



NOTICE OF PRIVACY PRACTICES & CONFIDENTIALITY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

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

Health information which we receive and/or create about you, personally, in this organization, relating to your past, present, or future health, treatment, or payment for health care services is 'protected health information' under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164. Your health information is further protected by any pertinent state law that is more protective or stringent than this Federal law (including 42 CFR Part 2 if participating in a Qualified Substance Use Disorder Organization program). This notice describes how we protect personal health information (otherwise referred to as "protected health information") we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise these rights. All agency health care professionals, departments, volunteers, employees, staff, and personnel will comply with and follow this Notice.

USES AND DISCLOSURES THAT MAY BE MADE OF YOUR HEALTH INFORMATION:

Treatment or Internal Communications: Your protected health information will be used to provide you with health treatment and services. We may disclose health information about you to doctors, nurses, technicians, health care students, clergy, or other others involved in your care. For example: Two or more providers within the same program may consult with each other regarding your best course of treatment and share information with additional team members. We may also use your health information to tell you about or recommend possible treatment options, alternative services, health-related benefits, or health education classes that may benefit or be of interest to you.

Payment: We may use and disclose health information about you so that the treatment and services you receive at the Organization may be billed to and payment may be collected from an insurance company, other entities, or you. For example, we may need to give your health plan information about services you received from the Organization so your health plan will pay us or reimburse you for the services.

For Organizational Operations: We may use and disclose health information about you for Organizational operations, including disclosures necessary to run the Organization and make sure that all served receive quality care. For example, we may use health information to review our treatment and services, and to evaluate the performance of our staff in serving you. We may also disclose information to doctors, nurses, technicians, health care students, and other Organizational personnel for review and learning purposes.

Specific Situations:

- **Appointment Reminders:** This program reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.
- **Qualified Service Organizations and / or Business Associates:** Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations and / or business associates, outside of this program, that assist our program in providing health care. Examples of qualified service organizations and / or business associates including billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and / or business associates to follow the same standards held by this program through terms detailed in written agreement.
- **Medical Emergencies:** Your health information may be disclosed to medical personnel in a medical emergency, when there is immediate threat to the health or safety of you, or of another individual, and when immediate medical intervention is necessary.

- **Public Health & Safety Issues:** We may disclose health information for public activities. For example, to prevent or control disease, injury or disability; to report births and deaths; to report reactions to medications or problems with products; to notify people of recall of products they may be using; to notify a person who has been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence.
- **To Researchers:** Under certain circumstances, this office may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one test or treatment to those who received another, for the same condition. All research projects, however, must be approved by an Institutional Review Board, or other privacy review board as permitted with the regulations, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We will ask your permission if the researcher will have access to your name, address, or other information that reveals who you are.
- **To Auditors and Evaluators for Health Oversight Activities:** This program may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor programs to ensure program compliance with regulatory mandates and proper accounting for and disbursing funds received. For example, this includes audits, investigations, inspections, and licensure.
- **Reporting Suspected Child Abuse and Neglect:** This program may report suspected child abuse or neglect as mandated by state law.
- **As Required By Law:** This program will disclose protected health information as required by federal, state, or local law, when necessary.
- **Judicial or Administrative Proceedings:** We may release health information in response to a court order or administrative agency, provided that we disclose only the information specifically authorized by the order. We may also release health information in response to a subpoena, warrant, summons, or similar lawful process that is not accompanied by a court order so long as reasonable efforts have been made to ensure that you have been notified of the request.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person. Under limited circumstances, we can also release information about a victim of a crime even if we are unable to obtain the person's agreement. Other examples of law enforcement related situations include a death we may believe may be the result of criminal conduct, criminal conduct at the agency, and in emergency situations to report a crime.
- **Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Coroner or Health Examiner or Funeral Director:** We may release health information to coroner or health examiner in order to identify a deceased person or determine the cause of death. Another example is to release health information to a funeral director as necessary to carry out their duties.
- **Worker's Compensation and Specialized Government Functions:** We may release health information about you for worker's compensation or similar programs. Other examples of government functions are to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law; federal officials so they may provide protection to the President, other persons, or foreign heads of state; and military services.
- **Correctional Institutions and Law Enforcement Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to them. This would be necessary for the institution to provide health care, to protect the health and safety of you and others, or for the safety and security of the correctional institution. This does not apply to you when you are released on parole, probation, supervised release, or otherwise no longer in custody.

Other Uses and Disclosures of Protected Health Information: Other uses and disclosures of protected health information not covered by this notice will be made only with your written authorization or that of your legal representative. If you or your legal representatives authorize us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already taken action relying on the authorization. This revocation must be in writing.

