



Please have the client/consumer complete this cover sheet, and then tear off this cover sheet and file it in the client/consumer's client record.

I, _____ (have client/consumer write name, or request staff assistance to do so), hereby acknowledge that I have received this Notice of Privacy Practices, with an effective date of April 14, 2003.

**CLIENT/CONSUMER SIGNATURE OR
LEGAL GUARDIAN SIGNATURE OR
PARENT OF MINOR CHILD SIGNATURE**

_____ **DATE**

**NOTICE EFFECTIVE DATE:
APRIL 14, 2003**



Effective Date-4/14/2003

Notice of Privacy Practices

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 to explain the rules around the privacy of your own medical/health records and our legal duties on 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.

This notice will explain:

- How we may use and disclose your medical/health information
- Our obligations related to the use and disclosure of your medical/health information and
- Your rights related to any medical/health information that we have about you.

This notice applies to the medical/health client records that are generated in or by this agency/facility. The terms “medical” and “medical/health” in this Notice means information about your physical or mental condition which makes you eligible for our services, or which arise while we are serving you. For example, this may include psychological tests, psychiatric assessments or medical or social assessments.

We may obtain, but we are not required to, your consent for the use and disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. We have listed some of the types of uses or disclosures below. Not every possible use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories.

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at the agency/facility about any of the information contained in this Notice of Privacy Practices, the contact person is the Privacy Officer or designee:

Rachel Neukirch
Director of Programs
1167 Corporate Lake Dr., St Louis, MO, 63132
(314) 968-2350 Ext. 223

In addition to agency/facility departments, employees, staff and other agency/facility personnel, the following people will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical/health client record
- Any member of a volunteer group that we allow to help you while you are in the agency/facility
- All providers that Children’s Home Society of Missouri contracts with to provide services to our clients/consumers (which defines what we mean by “organized health care arrangement”)

These other individuals or providers are considered part of Children’s Home Society’s “Organized Health Care Arrangement” and should follow the terms of this Notice of Privacy Practices.

In addition, individuals and providers who are in the Organized Health Care Arrangement may share medical information with each other about CHS clients/consumers they serve in common for the purpose of treatment, payment or health care operations as those terms are described later in this Notice of Privacy Practices. These other individuals and providers who are in the Organized Health Care Arrangement are included throughout this document whenever we use the term “agency/facility.”



HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical/health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of those categories.

Use and Disclosure of Medical Information

We can use or disclose medical information about you regarding your treatment, payment for services, or for agency/facility operations, and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

Treatment We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to qualified mental health professionals, qualified mental retardation professionals or QMRPs; or to qualified counselors; or, technicians, medical students or residents, or other agency/facility personnel, volunteers or interns who are involved in providing services for you at the agency/facility, or interpreters needed in order to make your treatment/services accessible to you. For example, your Support Plan 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/facility 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, respite care, personal assistance, school programs, etc. We may also disclose medical/health information about you to people outside the agency/facility who may be involved in your medical care after you leave the agency/facility, such as your organized health care arrangement members or others we use to provide services that are part of 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 at the agency/facility 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 with information about treatment or habilitation services you received at the agency/facility so your insurance plan, or any applicable Medicaid 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 Social Services.

Health Care Operations We may use and disclose medical/health information about you for agency/facility operations. These uses and disclosures are necessary to run the agency/facility and make sure that all of our clients/consumers receive quality care. For example, we may use medical/health information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many agency/facility clients/consumers to decide what additional services the agency/facility should offer, what services are not needed, and whether certain new treatments or services are effective. We may also disclose information to doctors, nurses, technicians, medical students and residents, and other agency/facility 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 programs/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, local school districts, the Department of Social 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 clients/consumers. This may be in the form of providing information to our regional advisory councils or state advisory councils or planning councils.

Uses and Disclosure 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
- We are required by law to use or disclose certain information
- 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:



Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at the agency/facility.

Treatment/Service Alternatives and Health-Related Benefits and Services We may use and disclose medical information to tell you about or recommend possible treatment/service options or alternatives or health-related benefits or services that may be of interest to you.

