



## 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.**

CMHS, Inc. is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

CMHS, Inc. is required to abide by the terms of the notice currently in effect; and

CMHS, Inc. reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains and provide all individuals with the revised notice either by mail or in person.

Complaints: Individuals may request further information or make a complaint of any alleged violations of privacy rights to the Privacy Officer at CMHS, Inc. 254-3652 or file a complaint in writing and within 180 days of occurrence to the Secretary of DHHS, Office of Civil Rights, Washington, D.C. 20201. Individuals will not be retaliated against for filing a complaint.

Uses and disclosures with consent: Protected health information (PHI) **may** be disclosed as authorized by you, the client/resident. Only information requested on the written authorization will be disclosed unless limited by law. This includes the following:

- Other healthcare facilities responsible for providing health care services to you. e.g. your primary care physician.
- Insurance carriers for the purpose of reimbursement
- Attorney
- Employers
- School referrals
- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Disclosures regarding the sale of PHI

Uses and disclosures without consent: PHI **shall** be disclosed upon request to:

- The parent of a minor client or resident (exception minor requesting drug or alcohol services)
- The guardian or other person having legal custody of same

*Please continue reading*

## NOTICE ON USE AND DISCLOSURE OF PHI

- The attorney of a client/resident who is a ward of the juvenile court, an alleged incompetent person as evidenced by court orders of an attorney's appointment.
- The courts upon receipt of an official court order
- The appropriate local authorities of a threat of harm to self or others
- Government agencies for purpose of audits, licensure, etc.
- MO Advocacy agency authorized to protect the rights of persons with a mental illness.
- Medicare and Medicaid recipients as authorized by Federal law
- Worker's Compensation claims (MO law)
- Public Health Laws pertaining to certain vital statistics, public health safety
- Internal Revenue audits by qualified personnel
- Medical personnel in a life-threatening situation
- Other uses and disclosures will occur after prior authorization.

**NOTE: Federal law and regulations do NOT protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.**

**Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.**

*See 42USC 290dd-3 and 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations. Also 9 CSR 40-2.035 (6) (State)*

CMHS participates in Health Information Exchange (HIE). This technology allows a provider or health plan to make a single request to the HIE to obtain electronic health records for a specific individual from other health care providers who have an established treatment relationship with you and for purposes of treatment, payment or health care operations. We may use or disclose your information with these other providers through the HIE. The HIE is required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE, you may permit authorized individuals to access your electronic health information. If you chose this option, you do not have to do anything.

Second, you may restrict access to all of your information. If you wish to restrict access, you must contact the CMHS Medical Records Supervisor (Health Information Supervisor) and ask to complete the appropriate form. You cannot restrict access to certain information only; you only have the choice to permit or restrict access to all of your information to any other provider.

**Your Rights:** Federal law 45 CFR Parts 160 and 164 give you the right to privacy of your personal health information maintained by CMHS, Inc., with some exceptions mandated by law. You may exercise your rights as follows:

- Request restrictions on certain uses and disclosures of PHI, however, CMHS is not required to agree to a requested restriction.
- Inspect and copy PHI
- Amend PHI
- Receive an acknowledgement of disclosures of PHI
- To prevent disclosure of PHI to insurance companies on healthcare plans, you may pay the full rate for all services rendered .
- To obtain a paper copy of this Notice, upon request, if you agreed to receive the notice electronically.