

**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**

If you have any questions about this notice, please contact:

Privacy Officer
Compass Health
1800 Community Drive
Clinton, MO 64735
(660) 885-8131

WHO WILL FOLLOW THIS NOTICE

This notice describes Compass Health practices and that of:

Any Compass Health professional authorized to enter information into your medical record.
All offices and programs of Compass Health
All employees of Compass Health

All these entities follow the terms of this notice. In addition these entities may share medical information with each other for treatment, payment or operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Compass Health. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Compass Health.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

Make sure that medical information that identifies you is kept private;
Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITHOUT
YOUR WRITTEN AUTHORIZATION**

The following categories describe different ways that we use and disclose medical 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.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians, counselors, interns, pharmacists, or Compass Health personnel who are involved in taking care of you. For example, a doctor treating you may need to discuss your progress with your case manager or your primary care doctor. Different programs of Compass Health also may share medical information about you in order to coordinate the different things you need, such as prescriptions, case management, psychotherapy, etc.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Compass Health may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Compass Health so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to run Compass Health and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what additional services Compass Health should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, interns and other Compass Health personnel for review and learning purposes. We may also combine the medical information we have with medical information from other mental health/substance abuse providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment at Compass Health.

Research/Program Evaluation. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with client's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example to help them look for patients with specific medical needs, so long as the medical information they review does not leave Compass Health. We will also always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Compass Health. In addition, we will ask for your permission if you are to participate in any research which requires specific treatments which are experimental in nature.

Patient Photography. During the course of treatment, photographs, videotapes, digital or other images may be recorded to document your care. Compass Health will retain the ownership rights to these photographs, videotapes, digital, or other images, but you will be allowed access to view them or obtain copies. These images will be stored in a secure manner that will protect your privacy and will be kept for the time period required by law. Images that identify you will be released and/or used outside Compass Health only upon written authorization from you.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. (See Special Situations listed below)

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure however would only be to someone able to help prevent the threat. (See Special Situations listed below)

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at Compass Health. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed professional selected by Compass Health will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Compass Health.

To request an amendment, please contact your clinician. If the clinician is no longer employed at Compass Health, you may contact the supervisor.

We may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for Compass Health;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Uses and Disclosures Which Do Not Require Your Consent:

State and federal law permit and/or require certain uses and disclosures of PHI for various purposes related to public responsibility. Such uses and disclosures may be made without the agreement or authorization of the individual. The following uses and disclosures fall within this category:

1. We may disclose your health information to a public health authority in order to prevent or control disease, to report birth or death, and to correctional institutions (if not objected by the inmate) for the purpose of public health investigations, interventions, and other related matters.
2. We may disclose your health information to the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to report adverse events, product defects or problems, track products, enable recalls, repairs or replacements, or conduct post-marketing surveillance.
3. We are mandated by law and clinical ethics to report information related to situations involving instances of abuse and neglect.

4. We are required to disclose your health information in response to a court order.
5. In the event of your death, we may disclose your health information to a coroner, medical examiner or funeral director to carrying out their duties, and to the designated organ procurement organization, and tissue and eye banks.
6. We are mandated by law and clinical ethics to disclose information to prevent an immediate threat to the health or safety of yourself or the public.
7. Disclosures of admitted participation in a violent crime are not permitted when the information is learned in the course of treatment entered into by the individual to affect his/her propensity to commit the subject crime, or through counseling, or therapy or a request to initiate the same.
8. We may disclose your health information to the Secretary of Health and Human Services related to compliance and enforcement efforts for the purpose of audits, investigations, inspections, or other activities.
9. We may disclose your health information for workers' compensation as authorized and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.
10. Specialized Government Functions:

National Security and Intelligence: Your health information may be disclosed to authorized federal officials for the conduct of lawful intelligence, counter intelligence, and other activities authorized by the National Security Act.

Protective Services: Your health information may be disclosed to authorized federal officials for the provision of protective services to the President, foreign heads of state, and others designated by law, and for the conduct of criminal investigations of threats against such persons.

Public Benefits: Your health information relevant to administration of a government program providing public benefits may be disclosed to another governmental program providing public benefits serving the same or similar populations as necessary to coordinate program functions or improve administration and management of program functions.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at Compass Health. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer at Compass Health. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at Compass Health. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: <http://compasshealthnetwork.org/>

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 at each Compass Health location. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Compass Health for treatment, we will offer you a copy of the current notice in effect.

FOR ADDITIONAL INFORMATION OR TO FILE A COMPLAINT

If you need additional information or believe your privacy rights have been violated, you may contact Compass Health Privacy Officer at (660) 885-8131 or write:

Privacy Officer
Compass Health Community Behavioral Healthcare, Inc.
1800 Community Drive
Clinton, MO 64735

If you are receiving services reimbursed by the Department of Mental Health, you may contact and file a complaint with the Department's Client Rights Monitor at (573) 751-4942 or by writing:

Client Rights Monitor
Missouri Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65102

All clients also have the right to file a complaint with the Office for Civil Rights at the following address:

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

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Compass Health will not redisclose any information contained in your medical record that originated at another healthcare facility except with your written permission.