Individuals Involved in Disaster Relief Should a disaster occur, we may disclose medical information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research Under certain circumstances, we may use and disclose medical/health information about you for research purposes when a waiver of authorization has been approved by the Vice President/Director of Operations. *For example, a research project may involve comparing the health and recovery of all clients/consumers who received one medication to those who received another for the same condition.* All research projects, however, are subject to a special approval process under Missouri law. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients'/consumers' need for privacy of their medical/health information. Before we use or disclose medical/health information for research, the project will have been approved through this research approval process. We may, however, disclose medical/health information about you to people *preparing* to conduct a research project, for example, to help them look for clients/consumers with specific medical needs, so long as the medical information they review does not leave the agency/facility. We may also use or disclose your health information without your consent when disclosing information related to a research project when a waiver of authorization has been approved by the Professional Review Committee or a university sponsored Institutional Review Board.

As Required By Law We will disclose medical/health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety We may use and disclose medical/health information about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person. However, any such disclosure would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation If you are an organ donor, we may release medical/health information to organizations that handle organ procurement or organ, eye or tissue transplantation to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans If you are a member of the armed force, we may release medical/health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation When disclosure is necessary to comply with Workers' Compensation laws or purposes, we may release medical/health information about you for workers' compensation or similar program. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose medical/health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a client/consumer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities We may disclose medical/health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or dispute, we may disclose medical/health information about you in response to a court or administrative order.



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Law Enforcement We may release medical/health information if asked to do so by a law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting confidentiality of drug and alcohol abuse treatment records), a court order is required. We may also release limited medical/health information to law enforcement in the following situations: (1) about a client/consumer who may be a victim of a crime if, under certain limited circumstance, we are unable to obtain the client's/consumer's agreement; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct at the agency/facility; (4) about a client/consumer where a client/consumer commits or threatens to commit a crime on the premises or against program staff (in which case we may release the client's/consumer's name, address, and last known whereabouts); (5) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime; and (6) when the consumer is a forensic client and we are required to share with law enforcement by Missouri statute.

Coroners, Medical Examiners and Funeral Directors We may release medical/health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/health information about clients/consumers of the agency/facility to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others We may disclose medical information about you to authorized federal officials so they may conduct special investigations to provide protection to the President and other authorized persons or foreign heads of state.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/health information about you to the correctional institution or law enforcement official if the release is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy You have a right to inspect and copy your medical/health information *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. To inspect and copy your medical/health information, you must submit your request in writing to this agency's/facility's Privacy Officer or designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your medical/health information because of a threat or harm issue, you may request the denial be reviewed. Another licensed health care professional chosen by the agency/facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

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/facility. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee. 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/facility
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures," a list of the disclosures made by the agency/facility of your medical/health information. To request an accounting of disclosures, you must submit your request in writing to this agency's/facility's Privacy Officer or designee. Your request must state a time period which may not go back more than six years and cannot include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list 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 the cost will be and give you an opportunity to withdraw or modify your request before you are charged. There are some disclosures that we do not have to track. For example, when you give us an authorization to disclose some information, we do not have to track that disclosure.



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 for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about your family history to a particular community provider. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction on the use or disclosure of your medical/health information for treatment, payment or health care operations, you must make your request in writing to the agency's/facility's Privacy Officer or designee. 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/facility'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 a Paper Copy of This Notice You have a 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/facility's Privacy Officer or designee. You may also obtain a copy of this notice at our website, www.chsmo.org.

If you wish to exercise any of these rights, please contact:

Rachel Neukirch
Director of Programs
1167 Corporate Lake Drive, St. Louis, MO 63132, (314) 968-2350 Ext. 223

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/facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted or apply for services to the agency/facility for treatment or services, we will offer you a copy of the current notice in effect. If you want to request any revised Notice of Privacy Practice, you may access it at our website, www.chsmo.org.

COMPLAINTS

To file a complaint with the agency/facility, contact the Privacy Officer or Designee, at the following address and telephone number:

Rachel Neukirch
Director of Programs
1167 Corporate Lake Drive, St. Louis, MO 63132
(314) 968-2350 Ext. 223

If you believe your privacy rights have been violated,

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

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OR DISCLOSURES OF MEDICAL/HEALTH INFORMATION

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without 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 disclosure that we have made pursuant to your previous authorization.