

Notice of Privacy Practices Summary



We are required by law to follow the practices described in this summary. This pamphlet is a summary of our Privacy Practices, but does not replace the full version, which has been made available to you. This Notice applies to client health information that we have about you, and which is kept in or by this Agency. Neither this pamphlet nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Officer for this Agency at 314-854-5700.

How the Agency may use and disclose client health information about you

- ✓ To plan your treatment and services. This includes releasing information to qualified professionals who work at our facility and are involved in your care or treatment. It may also include provider agencies whom we pay to provide services for you.
- ✓ To submit bills to your insurance, Medicaid, Medicare or third party

payers.

- ✓ To obtain approval in advance from your insurance company.
- ✓ To exchange information with Social Security, Employment Security or Social Services.
- ✓ To measure our quality of services.
- ✓ To decide if we should offer more or fewer services to consumers.
- ✓ In furtherance of the Agency's operations.

Without your specific authorization, we may also use your medical/health information:

- ✓ To exchange information with other State agencies as required by law.
- ✓ To treat you in an emergency.
- ✓ To treat you when there is something that prevents us from communicating with you.
- ✓ To send you appointment reminders.
- ✓ To inform you about possible treatment options.
- ✓ To assist agencies involved in a disaster situation.
- ✓ For certain types of research.
- ✓ When there is a serious public health or safety threat to you or others.

Without your specific authorization, we may also use your medical/health information:

- ✓ As required by State, Federal or local law. This includes investigations, audits, inspections and licensure.
- ✓ When ordered to do so by a court.
- ✓ To communicate with law enforcement if you are a victim of a crime, involved in a crime at our Agency, or have threatened to commit a crime.
- ✓ To communicate with coroners, medical examiners and funeral homes when necessary for them to do their jobs.
- ✓ To communicate with federal officials involved in security activities authorized by law.
- ✓ To communicate with a correctional facility if you are an inmate.

What are your rights?

- ✓ To see and get a copy of your record (with some exceptions).
- ✓ To appeal if we decide not to let you see all or some parts of your record.
- ✓ To ask for the record to be changed if you believe you see a mistake or something that is not complete.

You must make this request in writing.

We may deny your request if:

- We did not create the entry that is wrong; or the information is not part of the file we keep; or the information is not part of the file that we would let you see; or we believe the record is accurate and

complete.

- ✓ With certain limitations, to know to whom we have sent information about you for up to the last six years. The first request in a 12-month period is free. We may charge you for additional requests.
- ✓ To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- ✓ To tell us (authorize) other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).
- ✓ To have a paper copy of the Notice of Privacy Practices.
- ✓ To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer of this Agency.