

## NOTICE OF PRIVACY PRACTICES



### **Our Responsibilities.** **Your Information.** **Your Rights.**

**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.**

#### **Our Responsibilities**

This Notice of Privacy Practices (“Notice”) explains how Impact Support Services (the “Organization”) will use information about you and when the Organization can share that information with others. We are required by law to maintain the privacy of your protected health information (PHI). We are also required by law to give you this notice of our legal duties and privacy practices regarding your health information. We are required to notify you if there is a breach of your unsecured PHI. We are required to follow the terms of the current Notice. It informs you about your rights as a valued customer.

**To opt out of provisions in this notice by notifying the Privacy Officer at (573) 474-9446.**

#### **Who will follow this notice?**

- All Organizational employees, temporary or contract staff, students, and volunteers.

#### **Your Information – Understanding your PHI**

Each time you visit or interact with the Organization, a record of your visit/services is made. Typically, this record contains information about your services, your condition, progress on your goals and objectives, and additional information relevant to your service plan(s). This information serves as a:

- Basis for planning your care and services.
- Means of communication among the individuals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating your service team.
- Source of data for research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the services we render and the outcomes we achieve.

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

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your PHI.
- Make more informed decisions when authorizing disclosure to others.

## Your Rights

**When it comes to your health information, you have certain rights.** Although your PHI is the physical property of the Organization, the information belongs to you. If you wish to exercise any of these rights, please contact the Privacy Officer at (573) 474-9446.

### You have the right to:

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#### Get a copy of this privacy notice

- You can request a paper copy of this notice at any time.
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#### Get an electronic or paper copy of your record

- You can inspect and obtain a paper or electronic copy of your PHI usually within 30 days of your written request, which should be submitted to your Program Director. If your PHI is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document. We may charge you a reasonable cost-based fee for the labor associated with providing you with access.
  - If we deny your request to review or obtain a copy of your PHI, you may have the right to have that denial reviewed by a licensed healthcare provider designated by us who was not directly involved in the denial of your request, and we will comply with the outcome of that review.
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#### Ask us to correct your records

- You can request an amendment (correction) to your PHI if you believe information is incorrect or incomplete. Your request to amend your PHI may be denied if it was not created by us; if it is not part of the information maintained by us; or if we determine that the information is correct or would not be available for you to inspect or copy. You may submit a written appeal if you disagree. Your request for amendment will be included as a part of your PHI.
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#### Request confidential communications

- You can request communications of your PHI by alternative means or at alternative locations. For example, you may request that we send correspondence to a post office box rather than your home address.
  - You have the right to request that your PHI be given to you in a confidential manner.
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#### Ask us to limit what we use or share

- You can request a restriction on certain uses and disclosures of your information; however, the Organization is not required to agree to such a request if the facts do not warrant it.
  - You can revoke your authorization to use or disclose PHI except to the extent that action has already been taken.
  - Please note when your medical record is released by the Organization, any pictures contained in the record may also be included.
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<b>Get a list of those with whom we've disclosed information</b>	<ul style="list-style-type: none"> <li>You can obtain a list (an accounting of disclosures) of outside entities with whom we have disclosed your PHI to without your authorization for six years prior to the date you asked and why, subject to certain exceptions set out in federal regulations. The first list you request in a 12-month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>If you believe that your privacy rights may have been violated, you may contact our Privacy Officer by using the contact information on page one of this notice.</li> <li>You may file a complaint with the United States Secretary of Health and Human Services, by sending your complaint to them in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <a href="http://www.hhs.gov/ocr">http://www.hhs.gov/ocr</a></li> <li>If you are receiving services through the Missouri Department of Mental Health, you may contact and file a complaint with the Office of Constituent Services. You may do so online at <a href="http://dmh.mo.gov/constituentservices/index.htm">http://dmh.mo.gov/constituentservices/index.htm</a> or toll free at 800-364-9687. You may also write to the Department of Mental Health and PO Box 687, Jefferson City, MO 65102.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

## Our Uses and Disclosures

<b>Treatment</b>	<p><b>Example:</b> Information obtained by a member of your program team will be recorded in your record and used to manage your care and related services by both us and other health care providers. Members of your team will record the actions they took, their observations, and their assessments. This will help your team know how you are responding to services. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another provider and as part of the referral share medical information about you with that provider. When we work with your medical team, we also will contact that physician's office and provide medical information about you to them, so they have information they need to provide services for you.</p>
<b>Health care operations</b>	<p><b>Example:</b> We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate Impact Support Services (the Organization) and to maintain quality for the individuals for whom we provide supports and services. For example, we may use medical information about you to review the services we provide and the performance of our employees supporting you. We may disclose medical information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.</p>
<b>Payment</b>	<p><b>Example:</b> We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing a third-party payor or other state agency, or your insurance company. For example, we may need to provide the state Medicaid program with information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.</p>

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**Uses and Disclosures continued**

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**Communication**

- Facilitating communication with individuals and members of their support team is a high priority at the Organization. To support communication the Organization may utilize a variety of communication methods including phone calls, text messages, or emails. While the Organization has implemented internal safeguards to protect personal information, communications sent via unencrypted email or text message or over an open network are inherently unsecure, and there is no assurance of confidentiality of information communicated in this manner. We encourage all users to take steps to keep personal information safe by not disclosing or sharing passwords and by taking precautions in maintaining the security of your personal accounts. Impact Support Services shall have no responsibility for unauthorized access to your personal email accounts, phone accounts or other electronic accounts and/or automatic forwarding of messages and/or viruses.
- You have the absolute right to opt-out of receiving information through email, phone, voicemail, text messaging, or other means. Deciding to opt-out shall have no impact on your ability to receive services from the Organization. To opt-out, contact our Privacy Officer by using the contact on page one of this notice, who will assist you in completing an Opt-Out form.

