

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Who Will Follow This Notice –

This notice describes Compass Health Network practices and that of:

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

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/Health Information

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

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.
- If there are different laws covering your health care information, we will follow the law that offers the greatest privacy protections to you.

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. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. 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 with the exception of TPO for SUD records, which are three years. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

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 with 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 for 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/>

Notification of a Breach. We are required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information that qualifies under the federal healthcare privacy rules.

Our Uses and Disclosures

The following categories describe different ways that we use and disclose your health information including Substance Use Disorder (SUD) records. 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 Use Disorder (SUD) Records (42 CFR Part 2)

Some health information we keep is protected by a federal law called 42 CFR Part 2. This law provides extra privacy protection to records related to SUD treatment. We may use or share this information for treatment, payment, and health care operations only as allowed by law. We will not use or disclose your SUD records except as described in the notice unless you have given your written consent.

For SUD records a single consent may be used for future treatment, payment, and health care

operations uses and disclosures, as permitted by law. SUD records that are disclosed to us per your written consent may be further disclosed without consent, if HIPAA regulations permit it. You have a right to request restrictions of disclosures under this consent.

Treatment

We may use and share substance use disorder information to:

- Provide you with treatment and services.
- Coordinate your care with other health care providers involved in your treatment.

We only share this information **when you give written permission** or when federal law allows it.

Examples of how we can use your SUD information for treatment:

Provider

- Care coordination – A patient is receiving substance use treatment and is also seeing a primary care provider. With the patient's written consent, the SUD provider shares information about current medications so the PCP can avoid drug interactions.
- Referral to another provider – a patient needs inpatient treatment after outpatient services. With written consent, the provider shares diagnosis and treatment history with the inpatient facility to support safe care.

Health Plan

- Care coordination with a provider – A member is enrolled in a health plan and receives substance use disorder treatment. With the member's written consent, the plan shares limited information with the member's primary care provider so the provider knows what medications the member is taking and can avoid harmful interactions.
- Case management support – A health plan case manager is helping a member coordinate care after discharge from residential treatment. With written consent, the plan uses Part 2 information to help schedule follow-up appointments and connect the member to outpatient services.

How we may use your SUD information for payment

We may use and share substance use disorder information to:

- Bill your health plan
- Receive payment for services
- Answer questions from your health plan about coverage

This information is shared **only as allowed by federal law** and **only the minimum necessary**.

Examples of how we can use your SUD information for payment:

Provider

- Billing a health plan – a substance use treatment program submits a claim to the health plan. The claim includes diagnosis and service codes needed to process payment, but nothing extra.
- Coverage questions – a health plan asks whether a patient is eligible for residential treatment benefits. With proper consent limited information is shared to confirm coverage.

Health Plan

- Processing claims – A treatment facility submits a claim to the health plan for SUD services. The plan uses diagnosis and procedure codes to process and pay the claim, but only the minimum information is needed.

- Prior authorization review – a provider requests prior authorization for residential treatment. With written consent, the plan reviews limited Part 2 information to determine medical necessity.

How we may use your SUD information for health care operations

We may use substance use disorder information to:

- Improve the quality of care
- Review and improve our services
- Train staff
- Meet legal and accreditation requirements

We do **not** use this information for decisions that could harm you, such as employment or legal action.

Examples of how we can use your SUD information for health care operations:

Healthcare Provider

- Quality improvement – a treatment program reviews patient outcomes to see which services work best. Data may be used internally to improve care, without sharing patient identities when possible.
- Audits and accreditation – a government agency or accrediting body reviews records to ensure the program follows the law. Information is shared only for oversight purposes and cannot be used against the patient.

Health Plan

- Quality improvement – The health plan reviews treatment outcomes to see if members are getting timely access to SUD services. Data is used internally to improve programs and access, often in de-identified form when possible.
- Audits and accreditation – a government agency audits the health plan to ensure compliance with federal rules. The plan shares Part 2 information only as required and only for oversight purposes.]

Even with your TPO consent, you still have the right to request restrictions of disclosures.

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:

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. For SUD records, your health information will be deidentified.

- 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, recalls, repairs or replacements, or conduct post-marketing surveillance.
- We are mandated by law and clinical ethics to report information related to situations involving instances of abuse and neglect.
- We are required to disclose your health information in response to a court order.
- 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.
- 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.
- We may disclose your information to identify or apprehend an individual who has admitted participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to a victim, provided that the admission was not made in the course of or based on the individual's request for therapy, counseling, or treatment related to the propensity to commit this type of violent act.
- 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.

- 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.
- **Crimes on our Premises.** If a crime occurs at our facility or against our staff, we may report limited information to law enforcement.
- **SUD Records in Criminal, Civil or Administrative Context.** We will not disclose SUD records or the content of those records in any civil, criminal, administrative or legislative proceedings against you unless you have given your specific written consent, or we will share your information if we have a court order, accompanied by a subpoena, and there has been notice and an opportunity for you and us to be heard as required by law (42 CFR Part 2, Subpart E). We do not share this information in response to subpoenas or routine legal requests without this type of court order.
- **Health Oversight Activities.** We may share information with government agencies or organizations that review our program to make sure we are following the law and providing quality care.
- **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
- **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
- **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

Medical Emergencies. If you have a medical emergency and cannot tell us what care you want, or when we are closed during a declared disaster and are unable to obtain your consent, we may share limited information about your substance use treatment with emergency medical staff to help keep you safe. We only share what is needed to treat you at that time.

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care—we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care;
- b. To family—we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death;
- c. To disaster relief or public health agencies—we may release your health information to an agency authorized by law to assist in disaster relief or public health activities.

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.

Data Sharing

Children's Mercy Integrated Care Solutions (CMICS)

We participate in a clinically integrated network (CIN) called Children's Mercy Integrated Care Solutions (CMICS) and may share your child's data with the CIN to support coordination, communication, and delivery of the highest level and most appropriate care for your child. CMICS is a healthcare delivery network, comprised of medical and behavioral health clinics and health systems, that coordinates care across providers and utilizes evidence-based care in a manner that improves quality, patient experience, and value.

**Health Information Exchange (HIE) Information Sharing
Changes to the Terms of this Notice**

We participate in one or more Health Information Exchanges ("HIE") and may electronically share your information for treatment, payment and health care operations purposes with other participants in the HIEs. HIEs allow your health care providers, inside and outside the Compass Health Network system, to access and use your information for treatment and other lawful purposes. If you do not opt out of this exchange of information, we may provide your information to the HIEs in accordance with applicable law. To exercise your right to opt-out, please call us at 660.890.8116.

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 with 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

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.