



## NOTICE OF HIPAA/PRIVACY PRACTICES

(TO BE GIVEN TO THE INDIVIDUAL)

Effective: April 14, 2003

**THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*This notice explains the rules applying to the privacy of your protected health information, and how the St. Louis Arc may use and disclose this information. Only the minimum amount of information necessary to accomplish the task will be used or disclosed.*

### Definitions:

- *Protected health information* refers to any information that can personally identify you. For example, this information may include name, contact information, diagnosis, etc.
- The *use* of information refers to your protected health information being utilized within the St. Louis Arc.
- The *disclosure* of information refers to your protected health information being given to people outside of the St. Louis Arc.
- *You* refers to the person receiving the services of the St. Louis Arc. A legal guardian or representative may act on this person's behalf.

This notice outlines:

1. How the St. Louis Arc may use and disclose your personal health information.
2. Your rights related to your personal health information.
3. The St. Louis Arc's obligations related to the use and disclosure of your personal health information.
4. How to complain to the St. Louis Arc if you feel the Agency has violated your privacy rights.

Contact information for the St. Louis Arc's Privacy Officer:

***Kathy Tisone***  
***St. Louis Arc***  
***1177 N. Warson Rd.***  
***St. Louis, MO 63132***  
***314-569-2211***

**1. THE ST. LOUIS ARC MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR THE FOLLOWING REASONS.**

**SIGNING THE ATTACHED CONSENT FORM, INDICATES YOU ARE IN AGREEMENT WITH THE PROVISIONS IN a., b. and c.:**

#### **a. Treatment**

To provide you with services/supports the St. Louis Arc may use and disclose your personal health information to direct support staff, program supervisors, volunteers, doctors, nurses, counselors, consultants, psychologists, and other people involved with providing your services/supports. These individuals may be associated with the St. Louis Arc, or they may be other providers. Only the minimum amount of information necessary to effectively carry out your service/support will be shared. For example, Agency staff may need to use or disclose personal health information to coordinate optimal



health care, medical tests, therapy, etc. Agency staff may need to discuss your personal health information to develop and carry out your identified outcomes.

**b. Payment**

The St. Louis Arc may use and disclose your personal health information to receive payment for services rendered. For example, information pertaining to the services we are providing to you will be disclosed when billing a third party like your insurance company, Medicaid, Department of Mental Health, etc. In addition, in order to determine your eligibility for services, we may disclose your information to state agencies like the Medicaid program, Department of Mental Health, etc.

**c. For Health Care Operations**

The St. Louis Arc may use and disclose personal health information about you for the successful operation of its programs and services. For example, we may use personal health information to review our services and programs for Quality Enhancement purposes. We may also use this information in conducting performance reviews with the Agency staff supporting you. Additionally, we may use or disclose your personal health information for the purposes of training staff and volunteers.

**THE ST. LOUIS ARC MAY USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR THE FOLLOWING REASONS WITHOUT YOUR CONSENT OR AUTHORIZATION:**

- In case of an emergency;
- When the St. Louis Arc is required by law to treat you;
- When the St. Louis Arc is required by law to disclose information;

**OTHER INSTANCES WHEN CONSENT OR AUTHORIZATION IS NOT NEEDED:**

**d. For Personal Contact and Appointment Reminders**

The St. Louis Arc may use or disclose your personal health information when contacting you by phone or mail at your home or place of employment. Unless directed otherwise, we may leave messages for you by voice mail, answering machine, or with another person at either of these locations. Examples may include leaving messages regarding appointment reminders for services or treatment.

**e. Service/Treatment Alternatives and Health Related Benefits**

The St. Louis Arc may use and disclose your personal health information to tell you about treatment/service options or alternatives, or health related benefits that may be of interest of you.

**f. Family and Other Important People**

The St. Louis Arc may use or disclose your personal health information to a guardian, family member, close personal friend, or anyone else you identify. These people will be listed as your “primary contacts”. Examples may include information regarding your general condition, services and supports received, and information necessary to receive payment for services. You have a right to request a restriction on this disclosure.

**g. Disaster Relief**

The St. Louis Arc may disclose your personal health information to any agency assisting in a disaster relief effort so that your family can be notified of your condition, status and location.

**h. To Avert a Serious Threat to Health or Safety**



The St. Louis Arc may use and disclose your personal health information to prevent a serious threat to the health and safety of you, the public, or another person. However, any such disclosure would only be made to someone able to help in the prevention of the threat.

**i. Organ and Tissue Donation**

For organ donors, the St. Louis Arc may disclose your personal health information to organizations who handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**j. Worker's Compensation**

The St. Louis Arc may disclose your personal health information when necessary to comply with Worker's Compensation laws or similar programs. These programs provide benefits for work related injuries.

