

**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**

Effective Date: September 23, 2013

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 your medical information with each other for treatment, payment or operations purposes described in this notice.

**OUR PLEDGE REGARDING YOUR 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 your medical information.

We are required by law to:

Make sure that your medical information 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 your medical information about you in order to coordinate the different things you need, such as prescriptions, case management, psychotherapy, etc. We may also share your medical information about you with the Department of Mental Health and their contracted providers if required for your treatment.

**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)

## SPECIAL SITUATIONS

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Compass Health; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Individuals involved in your care or payment for care.** We may disclose your medical information to a friend, personal representative, or family member involved in your medical care, if permitted under federal law or regulation or if you agreed to such disclosure. For example, if we can reasonably infer that you agree, we may provide prescriptions and related information to your caregiver on your behalf. You do have the right to object to the disclosure of your medical information to a friend, personal representative, or family member.

**Disclosures to parents or legal guardians.** If you are a minor, we may release your medical information to your parents or legal guardians when we are permitted or required under federal and applicable state law.

**Military and veterans.** If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate military authority.

**National security and intelligence activities.** We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Coroners, medical examiners, and funeral directors.** We may release your medical information to assist in identifying a deceased person or determining a cause of death..

**United States Department of Health and Human Services.** Under federal law, we are required to disclose your medical information to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.

## **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. You have the right to request an electronic copy of your medical information. If your medical information is not readily producible in such an electronic form or format, we will provide your medical information in a readable electronic form and format as agreed to by you and us.

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.

**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, [www.pathwaysonline.org](http://www.pathwaysonline.org)

**Restriction on Disclosure of Medical Information When Paying Out Of Pocket.** You have the right to request a restriction on the disclosure of medical information (for payment or healthcare operations) to your health plan when you have paid for the service or item in question out of pocket in full by submitting a written request to our Privacy Officer. We are required to agree to this restriction. We will provide you with a written response to your request within 30 days. All requests for medical information must include your full name, date of birth, and address.

**Breach Notification.** You have the right to be notified when a breach of your unsecured medical information has occurred. We will provide you with such notification as soon as information regarding the breach is available.

**Fundraising.** We may use your medical information to contact you regarding our fundraising activities. We may disclose this information to a business associate or foundation to assist with our fundraising. If you do not want us to use your information for fundraising purposes, you may notify us using the information listed at the end of this Notice.

**We May Use or Disclose Your Medical Information For Other Purposes Only With Your Authorization.** We will obtain your written authorization before using or disclosing medical information for purposes other than those described above (or as otherwise permitted or required by law) including, before using or disclosing medical information for marketing purposes or in exchange for remuneration. You may revoke this authorization at any time by submitting a written notice to our Privacy Officer at the address listed below. Your revocation will become effective upon our receipt of your written notice.

### **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.