Substance Use Disorder Program Information: We follow special protections and considerations regarding your protected health information if you are participating in a "Part 2" substance disorder program:

- Generally, the program may not say to a person outside the program that you attend the program, or disclose any information identifying you as receiving treatment or services for substance use disorder, or use or disclose any other protected health information, except in limited circumstances as permitted by Federal Laws.
- Substance Use Disorder information cannot be used to investigate or prosecute you without consent or court order. This is a unique kind of court order in which certain application procedures will be taken to protect your identity, and in which the court makes special determinations as outlined in the Federal regulations and limits the scope of the disclosure.
- When protected health information is disclosed to law enforcement, the information is limited and applies to situations when you commit or threaten to commit a crime on the program premises or against program personnel.

Domestic Violence Services Information: We follow special protections and considerations regarding your protected health information if you are participating in services that provide shelter for victims domestic violence. Except under limited circumstances:

- We do not disclose that you are being served by the shelter, or about services provided to you.
- We do not disclose your whereabouts.
- We do not produce confidential records for depositions or court proceedings.
- We do not testify concerning any confidential information unless this requirement is waived in writing by you after being fully informed of the consequences.

Prohibition Regarding Reproductive Healthcare Information: We are prohibited from using or disclosing protected health information for any of the following activities:

1. To conduct a criminal, civil, or administrative investigation into you for the mere act of seeking, obtaining, providing, or facilitating reproductive health care;
2. To impose criminal, civil, or administrative liability on you for the mere act of seeking, obtaining, providing, or facilitating reproductive health care;
3. To identify you for any purpose outlined directly above.

If we receive a request to use or disclose your protected health information related to reproductive healthcare for health oversight activities, judicial and administrative proceedings, law enforcement purposes, or about someone who has died, we will not release the information unless we obtain a signed document from the person requesting the information which states that the information will not be used or disclosed for any of the 3 prohibited purposes outlined directly above.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION WE MAINTAIN ABOUT YOU:

Right to Inspect and Copy: In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you within 30 days of your request. To inspect and copy your protected health information, you must submit your request in writing to this office. In order to receive a copy of your protected health information, you may be charged a fee for the photocopying, mailing, or other costs associated with your request. In some very limited circumstances we may, as authorized by law, deny your request to inspect and obtain a copy of your protected health information. You will be notified

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Right to Amend Your Protected Health Information: If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

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

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and / or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosure of the protected health information at issue.

Right to an Accounting of Disclosures: You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations without our program or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosure. The time period may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12- month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on protected health information we are permitted to use or disclose about you for treatment, payment or health care operations. While we will consider your request, **we are not required to agree with it.** If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health. Restrictions can include a limit on the health information we disclose about you to someone who is involved in your care or payment of your care, like a family member or friend.

Right to Request Confidential Communications: You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this office, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with this office or with the U.S. Department of Health and Human Services Civil Rights by letter 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file complaint with this office, please contact the Senior Program Director at (314) 533-1313. You will not be penalized or otherwise retaliated against for filing a complaint. If you have questions as to how to file a complaint please contact us at the above address or telephone number.

Right to Choose Someone to Act For You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that the person has this authority and can act for you before we take any action.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Privacy Notice at any time, even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this Privacy Notice by requesting a copy from any member of our Agency staff, and we will provide you with a paper copy promptly.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- **Share information with your family, close friends, or others involved in your care**
- **Share information in a disaster relief situation**
- **Include your information in a hospital directory**

If you are not able to tell us your preference (for example if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- **Marketing purposes**
- **Sale of your information**
- **Most sharing of psychotherapy notes**

In the case of fundraising:

- **We may contact you for fundraising efforts, but you can tell us not to contact you again.**

OUR RESPONSIBILITIES:

This office is required to:

- **Maintain the privacy and security of your protected health information;**
- **Not share your information other than as described here unless you tell us in writing that we can;**
- **Abide by the terms of this Notice while it is in effect; and**
- **Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**

This office reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all protected health information that we maintain. In the event changes are made, the new notice will be available upon request, in our office, and on our website.

To Receive Additional Information:

For further explanation of this Notice you may contact:

Senior Program Director
P.O. Box 4950
St. Louis MO 63108
(314) 533-1313

Availability of Notice of Privacy Practices:

This Notice will be posted where registration occurs. You have a right to receive a copy of this Notice, and all individuals receiving care will be given a hard copy.

Effective Date: February 2025