

# Su información. Sus Derechos. Nuestra Responsabilidad.

Este aviso describe cómo su información médica puede ser usada y divulgada, y cómo usted puede acceder a tal información. **Por favor revísela cuidadosamente.**

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Compass Health Network. Nosotros necesitamos estos archivos para proveerle cuidado de calidad y para cumplir con ciertos requerimientos legales. Este aviso se aplica a todos sus archivos de cuidados generados por Compass Health Network.

Este aviso le dirá de qué formas nosotros podríamos dar a conocer su información médica. También describimos sus derechos y ciertas obligaciones que tenemos con relación al uso y divulgación de información médica.

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- Follow the terms of the notice that is currently in effect.

## Your Rights

**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 Network. 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 Network 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 Network by contacting the Privacy Officer at Compass Health Network. The request to Amend may be denied for any of the following reasons, if so you will be notified as to why in writing within 60 days.

Was not created by us;

1. Is not part of the medical information kept by or for Compass Health Network;
2. Is not part of the information which you would be permitted to inspect and copy; or
3. 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 Network. 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 Network. 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 Network. 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, <https://compasshealthnetwork.org/>

## Our Uses and Disclosures

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 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 Network 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 Network also may share medical information about you 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 Network 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 Network 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 Network and make sure that all 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 Network 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 Network 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.

***Substance abuse treatment records are protected under the Federal Regulations governing Confidentiality and Substance Abuse Patient Records (42 CFR Part 2) and the Health Insurance and Portability Act (HIPAA) of 1996 (45 CFR Parts 160 and 164) and cannot be disclosed without written authorization unless otherwise provided for by the regulations***

**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 Network.

**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 Network. 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 Network. 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 Network 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 Network 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)

**Releases 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 carry 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, counterintelligence, 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.

## **Health Information Exchange (HIE) Information Sharing**

Compass Health Network may participate in one or more health information exchanges (HIEs) and may electronically share your medical information for treatment, payment, health care operations, and other authorized purposes, to the extent permitted by law, with other participants in the HIEs. HIEs allow your health care providers, health plan, and other authorized recipients to efficiently access medical information necessary for your treatment, payment for your care, and other lawful purposes. The types of medical information that may be shared through HIEs, includes, but is not limited to: diagnoses, medications, allergies, lab test results, radiology reports, health plan enrollment and eligibility. Such information may also include health information that may be considered particularly sensitive to you, including: mental health information; HIV/AIDs information and test results; genetic information and test results; STD treatment and test results, and family planning information. The inclusion of your medical information in an HIE is voluntary and subject to your right to opt-out. If you do not opt-out, we may provide your medical information in accordance with applicable law to the HIEs in which we participate. More information on the HIE in which we participate with can be found at: <https://www.mhc-hie.org>. To exercise your right to opt-out, please call us at 660.890.8116. If you choose to opt-out of data-sharing through HIEs, your information will no longer be shared through an HIE, including in a medical emergency; however, your opt-out will not modify how your information is otherwise accessed and released to authorized individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology).

More information on the HIE in which we participate with can be found at: <https://www.mhc-hie.org>. To exercise your right to opt-out, please call us at 660.890.8116.

## Changes to the Terms of 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 Network 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 Network for treatment, we will offer you a copy of the current notice in effect.

## 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 Network will not redisclose any information contained in your medical record that originated at another healthcare facility except with your written permission.

## 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 Network Privacy Officer at (660) 890-8141 or write:

Privacy Officer  
Compass Health Network  
1800 Community Drive  
Clinton, MO 64735

More information on the HIE in which we participate with can be found at: <https://www.mhc-hie.org>.  
To exercise your right to opt-out, please call us at 660.890.8116.

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:

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**You will not be penalized for filing a complaint.**