

Developmental Disability Services of Jackson County



Empowering individuals through advocacy and support

The Missouri Department of Mental Health, its Organized Health Care Arrangement and the Developmental Disability Services of Jackson County ~EITAS

NOTICE OF PRIVACY PRACTICES

Notice Effective Date: April 14, 2003

Revised: 1/31/07

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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 the content of this Notice, or if you need to contact someone at EITAS about any of the information contained in this Notice, please contact the EITAS Privacy Official at (816) 363-2000 or through our website at www.icbsdd.com. (Additional contact information is provided at the end of this Notice.)

Organized Health Care Arrangement (OHCA)

Developmental Disability Services of Jackson County ~ EITAS is a participating member of the Missouri Department of Mental Health's Organized Health Care Arrangement (OHCA). Individuals and providers who are in the OHCA may share medical information with each other about DMH consumers they serve in common for the purpose of treatment, payment or health care operations as those terms are described later in this Notice of Privacy Practices.

The class of entities that make up the organized health care arrangement are:

- State-operated Missouri Department of Mental Health facilities;
- Contract providers located in the State of Missouri for the Divisions of Mental Retardation - Developmental Disabilities and Alcohol and Drug Abuse; and
- Administrative agents and contract providers located in the State of Missouri for the Division of Comprehensive Psychiatric Services.

and

- All other providers that the Department of Mental Health contracts with to provide services to our consumers (which defines what is meant by "organized health care arrangement").

These other individuals or providers are considered part of the Department of Mental Health's "Organized Health Care Arrangement" and should follow the terms of the Department of Mental Health's Notice of Privacy Practices.

WHO WILL FOLLOW THIS NOTICE

In addition to EITAS Board Members, administrative staff, Division of Transportation staff, volunteers and other contractual staff authorized to enter information in your medical/health record, the following people will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional that is authorized to enter information in your medical/health record;
- Any volunteer or member of a volunteer group that we allow to help you while you are in the facility.

PURPOSE OF NOTICE

This notice is to explain the rules around the privacy of your own medical/health records and our legal duties on how to protect the privacy of your medical/health records that we create or receive. Generally, we are required by law to ensure that medical/health information which identifies you is kept private. We are required by law to follow the terms of the notice that are the most current.

This notice will also explain:

- how we may use and disclose your medical/health information,
- our obligations related to the use and disclosure of your medical/health information and
- your rights related to any medical/health information that we have about you.

This notice applies to the medical/health records that are generated in or by this facility as well as those received. The terms “health”, “medical” and “medical/health” in this Notice means information about your physical or mental condition which make you eligible for our services, or which arise while we are serving you. For example, this may include psychological tests, psychiatric assessments or medical or social assessments.

We may obtain, but we are not required to, your consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. We have listed some of the types of uses or disclosures below.

We are required by law to provide you with a copy of this Notice of Privacy Practices and make a good faith effort to have you acknowledge receipt of a copy of the Notice.

HOW WE MAY USE AND DISCLOSE HEALTH/MEDICAL INFORMATION ABOUT YOU

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

Use and Disclosure of Medical Information

We can use or disclose health information about you regarding your treatment, payment for services, or for healthcare operations without your written authorization.

Treatment: We may use health information about you to provide you with treatment or services. We may disclose medical information about you to qualified mental health professionals (QMHPs); qualified mental retardation professionals (QMRPs); to qualified counselors; to technicians, other facility personnel, volunteers or interns who are involved in providing services for you at the facility; or interpreters needed in order to make your treatment accessible to you. For example, your treatment team members will internally discuss your medical/health information in order to develop and carry out a plan for your services. Different departments of the facility also may share medical/health information about you in order to coordinate the different things you need, such as occupational therapy, personal assistance, day programs, residential services, etc. We also may disclose medical/health information about you to people outside the facility who may be involved in your care, such as members of the OHCA or others who provide services that are part of your care, but only the minimum necessary amount of information will be used or disclosed to carry this out.

Payment: We may use and disclose medical/health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, Medicaid or a third party. For example, we may need to provide Medicaid information about habilitation services you received at a facility so any applicable Medicaid or Medicare funds may be used to pay us for the services. We may also tell your payor about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered.

Health Care Operations: We may use and disclose medical/health information about you for facility operations. These uses and disclosures are necessary to run EITAS and make sure that all of our consumers receive quality care. For example, we may use medical/health information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to nurses, service providers, technicians, and other facility personnel as listed above for review and learning purposes. We may also combine the medical/health information we have with medical/health information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. It may also be necessary to obtain or exchange your information with the Department of Elementary and Secondary Education, the Department of Social Services, Vocational Rehabilitation, the Office of State Courts Administrator, or other Missouri state agencies or interagency initiatives such as the System of Care initiative. Or, 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 the identity of specific consumers. This may be in the form of providing information to regional advisory councils or state advisory councils or planning councils.

In addition, we may share your protected health information with third-party "business associates" who perform various activities (for example, a cab company that may become your permanent transportation service) for EITAS. The business associates will also be required to protect your health information.

Other Uses and Disclosures of Medical/Health Information That Do Not Require Your Consent or Authorization

We can use or disclose health information about you without your consent or authorization when:

- there is an emergency or when we are required by law to treat you,
- when we are required by law to use or disclose certain information, or
- when there are substantial communication barriers to obtaining consent from you.

