT OR AUTHORIZATION FOR:

Business Associates We will share your protected health information with business associates that perform activities for us such as accounting and audits. Whenever an arrangement between our offices and a business associate involves the use or disclosure of your health information, we will have a written contract that requires the business associate to protect the privacy of your health information.

Other Permitted and Required Uses and Disclosures will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent that the agency or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS the following are statements of our rights with respect to your protected health information:

Right to Inspect and Copy (fees may apply) You, your legal guardian, or parent if minor, pursuant to your written request, have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality. To inspect and copy your medical/health information, you must submit your request in writing to this agency's Privacy Officer or designee by filling out a "Request for Access to Client's Records/Protected Health Information Form". You may be charged a fee for the costs of copying, mailing or other such costs associated with your request.

Right to Request an Amendment If you feel that medical/health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee by filling out a "Request for Amendment to Protected Health Information Form". You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Certain Disclosures This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice. It excludes disclosures we may have made to you, your legal guardian or parent –if a minor, or individuals involved in your care, or for notification purposes. Any disclosures made that did not require your authorization are not tracked. Requests must be made in writing and submitted to the agency's Privacy Officer or designee by filling out a "Request For Accounting of Disclosures of Client Protected Health Information Form". Your request must state a time period which may not go back more than six years and cannot include dates before April 14, 2003 –you may request a shorter timeframe. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, we may charge you for the cost of providing the list. We will notify you what that cost will be and give you an opportunity to withdraw or modify your request before you are charged.

Right to Request Restrictions You have the right to request a restriction or limitation on the medical/health information we use or disclose about you. ***We are not required to agree to your request.*** If we agree to your request the restriction will not be applicable to any information that had already been released. For example, you could ask that we not use or disclose information about your family history to a particular community provider. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions on the use or disclosure of your medical/health information you must make your request in writing to the agency's Privacy Officer or designee by filling out a "Request To Restrict Protected Health Information Form". In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications,

you must make your request in writing to the agency's Privacy Officer or designee. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to Receive Notice of a Breach We will notify you if your protected health information has been breached.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time by contacting the agency's Privacy Officer or designee.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We may make the revised notice effective for medical/health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, on the top of the page, the effective date. In addition, each time you register at or are admitted or apply for services to the agency for treatment or services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with the agency Privacy Officer **Angela V. Hager, P.O. Box 420 Troy, MO 63379, (636) 462-7695 ext. 101**. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.**

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You may call them at 877.696.6775 or write to them at 200 Independence Ave. S.W., Washington, DC, 20201. You may also file a complaint with the Office of Civil Rights by calling 866-OCR-PRIV (866.627.7748), or 886.788.4989 TTY.

OTHER USES OR DISCLOSURES OF MEDICAL/HEALTH INFORMATION

The examples of permitted uses and disclosures listed herein are not provided as an all-inclusive list of uses and disclosures that may be made. They are provided to describe in general uses and disclosures that may be made of your personal health information. There will be certain circumstances when uses or disclosures will require your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.