

NOTICE OF PRIVACY PRACTICES

Notice of Community Counseling Center

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 intended to inform you about our practices related to the protection of the privacy of your medical records. We are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated by the Community Counseling Center.

With a few exceptions, we are required to obtain your consent or authorization for the use or disclosure of the information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosure below. Not every use of disclosure is covered, but all 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 the Notice of Privacy Practices, or if you need to contact someone at the Center about any of the information contained in the Notice of Privacy Practices, the contact person is:

Name of Contact: Audrey Burger, Privacy Officer
Title: Clinical Operations Director
Address: 402 S. Silver Springs Road
Cape Girardeau, MO 63703
Telephone: (573) 334-1100

In addition to Center departments, employees, staff, and other Center personnel, (any health care professional who is authorized to enter information in your medical record) will also follow the practices described in this Notice of Privacy Practices.

Use and Disclosure of Medical Information that Requires your Consent:

We can use or disclose medical information about you regarding your treatment, and payment for services if we have your consent. If you do not give us permission to use or disclose your medical information, we do not have to treat you.

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For treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, counselors, case managers or Center personnel who are involved in the treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medication. Departments within the Center may share medical information about you to coordinate your care. For instance, the crisis service may request information to complete paperwork.

For payment: We may use and disclose your medical information for the Center to bill and receive payment for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company about a service you received at the Center so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it.

For Health Care Operation: We can use and disclose medical information about you for Center operations. These include uses and disclosures that are necessary to run the Center and make sure that our clients receive quality care. For example, medical information about you and other Center clients may also be combined to allow us to evaluate whether the Center should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other centers to evaluate whether we can make improvements in the care and services that we offer. To best protect your privacy when we are combining medical information, we will remove information that identifies you.

Uses and disclosures of medical 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. Further, we may use or disclose your health information without your consent or authorization in any of the following circumstances.

When it is required by law

When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.

When reporting information about victims of abuse, neglect or domestic violence

When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure of disciplinary actions or legal proceedings or actions

When disclosing information related to a research project when a waiver of authorization has been approved by the Privacy committee

When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety

In the case of a prison inmate, information can be released to the correctional facility in which he/she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health

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and safety of others; or (3) for the safety and security of the correctional facility; and when disclosure is necessary to comply with worker's compensation laws or purposes

Planned Uses or Disclosures to which you may object:

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objectives or restrictions to Community Counseling Center in % Privacy Officer, 402 S Silver Springs Road, Cape Girardeau MO 63703. The telephone number is 573-334-1100.

We may use or disclose your health information to contact you and remind you that you have an appointment for treatment or medical care.

We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may have interest you.

We may use and disclose your health information to inform you about health benefits or services that may interest you.

We can disclose health information about you to a public or private entity that is authorized by law or its chart to assist in disaster relief efforts, i.e., the American Red Cross for the purpose of notification of family and/or friends of your whereabouts and condition.

Your Rights with Respect to Health Information

Rights to Request Restrictions

You have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to any restriction that you request. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide you treatment. Any request to restrict uses or disclosures must be made in writing to the Privacy Officer. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Rights to Receive Information in Certain Form and Location

You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing to the Privacy Officer. The request must tell us how and/or when you want to receive information. We will accommodate reasonable requests.

Right to Inspect and Copy Protected Health Information

You have the right to inspect and copy your health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to the Privacy Officer. If you

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request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.

In limited circumstance we can deny you access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. We will adhere to the decision of the reviewer.

Right to Request Amendment to Protected Health Information

You have a right to request that your health information be changed if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is kept by the Center. To request a change in your information, you must submit it in writing to the Privacy Officer. In addition, you must give the reason that you want the information changed, including why you think the information is incorrect or incomplete.

We can deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons.

The information was not created by the Center, unless the person or entity that did create the information is no longer available

The information is not part of the medical record kept by or for the Center

The information is not part of the information that you would be permitted to inspect and copy

We believe the information is accurate and complete

Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the Privacy Officer. Your request must state the time period that may not be longer than six (6) years and may not include dates before April 14, 2003. You should include how you want the information reported to you, i.e. by paper, electronically, etc. You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the cost of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer. You can obtain a copy of this notice at our website: www.ccntr.com.

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Complaints

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to: Community Counseling Center, ATTN: Privacy Officer, 402 S. Silver Springs Road, Cape Girardeau MO 63703. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be retaliated against for filing a complaint with either the Center or the U.S. Department of Health and Human Services.**

Changes to this Notice of Privacy Practices

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from the Center, we will provide the most current copy of our Notice of Privacy Practices. The most recent version of Privacy Practices will be posted in our building. Also, you can call or write our contact person, whose information is included on the first page of this Notice of Privacy Practices, to obtain the most recent version of this notice.