

**CAMDEN COUNTY SENATE BILL 40 BOARD
(d/b/a Camden Co. Developmental Disability Resources)
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.

If you have any questions about this notice, please contact our Privacy Officer.

Understanding Your Health Record/Information

Timely, accurate, and complete health information must be collected, maintained, and made available to members of your health care team so that members of the team can provide quality health care services. Typically, this record contains your diagnosis; assessment, examination, and other test results; individualized treatment plan; and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- basis for planning your care, treatment, and habilitation;
- means of communication among the many health care professionals who provide treatment;
- legal document describing the care you have received;
- means by which you or a third party can verify that services billed were actually provided;
- a tool in educating health care professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing;
- a tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where, and why others may access your health information;
- make more informative decisions when authorizing disclosures to others.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- obtain a paper copy of the Notice of Privacy Practices upon request;
- inspect and copy your health record as provided for in 45 CFR 164.524;
- amend your health record as provided in 45 CFR 164.528;
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Camden County Senate Bill 40 is required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us with.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information Or To Report A Problem

If you have questions and would like additional information, you may contact our Privacy Officer at (573) 317-9233. If you believe your privacy rights have been violated by our agency, you may file a complaint with us by notifying our Privacy Officer or by filing a complaint with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Examples Of Disclosures For Treatment, Payment, and Health Care Operations

We will use your health information for treatment.

For example, we will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will use and disclose your protected health information to plan, prepare, and develop your initial and annual Person Centered Plan meeting. This would also include the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a day program that provides care to you; an employment program where you receive services; or a transportation provider that is transporting you. We would also disclose protected health information to physicians who may be treating you when we have the necessary permission from you.

We will use your health information for payment.

For example, your protected health information will be used, as needed, to obtain payment for your health care services. This may include verifying eligibility for coverage from Medicaid/Medicare, First Steps, state funds, etc.; reviewing services provided to you for necessity; preparing for budget decisions.

We will use your health information for regular health operations.

For example, we may use or disclose, as needed, your protected health information in order to carry out business activities. These activities include, but are not limited to, quality assessment;

training of staff; licensing; marketing and fundraising activities; and conducting or arranging for other business activities.

We may disclose your protected health information by using your name and address to mail correspondence and quality assessment surveys. We may use or disclose your protected health information when participating in licensing or accreditation activities.

Other Uses Or Disclosures

- **Business Associates:** We may share your protected health information with third party "business associates" that perform various activities (e.g. Billing, computer maintenance, and consultants). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
- **Facility Directories:** Unless you object, we will use and disclose in our facility directories, the location (s) at which you are receiving care and your condition, in general terms.
- **Others Involved In Your Health Care:** Unless you object, we will disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death.
- **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 facility.
- **Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose medical information to tell you about or recommend possible treatment 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 Institutional Review Board, or Privacy Committee.
- **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.
- **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a

victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable state and federal laws.

- **Marketing/Fundraising:** We may contact you as part of a fundraising effort and we may use or disclose your protected health information as necessary to provide you with information about services that may be of interest to you. We may use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our agency and the services we provide. We may also send you information about services we believe may be beneficial to you.
- **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 programs. 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 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 a dispute, we may disclose medical/health information about you in response to a court or administrative order.
- **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 the 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 consumer who may be a victim of a crime if, under certain limited circumstances, we are unable to obtain the consumer's agreement; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct at the facility; (4) about a consumer where a consumer commits or threatens to commit a crime on the premises or against program staff (in which case we may release the 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 consumers of a 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 or provide protection to the President and other authorized persons or foreign heads of state.

This notice has an effective date of March 1, 2006