

NOTICE OF PRIVACY PRACTICES- Effective January 1, 2016

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. Protecting your confidential health information is important to us.

As mandated by Federal and State legal requirements, your¹ Protected Health Information (PHI) must be kept confidential. As part of these regulations, we are required to ensure you are aware of our privacy policies and legal duties and your rights to your PHI. We are also required to notify you if there is a breach of your unsecured PHI. This notice of privacy practices, outlined below, will be in effect for the duration of our operation and must be followed by our agency. This notice will be in effect until it is replaced.

This Notice describes your rights as our client and our obligations regarding the use and disclosure of your PHI. We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all PHI that we maintain, including PHI we created or received before the changes were made. Changing this notice will precede all significant modifications. Copies of this notice are available at your request. A copy of the current notice is posted in the waiting area of CPS-CBH and on our website (<http://www.umsl.edu/services/cps/>).

Each time you visit CPS-CBH, a record of the visit is made. This record typically contains information regarding symptoms, observations, assessments (including test results and diagnoses), plans for future treatment, and billing information.

We will use and communicate your PHI for the following purposes only:

I. Protected Health Information Uses and Disclosures for Treatment, Payment, and Health Care Operations

Information regarding your PHI may be used and disclosed for the purpose of treatment, payment, and other health care operations. Examples cited below further explain the use and disclosure process.

Treatment: We may use and disclose your PHI to provide you with the best treatment and services possible. This may include administrative and clinical office procedures within our agency and coordination with other service providers, such as clinical supervision or case consultation. We may use your PHI to assist you with appointment reminders in the form of voicemail messages or letters.

Obtaining Payment: We may use and disclose your PHI so that the treatment and services you receive at our agency may be billed to and payment may be collected from you, an insurance company, or another party.

Health Care Operations: We may use and disclose your PHI in relation with our health care processes. These processes include quality assessment and improvement activities and business-related matters such as audits and administrative services.

II. Uses and Disclosures Requiring Authorization

Most of the time, we will need your written authorization for use and disclosure of your PHI. Also, you may choose to revoke your written permission at any time. The revocation must be in writing and directed to Privacy Officer. If you revoke your written authorization, it will not affect any use or disclosure prior to the receipt of the revocation.

We will ask for your *written* authorization for us to use or disclose your PHI:

- If the CPS-CBH refers you to another health care provider (such as a physician). We will ask you to authorize our sending your PHI to them so that they have the information needed to provide appropriate care.
- If you ask the CPS-CBH to disclose your PHI to third parties, including other health care or educational professionals.

¹ For the purposes of this Notice, “you/your” refer either to you personally or to your minor child for whom you are seeking services

III. Uses and Disclosures Without Your Authorization

CPS-CBH may use or disclose PHI without your consent or authorization in the following circumstances:

Where Required by Law — We may disclose PHI where required by applicable law; for example:

Child Abuse — If CPS-CBH staff have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if CPS-CBH staff observe a child being subjected to conditions that would reasonably result in abuse or neglect, CPS-CBH staff must immediately report such information to the Missouri Children's Division. CPS-CBH staff must also report suspected sexual abuse or molestation of a child under 18 years of age to the Children's Division. CPS-CBH staff may also report child abuse or neglect to a law enforcement agency or juvenile office.

Adult and Domestic Abuse — If CPS-CBH staff has reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, CPS-CBH staff must report such information to the Missouri Department of Social Services. "Eligible adult" means any person 60 years of age or older, or an adult with a handicap (substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.

Health Oversight Activities — State professional oversight committees (e.g., Missouri State Committee of Psychologists) may subpoena records from CPS-CBH relevant to disciplinary proceedings and investigations. Government insurers may conduct audits to determine if government programs are properly administered.

Law Enforcement — We may release PHI to a law enforcement official if required to do so by a court order, warrant, or similar process, subject to all applicable legal requirements.

Judicial and Administrative Proceedings — If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and CPS-CBH staff will not release information without written authorization from you or your representative, a court order or as required by law. The privilege may not apply when care is initiated by a third party or is court-ordered.

