

NOTICE OF PRIVACY PRACTICES

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

Clayton Mental Health, L.L.C. ("CMH") will only release Protected Health Information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes the policies related to the use and disclosure of your healthcare information.

CMH is required by law to protect certain aspects of your healthcare information known as Protected Health Information or PHI and to provide you with this Notice of Privacy Practices. This Notice describes our privacy practices, your legal rights, and lets you know how CMH is permitted to:

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI.

CMH respects your privacy, and treats all healthcare information about patients with care under strict policies of confidentiality.

CMH is permitted by law to use and disclose your PHI:

- For payment: This includes any activities CMH must undertake in order to get reimbursed for the services CMH provides to you, including such things as organizing your PHI and collection of outstanding accounts. (Please note: CMH does not currently seek reimbursement from any third-party for care.)
- For healthcare operations: This includes quality assurance and improvement activities, licensing and training programs, obtaining legal and financial services, conducting business planning, processing grievances and complaints, audit functions, including fraud and abuse detection and compliance, creating reports that do not individually identify you for data collection purposes.

CMH may also contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

CMH is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For CMH's use in treating you or in obtaining payment for services provided to you;
- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care or payment of care *if CMH obtains your verbal agreement to do so or if CMH*

gives you an opportunity to object to such a disclosure and you do not raise an objection. CMH may also disclose health information to your family, relatives or friends if CMH infers from the circumstances that you would not object. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), CMH may in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, CMH will disclose only health information relevant to that person's involvement in your care.

- To a public health authority in certain situations (such as to report child or adult abuse or neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- For judicial and administrative proceedings as required by a court or administrative order;
- • For law enforcement activities in limited situations, such as when there is a warrant for the request, when the information is needed to locate a suspect or to stop a crime, or to comply with compulsory legal process such as subpoenas or summonses;
- • To avert a serious threat to the health and safety of a person or the public at large.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization, (the authorization must specifically identify the information CMH seeks to use or disclose, as well as when and how CMH seeks to use or disclose it). You may revoke your authorization at any time, in writing except to the extent that CMH has already used or disclosed medical information based upon that authorization.

Your Health Information Rights:

As a patient, you have rights with respect to the protection of your PHI, including:

The right to be informed of our privacy practices: Our practices related to protecting the privacy of your PHI are described in our Notice of Privacy Practices. The NOPP describes how CMH uses your information to provide treatment to you, to obtain payment for that treatment and for CMH's internal operations.

The right to access, copy, or inspect your PHI: This means you may come to our office and inspect and copy the information that CMH maintains. CMH will normally provide you with access to this information within 30 days of your request; CMH may also charge you a fee for you to copy any information that you have the right to access. In limited circumstances, CMH may deny you access to your medical information, and you may appeal certain types of denials.

CMH has forms available for you to request access to your PHI. CMH will provide a written response if CMH denies you access and CMH will let you know your appeal rights. If you wish to inspect and copy your information, you should contact the privacy liaison listed at the end of this Notice.

The right to request amending your PHI: You have the right to ask us to amend written information that CMH may have about you. If errors are found, CMH will generally amend your information within 60 days of your request and will notify you when CMH has

amended the information. CMH is permitted by law to deny your request to amend your information, but only in certain circumstances. For example, if CMH believes the information is correct and no errors exist, your request will be denied. If you wish to request that CMH amends the information that CMH has about you, you should contact in writing the privacy officer listed at the end of this Notice. You have a right to amend your PHI for as long as CMH keeps it.

The right to request confidential communication of your PHI: CMH normally sends information relating to your care to the address and phone numbers you have provided. However, if you would like to have the information sent elsewhere to protect the confidentiality of the information, you request that.

The right to request restrictions on the use and disclosure of your health information: You may request that CMH restricts who has access to your health information using CMH's request restrictions form. Note, however, that some requests will not be possible for us to accept. CMH currently limits the information that CMH uses to only that information which is necessary to provide quality medical care, to receive payment for that care, for managing CMH's operations, and to meet legal requirements.

The right to request an accounting of CMH's use and disclosure of your PHI: You may request an accounting from CMH of certain disclosure of your medical information that CMH has made in the last six years prior to the date of your request. CMH is not required to give you an accounting of information CMH has used or disclosed for purposes of treatment, payment, or healthcare operations, or when CMH shares your health information with CMH's business associates. CMH is also not required to give you an accounting of CMH's uses of protected health information for which you have already given CMH written authorization. If you wish to request an accounting of the medical information about you that CMH has used or disclosed that is not exempt from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that CMH restricts the uses and disclosures of your PHI: You have the right to request that CMH restricts how CMH uses and discloses your medical information that CMH has about you for treatment, payment or healthcare operations, or to restrict the information that CMH has about you for treatment, payment, or healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. However, if you request a restriction and the information you ask CMH to restrict is needed to provide you with emergency treatment, then CMH may use the PHI or disclose the PHI to a healthcare provider to provide you with emergency treatment.

Copy of Paper Notice on Request: You also may always request a paper copy of the Notice.

Revision to the Notice: CMH reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that CMH maintains. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: You also have the right to complain to CMH, or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way by CMH for filing a complaint with CMH or with the government. Should you have any questions,

comments or complaints, you may direct all inquires to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against by CMH for filing a complaint.

If you have any questions about your rights, please contact an attorney.

Complaints:

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact CMH's privacy officer:

Marisa Gelfand
7710 Carondelet Ave, Suite 101
Clayton, MO 63105
claytonmentalhealth@gmail.com
314-764-5737

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

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
OCR Hotlines-Voice: 1-800-368-1019 1-800-368-1019