**k. Public Health Risks**

The St. Louis Arc may use or disclose your personal health information for public health activities. These activities generally include the following: to prevent or control disease or injury; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; to report births or deaths; to report child abuse or neglect; to report reactions to medications or problems with products.

**l. Reporting Victims of Abuse, Neglect, or Domestic Violence**

The St. Louis Arc may use or disclose your personal health information if we believe you have been a victim of abuse, neglect or domestic violence. This information may be used to notify a government authority, when law requires or authorizes us, or if you authorize the release of information.

**m. Health Oversight Activities**

The St. Louis Arc may disclose your personal health information to a health oversight agency for activities authorized by law. Such activities are necessary for the monitoring of the health care system, government funded programs, and the protection of civil rights laws. For example, audits, investigations, inspections and licensure activities.

**n. Lawsuits and Disputes**

The St. Louis Arc may disclose your personal health information in response to a court or administrative order should you be involved in a lawsuit or a judicial dispute.

**o. Law Enforcement**

The St. Louis Arc may disclose your personal health information to law enforcement officials for the following purposes:

1. When a person is or is suspected to be a victim of a crime, the St. Louis Arc will attempt to get authorization prior to the disclosure of information. In limited circumstances, however, personal health information will be disclosed when the Agency is unable to obtain the authorization.
2. About a person's death that the Agency suspects has been the result of criminal conduct.
3. About crimes occurring at the Agency or when there has been a substantial threat of crime.
4. In emergency circumstances: to report a crime, the location of the crime or victims, and the identity, description, and/or location of the person who committed the crime.
5. When the Agency is required by law or in response to a legally sound warrant or subpoena.
6. To identify or locate a missing person, material witness to a crime, suspect of a crime, or fugitive.
7. To protect your health and safety, the health and safety of others, or the safety of a correctional institution should you be incarcerated.



**p. Funeral Directors**

The St. Louis Arc may disclose your personal health information as necessary for a funeral director to carry out his/her duties.

**q. Coroners and Medical Examiners**

The St. Louis Arc may disclose your personal health information to identify the deceased or determine cause of death.

**r. Other Uses and Disclosures**

Other uses and disclosures of your personal health information will be made only with your written authorization and you may revoke such authorization by notifying, in writing, the St. Louis Arc's Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices). You will not be able to revoke authorizations on which the Agency has already acted upon.

**2. YOUR RIGHTS REGARDING THE PERSONAL HEALTH INFORMATION THE ST. LOUIS ARC MAINTAINS ABOUT YOU**

**a. Right to Inspect and Copy**

You have the right to inspect your personal health information at any time by verbally requesting the information from the appropriate support person. You also have a right to request a copy of your personal health information. Copy requests should be made in writing to the Director of the program in which you are making the request and will be processed within 30 days with one 30 day extension. *Exceptions to this right include psychotherapy notes and information compiled in anticipation of litigation.* Requests will be completed electronically when possible.

If you are denied access to inspect or copy your personal health information, the St. Louis Arc will notify you of the reason for the denial. If the reason is for other than one of the two reasons listed above, you may request a review. The review should be requested in writing and directed to the St. Louis Arc's Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices). The St. Louis Arc's Human Rights Committee will conduct these reviews. This Committee is composed of both Agency personnel and community members. Any Agency personnel involved in denying the request will be excluded from the review. Within 60 days you will be provided a written accounting of the review. We will comply with the outcome of the review.

**b. Right to Request an Amendment**

Should you feel the personal health information the St. Louis Arc has about you is incorrect or incomplete, you may ask us to amend the information. Requests for amendments to information must be made in writing and submitted to the St. Louis Arc's Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices). We may deny your request if you ask us to amend information that:

- Is deemed accurate and complete;
- Was not created by the St. Louis Arc, unless the person or entity that created the information is no longer available make the amendment;
- Is not part of the personal health information maintained by the St. Louis Arc;
- Is not accessible for your inspection or copy

We may also deny requests not in writing or which do not provide sufficient reason in support of the amendment.

If you are denied a request of an amendment, the St. Louis Arc will provide you an explanation for that denial. If you are in disagreement, you may request a review. That review should be requested in writing and directed to the St. Louis Arc's Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices). The St. Louis Arc's Human Rights Committee will conduct these reviews. This Committee is composed of both Agency personnel and



community members. Any Agency personnel involved in denying the request will be excluded from the review. Within 60 days you will be provided a written accounting of this review. We will comply with the outcome of the review.

