

## Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

Generally, we may use or disclose your PHI as follows:

**For treatment:** The Center for Human Services may disclose your protected health information to those involved in your treatment on an as-needed basis. *For example, if you need assistance with speech, we may contact a speech therapist to arrange services for you.*

**For payment:** The Center for Human Services may be required to use or disclose your protected health information in order to obtain payment for services you receive. *For example, obtaining approval for a hearing aid may require your health information be disclosed to Medicaid.*

**For health care operations:** The Center for Human Services may use and disclose your medical information to support the business activities of our office. *For example, your protected health information may be used to assist us in evaluating the performance of this agency as your provider of services.*

## Of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

## You have the right to choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## You Have the Right to Receive this Notice

You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. It is also available at [www.CHS-MO.org](http://www.CHS-MO.org)

## How to Make a Complaint

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

In writing: 200 Independence Avenue, SW  
Washington D.C., 20201.

Phone: 1-877-696-6775

online:

[www.hhs.gov/orc/privacy/hippa/complaints](http://www.hhs.gov/orc/privacy/hippa/complaints)

We will take no retaliatory action against you if you make such a complaint

## Contact Person for Information or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact the Privacy Officer at:

Center for Human Services  
c/o Privacy Officer  
1500 Ewing Drive  
Sedalia, MO 65301

Phone: (660) 826-4400 x 324

Fax: 1-866-495-6424

Email: [lholland@chs-mo.org](mailto:lholland@chs-mo.org)

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# Notice of Privacy Practices

This pamphlet describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.



Center for Human Services

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## Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" PHI.

We are required by law maintain the privacy of your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

- We are required to follow the privacy practices described in this Notice though **we reserve the right to change our privacy practices and the terms of this Notice at any time.**
- You may request a copy of the new notice from the Center for Human Services. It is also posted on our website [www.chs-mo.org](http://www.chs-mo.org).

## How We May Use and Disclose Your PHI

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclose without your authorization.

If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from an outside entity that will extend the same degree of privacy protection to your information that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

## Uses and Disclosures Not Requiring Authorization

The law provides that we may use/disclose your PHI without or authorization in the following circumstances:

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**When Required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents and monitoring of the Medicaid program.

**Relating to decedents:** We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations.

**For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to research staff and their designees in order to assist medical/psychiatric research.

**To avert threat to health or safety:** In order to avoid a serious threat to health and safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

## Your Protected Health Information

You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

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**To Request Confidential Communications:** You have the right to ask that we send you information to an alternative address or by an alternative means if communication in another manner might endanger you. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and request a copy your PHI:** Unless your access to your records is restricted for clean and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (1) correct and complete; (2) not created by us and/or part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about then change in the PHI.

**To find out what disclosure have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, or to law enforcement officials or correctional facilities. Your request can relate to disclosure going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**To Be Informed of a Breach:** You have the right to know if we use or disclose your PHI in a way that is considered to be a breach. In the event of such an incident, you will be notified by the Center.

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