We can also use or disclose health information about you without your consent or authorization for:

Appointment Reminders: We may use or disclose your protected health information, as necessary, to contact you to remind you of appointments such as your scheduled pickup and drop off times.

Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

Individuals Involved in Disaster Relief: Should a disaster occur, we may disclose medical information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose medical/health information about you for research purposes when the Institutional Review Board, or Privacy Committee has approved a waiver of authorization. All research projects, however, are subject to a special approval process under Missouri law. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with consumers' need for privacy of their medical/health information. Before we use or disclose medical/health information for research, the project will have been approved through this research approval process. We may, however, disclose medical/health information about you to people *preparing* to conduct a research project; for example, to help them look for consumers with specific health needs, so long as the medical information they review does not leave the facility. We may also use or disclose your health information without your consent when disclosing information related to a research project when the Professional Review Committee has approved a waiver of authorization or a university sponsored Institutional Review Board.

As Required By Law: We will disclose medical/health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical/health information about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person. However, any such disclosure would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Public Health Risks: We may disclose medical/health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; 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 consumer 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/health 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/health information about you in response to a court or administrative order. We may disclose your medical/health information in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative hearing only after reasonable effort has been made to notify you of the request for such information.

Law Enforcement: We may release medical/health information if asked to do so by a law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment records), a court order is required. We may also release limited medical/health information to law enforcement in the following situations: (1) about a consumer who may be a victim of a crime if, under certain limited circumstances, we are unable to obtain the consumer's agreement; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct at a facility; (4) about a consumer where a consumer commits or threatens to commit a crime on the premises or against program staff (in which case we may release the consumer's name, address, and last known whereabouts); (5) 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; and (6) when the consumer is a forensic client and we are required to share with law enforcement by Missouri statute.

Coroners, Medical Examiners and Funeral Directors: We may release medical/health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/health information about consumers of a facility to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President and other authorized persons or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/health information about you to the correctional institution or law enforcement official if the release is 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.

YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. (Please note that most of the requests listed below require the request be made in writing to the EITAS. Request forms are available on line or by contacting the EITAS office.)

Right to Inspect and Copy: You have the right to inspect and copy your medical/health information *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. To inspect and copy your medical/health information, you must submit your request in writing to this facility's Privacy Official or designee. We will respond to your request within 30 days of receipt of your written request. If you request a copy of the information, we may charge a 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 limited circumstances. If you are denied access to your medical/health information because of a threat or harm issue, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility 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 Request an Amendment: If you feel that medical/health 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 the facility. Requests for an amendment must be made in writing and submitted to the Privacy Official or designee. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing, if it does not include a reason supporting the request or if it not allowed by other state and federal laws and/or regulations.

EITAS will respond within 60 days to a written request but may require a 30-day extension to amend the medical/health information or deny the request. Under no circumstances will the EITAS exceed 90 days in providing a response.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures", a list of the disclosures made by the facility of your medical/health information. To request an accounting of disclosures, you must submit your request in writing to this facility's Privacy Official or designee. Your request must state a time period which may not go back more than six years and cannot include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, we may charge you for the cost of providing the list. We will notify you what that cost will be and give you an opportunity to withdraw or modify your request before you are charged. There are some disclosures that we do not have to track. For example, when you give us an authorization to disclose some information, we do not have to track that disclosure.

The EITAS will respond within 60 days to a written request but may require a 30-day extension to provide the accounting of disclosures. Under no circumstances will the EITAS exceed 90 days in providing an accounting of disclosures.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical/health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about your family history to a particular community provider. ***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 a restriction on the use or disclosure of your medical/health information for treatment, payment or health care operations, you must make your request in writing to the facility's Privacy Official or designee. 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 (for example, disclosures to your parents).

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 facility's Privacy Official or designee. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests. The EITAS will respond to your request within 10 days of receipt of your written request.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time by contacting the facility's Privacy Official or designee. You may also obtain a copy of this notice at our website, <http://www.jcsdd.com>

OTHER USES OR DISCLOSURES OF MEDICAL/HEALTH INFORMATION.

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing.

If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We may make the revised notice effective for medical/health 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 in the facility. The notice will contain on the first and last pages the effective date. In addition, each time you register at or are admitted or apply for services to the facility for treatment or services, we will offer you a copy of the current notice in effect. If you want to request any revised Notice of Privacy Practice, you may access it at our website (<http://www.jcsdd.com>).

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the EITAS Privacy Official. Complaints must be mailed or hand delivered to the administrative offices (see contact information below). The EITAS shall not accept any complaints that are emailed. If you need assistance in completing or filing a written complaint, you may contact the Privacy Official for assistance. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

You may also file a complaint with the Department of Health and Human Services, Office for Civil Rights. Contact information for this office may be obtained from the EITAS Privacy Official.

EITAS CONTACT INFORMATION

You may contact the EITAS Privacy Official for further information at:

Privacy Official
EITAS
8508 Hillcrest Rd.,
Kansas City, MO 64138

or (816) 363-2000 between 8:30 a.m. and 4:30 p.m., Monday - Friday

This notice is effective in its entirety as of April 14, 2003.

Revised: January 31, 2007

Revised: August 28, 2007