

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Effective Date: October 23, 2009

Children's Foundation of Mid-America is required by law to:

Make sure that medical/mental health information that identifies you is kept confidential;
Give you this notice of our legal duties and privacy practices regarding your medical information;
Follow the terms of the notice currently in effect.

If you have any questions about this notice, please contact our Privacy Officer at 314-989-9727, extension 307.

Our Pledge Regarding Your Medical/Mental Health Information

We understand that medical/mental health information about you and your health is personal. We are committed to protecting your medical/mental health information. We create a record of the services that you receive. We need this record to provide quality care management and to comply with certain legal requirements. This notice applies to all of the records created and received by us, whether made by Children's Foundation of Mid-America personnel, or by your personal care provider.

The following categories describe different ways that we use and disclose medical/mental health information. For each category, we will explain our meaning and give examples. Not every use or disclosure will be listed, but all of the ways that we are permitted to use and disclose medical/mental information will fall within one of the categories.

Treatment: We may use medical/mental health information about you to provide you with medical/mental health treatment and/or services. We may disclose information about you to doctors, nurses, technicians, mental health care providers, and/or other hospital, surgery center or clinic personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may tell the dietician so appropriate meals can be arranged for you. Different departments of the hospital may also share information about you to coordinate the various things you need, such as x-rays, lab work, and prescriptions. We may also disclose information about you to people outside our health system who may be involved in your medical/mental health care after you leave our system.

Payment: We may use and disclose medical/mental health information about you so that your medical/mental health treatment and services may be billed to, and payment collected from, your insurance company or other third party (like your auto insurance company, if applicable). This includes Workers Compensation. We may also tell your health plan about treatment you may receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Functions: We may use and disclose medical/mental health information about you for hospital, surgery center and clinic functions. These uses and disclosures are necessary to run our care management organization and to make sure that our clients receive quality care. For example, we may use your medical/mental health information to review your treatment and services, and to evaluate the performance of our staff in caring for you. We may also combine medical/mental health information about many of our clients to decide what additional services we should offer, or whether certain new treatments are effective. We may also disclose medical/mental health information to care personnel for review and learning purposes. We may also combine medical/mental health information we have with medical/mental health information from other medical/mental health organizations 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/mental health information so others may use it to study health care and its delivery without learning who the specific patients are.

Emergency treatment: We are not required to get your consent before emergency care as long as we try to get your consent after treatment, or if we try to get your consent but you are unconscious, in severe pain, or in psychiatric crisis, and we think you would consent if you were able to do so.

Appointment Reminders: We may use and disclose medical/mental health information to contact you as a reminder that you have an appointment for treatment or care through a care provider.

Health Related Benefits and Services: We may use and disclose medical/mental health information to tell you about health related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical/mental health 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 medication for the same condition. All research projects are evaluated for balance between research needs and patients' needs for privacy.

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

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

Organ and Tissue Donation: If you are a donor, we may release medical information to organizations that handle organ procurement or transplantation, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical/mental health information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks: We may disclose medical/mental health information about you for public health purposes. These purposes generally include the following:

- To prevent or control, disease, injury or disability;
- To report births and deaths;
- To report suspected child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of product 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 client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree OR when required by law.

Health-Oversight Activities: We may disclose medical/mental health information to a health oversight agency for activities authorized by law (for example, Department of Health, Medicare, and DSHS). These activities may 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 dispute, we may disclose medical/mental health information about you in response to a court or administrative order. We may also disclose medical/mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release medical/mental health information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons, or similar process;
2. To identify or locate a suspect, fugitive, material witness or missing person;
3. About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct at the agency; and
6. In emergency circumstances to report a crime, the location of the crime or victims, of the identity, description or location of the person who allegedly committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical 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 information about clients to funeral directors as necessary to carry out their duties.

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

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

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/mental health information about you to the correctional institution or law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

YOUR RIGHTS CONCERNING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical/mental information we maintain about you:

o Right to Inspect and Copy: You have the right to inspect and get a copy of medical/mental health information that may be used to make decisions about your care. Usually, this includes medical/mental health and billing records, but does not include psychotherapy notes.

To inspect and get a copy of medical/mental information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at Presbyterian Children's Services. If you request a copy of the information, we will charge a fee for the costs of copying. These fees are set by law.

We may deny your request to inspect and copy your record in certain very limited circumstances. If you are denied access to medical/mental health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our organization 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.

o Right to Amend: If you think the medical/mental 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 our organization. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must supply a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition, we may also deny your request if you ask us to amend information that:

-

-

was not created by us, unless the person or entity that created the information is no longer available to make the amendment; for our organization; is not part of the medical/mental health information kept by or inspect and copy; or is not part of the information which you would be permitted to accurate and complete.

o **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/mental health information about you for anything other than to carry out treatment, payment and health care operations.

To request this list, or accounting of disclosures, you must submit your request in writing to our Privacy Officer. 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 in any twelve-month period will be free of charge. 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 before any costs are incurred.

o **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical/mental health information that we use or disclose about you for treatment and/or payment of health care operations. You also have the right to request a limit on the medical/mental health information we disclose about you to someone who is involved in your care, or the payment of your care.

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 submit your request in writing to our Privacy Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, our disclosure, or both, and to whom you want the limits to apply.

o **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical/mental health matters in a certain way or in 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 our Privacy Officer. 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 a 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, at <http://www.care4kids.org>. To obtain a paper copy of this notice, contact our Privacy Officer.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical/mental health information we already have about you, and for information we receive in the future. We will post a copy of the current notice on our web site. The notice will contain the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with our Privacy Officer, contact:

Privacy Officer/Children's Foundation of Mid-America

1353 North Warson Road

St Louis, Missouri 63132

All complaints must be submitted in writing

You will not be penalized for filing a complaint.

Other Uses of Medical/Mental Health Information

Other uses and disclosures of medical/mental health 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/mental health 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/mental health 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 you.