

UCP OF NORTHWEST MISSOURI 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.

This notice is to explain the rules around the privacy of your own medical/health records and our legal duties to protect the privacy of your medical/health records that we create or receive. Generally, we are required by law to ensure that medical/health information that identifies you is kept private. We are required by law to follow the terms of the notice that are the most current.

This notice will explain:

- how we may use and disclose your medical/health information,
- our obligations related to the use and disclosure of your medical/health information and
- your rights related to any medical/health information that we have about you.

This notice applies to the medical/health records that are created or received by this agency. The terms "medical" and "medical/health" in this Notice means information about your physical or mental condition which make you eligible for our services, or which arise while we are serving you. For example, this may include developmental evaluations, or medical, physical, social, functional, or vocational assessments. We may obtain, but we are not required to, your consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. We have listed some of the types of uses or disclosures below, however not every possible use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories. If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at UCP about any of the information contained in this Notice of Privacy Practices, the contact person is:

UCP Privacy Officer
3303 Frederick Avenue
St. Joseph, MO 64506
816-364-3836 or toll free 800-404-1844

In addition to UCP employees, volunteers and students that we allow to help, or be present, while you are receiving services through UCP will also follow the practices described in this Notice of Privacy. These individuals are included throughout this document whenever we use the term "workforce".

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical/health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

USE AND DISCLOSURE OF MEDICAL INFORMATION

We can use or disclose medical information about you regarding your treatment, payment for services, or for agency operations, and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

Treatment: We may use medical information about you to coordinate, manage, and provide you with treatment or services. For example, your treatment team members will internally discuss your medical/health information in order to develop and carry out a plan for your services. Also different programs within the agency also may share medical/health information about you in order to coordinate the different things you need, such as additional information, referrals for other services within and outside of UCP, public assistance, employment, etc. Additionally as a member of the Department of Mental Health's Organized Health Care Arrangement we may share medical information about you with other members of that arrangement, who also provide services to you, for the purpose of treatment, payment or health care operations as described later in this Notice. However only the minimum necessary amount of information will be used or disclosed to carry this out.

Payment: We may use and disclose medical/health information about you so that the treatment and services you receive through UCP may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about therapy or habilitation services you received through UCP so your insurance plan, or any applicable Medicaid funds, will pay us for the services. We may also tell your insurance plan or other payors about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered.

Health Care Operations: We may use and disclose medical/health information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our consumers receive quality care. For example, we may use medical/health information for quality improvement to review our treatment and services and to evaluate the performance of our workforce in providing services to you.

USES AND DISCLOSURES OF MEDICAL/HEALTH INFORMATION THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION:

We can use or disclose health information about you without your consent or authorization when:

- there is an emergency or when we are required by law to treat you,
- when we are required by law to use or disclose certain information, or
- when there are substantial communication barriers to obtaining consent from you.

We can also use or disclose health information about you without your consent or authorization for:

UCP may use and disclose medical information to contact you as a reminder that you have an appointment for services through UCP.

- Your demographic information and the dates you are provided services by UCP may be used by UCP, our business associate or a related foundation for the purpose of fundraising.
- UCP may disclose information about you that is directly relevant to any member of your family, or to a close friend of yours, if that person is involved with your care or the payment for your care. UCP may also use or disclose your health information to notify, identify or locate a family member, or other person responsible for your care, of your location, condition or death. You may restrict such use or disclosure by contacting UCP Privacy Officer.
- UCP may disclose your medical information to a public health authority in order to prevent or control disease, to report birth or death, and for the purpose of public health investigations, interventions, and other related matters.
- UCP may be required by law to disclose to government authorities the medical information of a person who may be a victim of abuse, neglect or domestic violence.
- UCP may disclose your medical information to an agency that oversees government health benefit programs for the purpose of audit, investigations, inspections, or other activities.
- UCP may disclose your medical information in response to a court order in a judicial or administrative proceeding or, in some cases, in response to a subpoena.
- UCP may disclose your medical information to law enforcement officials for a law enforcement purpose in the following

situations: when required by law; for identification and location purposes; if you are suspected to be a victim of a crime; to report suspicion of death by criminal conduct; to report suspicion of criminal conduct occurring on the grounds of our facility; and in the case of an emergency.

- In the event of your death, UCP may disclose your medical information to a coroner, medical examiner, or funeral director.
- Your health information may be disclosed to organ donation organizations.
- Your health information may be used for research purposes if the research plan has been approved by a review board that checks to make sure your identity and your health information will remain private during and after the research.
- Limited health information may be disclosed if necessary to prevent an immediate threat to the health or safety of the public.
- Your medical information may be disclosed in special government circumstances involving: military or veterans activities; national security and intelligence activities; protective services for the President; medical suitability determinations; law enforcement custodial situations; and government programs providing public benefits.
- Your medical information may be disclosed in accordance with laws related to workers' compensation.

All other uses or disclosures of your medical information will be made only with your written authorization. You may revoke your written authorization at any time.

YOUR RIGHTS

The federal law that protects the privacy of your health information gives you several rights:

- You have the right to a copy of the notice of privacy practices of your health care provider. A copy of this notice should be provided to you when services begin.
- You have the right to inspect and copy information in your permanent health care record. If you wish to do so, please contact UCP's Privacy Officer.
- You may also request changes to the information contained in your record, which UCP may approve or deny. Request forms are available through the Privacy Officer at the number shown below.

- You have the right to request that restrictions be placed on the use and disclosure of your health information. Once again, UCP may approve or deny this request. These forms are also available through UCP. Certain limitations apply.
- You have the right to receive communications from us regarding your health information in a confidential manner.

If you believe that any of these rights or your privacy rights have been violated, you may complain to UCP's Privacy Officer or to the Department of Health and Human Services. You are protected from retaliation for any and all complaints you make.

If you wish to exercise any of these rights, please contact UCP Privacy Officer at:

3303 Frederick Avenue
St. Joseph, MO 64506
816-364-3836 or toll free 800-404-1844

OUR DUTIES

- UCP has a duty under the law to tell you our legal obligations regarding your medical information. The obligations for UCP are as follows:
- UCP must maintain the privacy of your medical information.
- UCP must follow the terms of this notice.
- UCP reserves the right to change this notice. We may make the revised notice effective for medical/health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you apply for services from UCP for services, we will offer you a copy of the current notice in effect. If you want to request any revised Notice of Privacy Practice, you may access it at our website, <http://www.ccp.com/~ucpnwmo/>.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with UCP or with the following:

- Secretary of the Department of Health and Human Services. You may call them at 877.696.6775 or write to them at 200 Independence Ave. S.W., Washington, DC 20201.
- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866.627.7748), or 886.788.4989 TTY.

To file a complaint with UCP, contact UCP Privacy Officer at the following address and telephone number.

UCP of Northwest Missouri
3303 Frederick Avenue
St. Joseph, MO 64506
816-364-3836 or toll free 800-404-1844

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT COVER SHEET**

Please have the consumer complete this cover sheet, and then tear off this cover sheet and file it in the consumer's record.

I, _____,
hereby acknowledge that I have received this Notice of Privacy Practices, with an effective date of April 14, 2003.

CONSUMER SIGNATURE, OR LEGAL GUARDIAN
SIGNATURE, OR PARENT OF MINOR CHILD
SIGNATURE

DATE

Notice Effective Date:
4/14/03

Effective Date: 4-14-03