Serious Threat to Health or Safety — When CPS-CBH staff judge that disclosure is necessary to prevent or lessen an imminent or serious threat to your safety or that of another, CPS-CBH staff may disclose relevant PHI to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.

Workers' Compensation — If you file a worker's compensation claim, CPS-CBH staff may be required to disclose your PHI.

Research — We may use and disclose your PHI for research projects that are designed to improve the quality of the services we provide under certain circumstances.

Friends or Family Involved in Care — Typically your authorization is required to disclose PHI to friends or family members who are involved in your care. However, under certain circumstances when you are not able to agree or object to authorization, such communications may be made by authorized healthcare providers when, in their professional judgment, such disclosure is in your best interest.

Business Associates — We may disclose your PHI to certain business associates. These are third parties we hire to perform services for us. We require our business associates to protect your PHI just as we do.

IV. Your rights regarding your PHI

Right to Request Restrictions — You have the right to request restrictions on certain uses and disclosures of PHI. However, CPS-CBH is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you being seen at CPS-CBH. On your request, we will send your bills to another address.) You have the right to ask the CPS-CBH to communicate with you in a certain way or at certain locations. We will accommodate all reasonable requests. Unless we are otherwise instructed, phone

calls to you from the CPS-CBH for purposes of scheduling or canceling sessions and mailings to you for purposes of billing will be directed to the home phone number(s) and home address that you provide us. Requests for alternative modes or locations of communication must be submitted in writing. Ask the CPS-CBH Receptionist for the "Confidential Communications Request Form."

Right to Inspect and Copy – You have the right to read, review, and copy your PHI. You must submit a written request to our Privacy Officer in order to obtain a copy of your PHI. We may deny your access to PHI under certain limited circumstances, but in some cases, you may have this decision reviewed. On your request, CPS-CBH will discuss with you the details of the request and denial process. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. You have a right to read, review, and to request a copy of PHI stored in electronic medical records just as if they were stored in paper form. Clinician notes documenting or analyzing the contents of conversation during private therapy sessions (i.e., "psychotherapy notes") are maintained by the clinician separate from your medical record. Ordinarily you do not have the right to read, review or copy these psychotherapy notes.

Right to Amend — If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this agency. To make this amendment you must submit your request in writing to our Privacy Officer. You must also provide a reason for the request. We may deny your request in certain cases. You do not have the right to request amendment to psychotherapy notes.

Right to an Accounting of Disclosures – You have the right to receive an accounting of disclosures of PHI. This is a list of the disclosures we made of PHI about you to others except for purposes of treatment, payment and operations identified above, and a limited number of special circumstances including pursuant to your written authorization, for national security purposes, and to correctional institutions, and law enforcement. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not include dates six years prior to the date of your request. Your request should indicate in what form you want the list. The first list you request in a 12-month period will be free, but we may charge you for the costs of providing additional lists. 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 Restrict Disclosure to Health Insurance Plan — You have the right to ask that we not disclose your PHI to your health insurance plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law. Such restricted disclosure must pertain solely to a health care item or service for which you or someone on your behalf has paid us in full.

Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, please ask the receptionist, your therapist or examiner, or contact our Privacy Officer at (314) 516-5824.

We reserve the right to change this notice and 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 the current notice in the office and on our website (<http://www.umsi.edu/services/cps>) with its effective date.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision CPS-CBH makes about access to your records, or have other concerns about your privacy rights, you may contact the Privacy Officer of CPS-CBH at 314-516-5824. We encourage you to express any concerns you may have regarding the privacy of your PHI and ask that you please let us know of your concerns or complaints in writing. If you believe that your privacy rights have been violated and wish to file a complaint with CPS-CBH, you may send your written complaint to Privacy Officer, Community Psychological Service – Center for Behavioral Health, 12837 Flushing Meadows Drive, Suite.220, St. Louis, MO 63131. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. CPS-CBH will not retaliate against you for exercising your right to file a complaint.