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**As required by law**

- When required to do so by applicable law.

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**Prevent a serious threat to health or safety**

- We can share health information about you to prevent a serious threat to your health and safety or the health and safety of others.
- For public health activities such as prevention or control of disease. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug Administration regulated product or activity.
- We may disclose your health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence.

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**Individuals involved in your care**

- We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us.
- If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify your Program Director or tell our staff member who is providing care to you.

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**Law enforcement**

- We may disclose limited health information for law enforcement purposes to identify or locate a victim, suspect, fugitive or material witness, a missing person, or for reporting a crime that occurred on our property or that may have caused a need for emergency services.
- As otherwise permitted by law.

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**Decedents**

- Health records for patients deceased 50 or more years ago are no longer considered PHI.

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**Genetic information**

- Genetic information is considered PHI, which may be disclosed without authorization, but cannot be used by health plans for underwriting purposes.
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**Uses and Disclosures continued**

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<b>Military and veterans</b>	<ul style="list-style-type: none"><li>• If you are a member of the armed forces, we may disclose information as required by military command authority.</li></ul>
<b>Health oversight activities</b>	<ul style="list-style-type: none"><li>• We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.</li></ul>
<b>Business associates</b>	<ul style="list-style-type: none"><li>• We may disclose your PHI to contractors, agents and other associates who need this information to assist us in carrying out business operations. Our contracts with them require that they protect the privacy of your PHI in the same manner as we do.</li></ul>
<b>Research</b>	<ul style="list-style-type: none"><li>• Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Impact Support Services during that person's review of the information.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• If you are an organ donor, we may release PHI 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.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We may disclose PHI to funeral directors or coroners consistent with applicable law to carry out their duties.</li></ul>
<b>Address workers' compensation</b>	<ul style="list-style-type: none"><li>• For workers' compensation purposes or similar programs providing benefits for work related injury or illness.</li></ul>
<b>Fundraising</b>	<ul style="list-style-type: none"><li>• The Organization may contact you as part of a fundraising effort. The information used for this purpose will not disclose any health condition but may include your name, address, phone number, email address, etc. When contacted, you may opt out of any future fundraising requests.</li></ul>
<b>Respond to lawsuits and disputes</b>	<ul style="list-style-type: none"><li>• We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.</li></ul>

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### Uses and Disclosures continued

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<b>Breach notification</b>	<ul style="list-style-type: none"><li>• An impermissible use, access or disclosure of PHI is presumed to be a breach unless it is demonstrated that there is a low probability that the PHI has been compromised based on a risk assessment. If the Organization determines a breach has occurred with your PHI, you will be notified via mail of the breach.</li></ul>
<b>Disaster relief</b>	<ul style="list-style-type: none"><li>• Unless you object, disaster relief organizations to coordinate your care or notify family and friends of your location or condition following a disaster.</li></ul>
<b>Inmates or other individuals in custody</b>	<ul style="list-style-type: none"><li>• If you are an inmate or in the custody of law enforcement, we may disclose to the correctional institution or law enforcement official as necessary to provide you with health care, to protect the health and safety of you and others, or for the safety and security of the correctional institution.</li></ul>
<b>Sale of PHI</b>	<ul style="list-style-type: none"><li>• The Organization will not sell your PHI.</li></ul>
<b>National security and intelligence activities</b>	<ul style="list-style-type: none"><li>• Your PHI may be disclosed to authorized federal officials for intelligence and other national security activities as authorized by law.</li></ul>
<b>Protective services for the president &amp; others</b>	<ul style="list-style-type: none"><li>• Your PHI may be disclosed to federal officials to provide protection to the president and other authorized persons or conduct special investigations.</li></ul>
<b>Psychotherapy notes</b>	<ul style="list-style-type: none"><li>• With certain exceptions, we are not allowed to use or disclose psychotherapy notes without your authorization, including a disclosure to a health care provider other than the originator of the notes, for treatment purposes.</li></ul>
<b>Marketing</b>	<ul style="list-style-type: none"><li>• Subject to limited exceptions, we are not authorized to use or disclose your PHI for marketing purposes without your authorization.</li></ul>

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**Please Note: Other uses and disclosures of your PHI not described in this Notice of Privacy Practices or applicable laws will require your written authorization. If you choose to permit us to use or disclose your PHI, you can revoke that authorization by informing your Program Director or the Privacy Officer of your decision in writing. If you revoke your authorization, we will no longer use or disclose your PHI as set forth in the authorization. However, any use or disclosure of your PHI made in reliance on your authorization before it was revoked will not be affected by the revocation.**

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<b>Electronic Health Information Exchange</b>	<ul style="list-style-type: none"><li>• The Organization may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment, and operations purposes with other participants in the HIEs. A HIE will store your medical information in a secure location that can be accessed and shared for treatment, services, payment, research, and operations purposes by doctors, nurses, pharmacists, and other health care providers to improve speed, quality, safety, and cost of patient care. You have the absolute right to opt-out of participating in the HIE and it will have no impact on our services with the Organization. To opt-out of the HIE, please contact the Privacy Officer by using the contact information on page one of this notice.</li></ul>
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### Changes to the Terms of this Notice

If we change our policies regarding our use and/or disclosure of your PHI, we will change our Notice of Privacy Practices and make the revised notice available to you on our website and at locations owned by the Organization. You may access our website at <http://impactmissouri.org>. You may also request a paper copy of the current Notice of Privacy Practices at any time.