



NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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

If you have any questions about this Notice, please contact the Privacy Officer at:
636-391-9966 x12

WHO WILL FOLLOW THIS NOTICE

This Notice describes our Agency's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All departments and units of the Agency.
- Any member of a volunteer group we allow to help you while you are receiving services from the Agency.
- All employees, staff and other Agency personnel, including personnel within other agencies of the Catholic Charities' Federation with whom we may share information.
- All these programs, sites and locations will follow the terms of this Notice. In addition, these programs, sites and locations may share health information with each other for treatment, payment or agency operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at the agency. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Agency, whether made by Agency personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose health information

about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose 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 the categories.

➤ **For Treatment.** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved your care. For example, an individual comes to the Agency to deal with a specific mental health issue. An intake worker may take some basic intake and assessment information, which would then be shared with a supervisor. Based on the preliminary assessment information, the supervisor will assign the case to a treatment professional and share existing information. The treatment professional in the process of developing a treatment plan, will gather additional information. This information may be shared with additional team members who are a part of your treatment team. Upon your discharge, the information may also be shared with those responsible for any aftercare services.

➤ **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Agency may be billed to and payment may

be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received from the Agency so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Agency Operations.** We may use and disclose 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 health information to review our treatment and services and to evaluate the performance of our staff in caring for you or we or our designee may send you a patient satisfaction survey. We may also combine health information about many clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. **We may also disclose information to doctors, nurses, technicians, health care students, and other Agency personnel for review and learning purposes.** We may also combine the health information we have with health information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or other services at the Agency.
- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternative services that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose health information

to tell you about health-related benefits, services, or health education classes that may be of interest to you.

- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for the Agency and its operations. We may disclose information to a foundation related to the Agency so that the foundation may contact you in raising money for the Agency. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the Agency. If you do not want the Agency to contact you for fundraising efforts, you must notify our Privacy Officer in writing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Agency.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

- **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.

- **Military and Veterans**. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation**. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks (Health and Safety to you and/or others)**. We may disclose health information about you for public health activities. We may use and disclose health information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. 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 patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.
- **Health Oversight Activities**. We may disclose 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 a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement**. We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Health Examiners and Funeral Directors**. We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients of the Agency to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release health 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 health information about you to authorized federal officials so they may provide protection to the President, 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 health information about you to the correctional institution or law enforcement official. This release would be 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.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make

decisions about your care. Usually, this includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit this request in writing to the Client Records Department at

_____.

If you request a copy of the information, we will 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 very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional chosen by the Agency 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 Amend.** If you feel that 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.

To request an amendment, your request must be made in writing and submitted to the Director of Client Records. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support 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 health 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 Disclosures.**

You have the right to request an "accounting of disclosures" under certain circumstances. This is a list of the disclosures we made of health information about you to others and which we are required to provide to you.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Client Records. Your request must state a time period which may not be longer than six years and may not 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 you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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 the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- ***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 restrictions, you must make your request in writing to the Director of Client Records. 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 health 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 communication, you must make your request in writing to the Director of Client Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to a Paper Copy of This Notice.**

You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this Privacy Notice at any time by requesting a copy from any member of our Agency staff.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for 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 at the Agency and on its website if it maintains a website. The Notice will contain on the first page, in the top right-hand corner, the effective date. Any time you would like another copy of the Agency's Privacy Notice, you are entitled to such Notice in paper form.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer at the Agency. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**