**c. Right to Account of Disclosures**

You have a right to request a list of disclosures of your personal health information made by the St. Louis Arc for up to six years prior to the date of your request, as long as that date does not precede April 14, 2003. Some types of disclosures are exempt from being accounted:

- Disclosures for purposes of treatment, payment, or health care operations
- Any type of disclosures made to you;
- Any type of disclosures made to your guardian or family/friends;
- Disclosures for disaster relief;
- Any type of disclosures to any law enforcement officials or correctional facilities;
- Any type of disclosures for which we have your written authorization.

In other words, the St. Louis Arc will keep an account of any disclosures made for reasons beyond the scope of the program from which you are receiving services.

All requests for lists of disclosures should be made in writing to the Director of the program from which you are requesting the account. Please allow 30 days for the processing of this request.

**d. Right to Request Restrictions**

You have a right to request a restriction on the personal health information we use or disclosure for treatment, payment or health care operation. You also have a right to request a restriction on the personal health information we use or disclose to a family member or friend. All requests for restrictions should be made in writing to the Director of the program from which you are requesting the restriction. The request should include:

- What information you want to limit or restrict;
- Whether you want to limit our *use, disclosure*, or both;
- To whom you want the limits to apply.

We are not required to agree to your request. If your request is denied, the St. Louis Arc will provide you an explanation of that denial. If you are in disagreement, you may request a review. Requests for reviews should be made in writing and submitted to the St. Louis Arc's Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices). The St. Louis Arc's Human Rights Committee will conduct these reviews. This Committee is composed of both Agency personnel and community members. Any Agency Personnel involved in denying the request will be excluded from the review. Within 60 days you will be provided a written accounting of this review. We will comply with the outcome of the review.

**e. Right to Request Confidential Communications**

You have a right to request that we communicate your personal health information to you in a certain way or at a certain location. All requests for limits on this communication should be made in writing to the Director of the program in which you are making the request. Your request should specify how and/or where you wish to be contacted. It is not necessary to include a reason for the request.

**f. Right to a Paper Copy of This Notice**

You have a right to a paper copy of the St. Louis Arc's Notice of Privacy Practices at any time. You may request a paper copy from the Director of the program in which you receive services. You may also find this notice on the St. Louis Arc's web site: [www.slarc.org](http://www.slarc.org).



### 3. THE ST. LOUIS ARC'S DUTIES

- The St. Louis Arc is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
- The St. Louis Arc is required to notify you if there is a breach of your PHI that may put you at risk of identity theft or other fraud.
- The St. Louis Arc will abide by the terms of our Notice of Privacy Practices in effect at the time.
- The St. Louis Arc reserves the right to change the terms in this Notice of Privacy Practices and to make the new Notice effective for all of your protective health information maintained by the Agency. The most current Notice may be found posted on the St. Louis Arc's web site: [www.slarc.org](http://www.slarc.org). Copies are also posted at all St. Louis Arc program offices. You may obtain a copy at any time by contacting the Director of the program from which you receive services.

### 4. COMPLAINTS

If you believe the St. Louis Arc has violated your privacy rights or you are in disagreement with a decision made regarding your request, you may:

- File a written complaint with the St. Louis Arc Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices).
- File a complaint with the United States Secretary of Health and Human Services:  
Secretary of the U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201  
877-696-6775

*You will not be retaliated against for filing a complaint.*

### ADDITIONAL INFORMATION

At any time should you have questions or need additional information regarding the St. Louis Arc's Notice of Privacy Practices, please contact the Agency's Privacy Officer (see contact information on the first page of this Notice of HIPAA/Privacy Practices).




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**ST. LOUIS ARC NOTICE OF HIPAA/PRIVACY PRACTICES  
ACKNOWLEDGEMENT AND CONSENT**

By signing below, I \_\_\_\_\_  
(Participant) acknowledge I have received a copy of the St. Louis Arc’s Notice of HIPAA/Privacy Practices and give consent for the provisions within the Notice of HIPAA/Privacy Practices, including use of my information for treatment, payment, and health care operations. The Notice of HIPAA/Privacy Practices describes the types of uses and disclosures of my protected health information which may occur as a result of receiving services from the St. Louis Arc, including disclosures to guardians, family members, close personal friends or anyone else you identify. The Notice of HIPAA/Privacy Practices also describes my rights with respect to my protected health information. I understand I have the right to request restrictions in writing regarding disclosures of information.

*Your authorization will remain in effect until you end it by writing to the St. Louis Arc.*

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Participant’s signature Date

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*If signature cannot be read*  
 Witness printed name Signature Date

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*If the Participant listed above is a minor or is legally unable to sign*  
 Legal Representative’s signature Date

**MAINTAIN IN  
PERMANENT RECORD  
DO NOT DESTROY**