

NOTICE OF PRIVACY PRACTICES – Effective May 1, 2025

**Privacy Officer, UMSL Center for Behavioral Health, 12837 Flushing Meadows Drive, Suite 220,
Town & Country, MO 63131, cbhprivacy@umsl.edu, 314-516-4357**

Your privacy matters.

This pamphlet summarizes the Privacy Practices used by the Center for Behavioral Health. Safeguarding your health information is important to us. In general, our Privacy Practices describe how, when, and why we may use and disclose your health information, as well as provide you with notice of your rights with regard to your 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 review it carefully.**

Please note that, for the purposes of this notice, “you/your” may refer either to you personally or to your minor child for whom you are seeking services.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- 1. Ask Us to Limit What We Use or Share.** You may request a restriction on how we use or disclose your health information for treatment or for operations. We are not required to agree to your request, and we may decline the request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, then you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will agree unless a law requires us to share that information.
- 2. Requesting Confidential Communications.** You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to a reasonable request.
- 3. Inspecting and Obtaining Copies of Your Health Information.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. CBH retains your physical file for 25 years. We usually provide you a copy or summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee. Ask us how to get a copy.
- 4. Requesting a Change in Your Health Information.** You may request, in writing, a change or addition to your health information if you think it is incorrect or incomplete. The law limits the types of changes that may be made, and we may not erase or delete any information in your records.
- 5. Requesting an Accounting of Disclosures of Your Health Information.** You may ask, in writing, for an accounting of the times we’ve shared your health information, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, health care operations, and other certain disclosures. We provide one accounting each year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 6. Getting a copy of the Notice of Privacy Practices.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To get a copy, please ask the receptionist, your examiner or therapist, or contact our Privacy Officer.
- 7. Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, then that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.

YOUR CHOICES

You can tell us your choices about what we share for certain health information. If you have a clear preference, tell us what you want us to do, and we will follow your instructions.

You have both the right and the choice to tell us to share information with your family, close friends, or others involved in your care. You also can tell us how to share information about you and for your care in a disaster relief situation.

We never share your information without your written permission for marketing purposes; the sale of your information; or most sharing of your psychotherapy notes.

OUR USES AND DISCLOSURES

Certain uses of your information do not require your authorization. We typically share information in the following ways:

1. **To treat and care for you.** We can use and share your health information with other professionals who are treating you.
2. **To run our organization.** We can use and share your information to run our practice, improve your care, and contact you when necessary (appointment reminders).
3. **To bill for our services.** We can use and share your information to bill and get payment for our services.
4. **To report abuse and neglect.** We are required to report suspected abuse and/or neglect of children or elders.
5. **To manage emergencies.** This includes preventing or reducing a serious threat to anyone's health or safety.
6. **To do research.** We can share your health information *that is not identifiable as belonging to you* for health research.
7. **To work with a medical examiner or coroner.** We can share health information with a coroner or medical examiner when an individual dies.
8. **To comply with the law.** We will share information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal law.
9. **To respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a court or administrative order, or in response to a subpoena, as required by law.

CBH ensures all requests for your information comply with federal, state, or local law. **We do everything we can to maintain the confidentiality and privacy of your information.** We confirm all legal procedures are followed before releasing any requested information. We will attempt to reach you to inform you of any such requests made by any individual or entity prior to disclosing the information so you may respond as appropriate. All disclosures we make are documented.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

QUESTIONS AND COMPLAINTS

We welcome an opportunity to address any questions or concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, or if you have questions, you may contact us to discuss your concern or to file a complaint. Please contact the Privacy Officer at telephone number 314-516-4357, by email at cbhprivacy@umsl.edu, or by mail: Privacy Officer, UMSL - Center for Behavioral Health, 12837 Flushing Meadows Drive, Suite 220, Town & Country, MO 63131. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, available at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. **You will not be penalized or retaliated against for filing a complaint or voicing a privacy concern.**