

MORGAN COUNSELING SERVICES NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As of April 14, 2003, Morgan Counseling Services will only release Protected Health Information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes the policies related to the use and disclosure of your healthcare information.

Morgan Counseling Services is required by law to protect certain aspects of your health care information know as **Protected Health Information or PHI** and to provide you with this Notice of Privacy Practices.

This Notice describes our privacy practices, your legal rights, and lets you know, how Morgan Counseling Services is permitted to:

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI.

Morgan Counseling Services respects your privacy, and treats all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT JENNIFER MORGAN AT 314.221.3773

Morgan Counseling Services is permitted by law to use and disclose your PHI:

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital, dispatch center, or the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations: This includes quality assurance and improvement activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, audit functions, including fraud and abuse detection and compliance, creating reports that do not individually identify you for data collection purposes.

Morgan Counseling Services may also contact you:

To remind you about appointments and give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Use and Disclosure that does not require Morgan Counseling Services to have an Authorization:

Use and Disclosure of PHI Without Your Authorization: Morgan Counseling Services is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For Morgan Counseling Services' use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported or First Responder Agencies) for the health care operation activities of the covered entity that receives the information as long as the covered entity receiving the information has or has had a relationship with you and the PHI pertains to that relation;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care or payment of care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your

family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situation where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only

health information relevant to that person's involvement in your care. For example we may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts;

- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);
- For health oversight activities including audits or government investigations, inspections disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, when the information is needed to locate a suspect or to stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organs, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- To the food and drug administration (FDA) relating to problems with food, supplements and products;
- We may use or disclose health information about you in a way that does not personally identify or reveal who you are;
- To the Department of corrections should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the safety of other individuals;
- Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it.) **You may revoke your authorization at any time, in writing except to the extent that we have already used or disclosed medical information based upon that authorization.**

Your Health Information Rights:

Your Health Information Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to be informed of our privacy practices: Our practices related to protecting the privacy of your PHI are described in our Notice of Privacy Practices. The NOPP describes how we use your information to provide treatment to you, to obtain payment for that treatment and for our internal operations. You will be given a copy of the NOPP at your first visit. We will also ask you to sign an acknowledgment indicating that you have been given a copy of our NOPP. Signing the acknowledgment is not required for us to continue to protect the privacy of your health information as described in the NOPP. We ask for your signature so that we can keep track of who has been given a copy of our NOPP.

The right to access copy or inspect your PHI: This means you may come to our office and inspect and copy most of the medical information that we maintain. We will normally provide you with access to this information within 30 days of your request; We may also charge you a fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have forms available for you to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy liaison listed at the end of this Notice.

The right to request amending your PHI: You have the right to ask us to amend written medical information that we may have about you. If errors are found, we will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information, but only in certain circumstances. For example, if we believe the information is correct and no errors exist, your request will be denied. If you wish to request that we amend the medical information that we have about you, you should contact in writing the privacy officer listed at the end of this Notice. You have a right to amend your PHI for as long as we keep it.

The right to request confidential communication of your PHI: We normally send information relating to your care to the address and phone numbers you have provided. However, if you would like to have the information sent elsewhere to protect the confidentiality of the information, you may do so by completing our form to request confidential communication.

The right to request restrictions on the use and disclosure of your health information: You may request that we restrict who has access to your health information using our request restrictions form. Note however, that some requests will not be possible for us to accept. We currently limit the information that we use to only that information which is necessary to provide quality medical care, to receive payment for that care, for managing our operations, and to meet legal requirements such as reporting of communicable diseases. This means that only those individuals who need to have access to your

records are allowed access and even then that they only examine those portions of your records which are needed to perform their job. Requests which would make it difficult to perform these functions mean that we would not be able to provide the best care to you and thus we cannot accept them.

The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosure of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purpose of treatment, payment, or health care operations, or when we share your health information with our business associates such as our billing company or a medical facility from / to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempt from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that we have about you for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. However, if you request a restriction and the information you ask us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Mental Health Care Inc. is not required to agree to any restrictions you request, but any restrictions agreed to by Mental Health Care Inc. are binding on Mental Health Care Inc.

Copy of Paper Notice on Request: A copy of this Notice will be posted and made available through the Mental Health Care, Inc. Web site, you also may always request a paper copy of the Notice.

Revision to the Notice: Mental Health Care, Inc. reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your legal Rights and Complaints: You also have the right to complain to us, or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquires to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

Complaints:

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact :

Jennifer Morgan
11222 Tesson Ferry Road, Suite 200
St. Louis, MO 63123
314.221.3773

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines-Voice: 1-800-368-1019 1-800-368-1019