I have received the booklet describing the rights to which I am or may be entitled, including information concerning:

- A section entitled "Your Right to Appeal," which explains my right to challenge a denial of eligibility for services.
- Responsibilities of the Division of Developmental Disabilities, types of services offered, basic eligibility criteria for services, general client rights and general information about the Division's appeal process.
- A list of the rights to which clients of the Division of Developmental Disabilities are entitled under state law (Sec. 630.115, RSMo.) without limitations, and;
- A list of the rights which may be limited for therapeutic reasons and to which residential or day program clients are entitled (Sec. 630.110, RSMo.).
- A Notice of Privacy Practices

The rights noted above, as well as the due process available to me under administrative rule, have also been described to me by the Intake Worker.

________________________________________

APPLICANT/RESPONSIBLE PARTY SIGNATURE

DATE: ________________________________

*Responsible party is defined as the parent of a minor or the legal guardian of an incapacitated person.

THIS RIGHTS RECEIPT IS TO BE DETACHED FROM THE BOOKLET AND MAINTAINED BY THE DIVISION OF DEVELOPMENTAL DISABILITIES OR CONTRACTED ENTITY.
Eligibility

Eligibility for the Division of Developmental Disabilities is determined by a comprehensive evaluation as opposed to linking eligibility to a particular diagnosis. A developmental disability is a long term condition that significantly delays or limits mental or physical development and substantially interferes with such life activities as self-care, communication, learning, decision making, capacity for independent living, and mobility.

A Comprehensive Evaluation

Medical, psychological, educational and other records are reviewed for evidence of a developmental disability. Each individual is evaluated to provide information about the individual’s functioning, strengths, and needs related to his or her disability.

The information gathered is examined to see if there is a developmental disability which:

- Significantly delays or limits mental or physical development,
- Interferes with basic life activities,
- Reflects a need for one or more specialized habilitative services
- Is likely to continue indefinitely, and which
- Is attributable to intellectual disability, cerebral palsy, epilepsy, head injury, autism, a learning disability related to brain dysfunction, or any other mental or physical impairment which occurs before the age of 22.

How and where to apply for services:

You may apply for services or refer someone for services by calling, writing, or going to the regional office that services your county. You can also contact MOCOR (see below), which will get you in contact with the state agency who can best meet your needs.

- Include any other relevant information.
- Please sign your name and date your letter.

The following information includes options that you may select:

- Do you need special accommodations for us to communicate with you about this complaint?
- If we cannot reach you directly, is there someone else we can contact to help us reach you?
- Have you filed your complaint somewhere else?

The Privacy Rule, developed under authority of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint with the Office for Civil Rights. You should notify OCR immediately in the event of any retaliatory action. To submit a complaint with OCR, please use one of the following methods. If you mail or fax the complaint, be sure to follow the instructions above for determining the correct regional office.

Option 1: Open and print out the Health Information Privacy Complaint Form http://www.hhs.gov/ocr/privacy/hipaacomplaintslhipcomplaintpackage.pdf in PDF format (you will need Adobe Reader software) and fill it out. Then, you can either: (a) print the completed form and mail or fax it to the appropriate Regional Office.

Option 2: If you choose not to use the OCR-provided Health Information Privacy Complaint Form (although we recommend that you do), please provide the information specified above and either: (a) send a letter or fax to the appropriate OCR Regional Office; or (b) send an email OCR at OCRComplaint@hhs.gov.

If you require an answer regarding a general health information privacy question, please view our Frequently Asked Questions (FAQs) at the website: http://www.hhs.gov/ocr/hipaa. You may also send an email to OCRPrivacy@hhs.gov with suggestions regarding future FAQs. If you need further assistance, you may call OCR (toll-free) at: 1-866-627-7748. Emails will not receive individual responses. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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.
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 Officer 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.

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 Officer or designee. You may also obtain a copy of this notice at our website, http://www.dmh.mo.gov/

Complaints: If you believe your privacy rights have been violated, you may:

- File a complaint with the facility, contact Privacy Officer or Designee, at the regional office: https://dmh.mo.gov/dd/facilities/

- File a complaint with the Region VII, Office for Civil Rights (OCR), U.S. Department of Health and Human Services. You may call them at 816.426.7278 or write to them at 601 East 12th Street, Room 248, Kansas City, Missouri, 64106. You may also fax your complaint to the Region VII, Office for Civil Rights (OCR) by calling 816.426.3686, or 816.426.7065 TTY. If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019.

You can submit your complaint in any written format. It is recommended that you use the OCR Health Information Privacy Complaint Form which can be found on our website or at an OCR Regional office. If you prefer, you may submit a written complaint in your own format. Be sure to include the following information in your written complaint: If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing. Please include the name, full address and phone number of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.

- Briefly describe what happened. How, why, and when do believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated?

Missouri Community Options and Resources (MOCOR)

The Missouri Departments of Health & Senior Services, Mental Health (including the Division of Developmental Disabilities), and Social Services have partnered to provide a single point of initial contact for citizens of Missouri who are seeking help. This service will link individuals with the appropriate state agency or agencies based on that individual's concerns. You may access MOCOR either by phone at:

1-855-834-8555

or through the internet at:

http://mocor.mo.gov/

SERVICES

The Missouri Department of Mental Health serves residents of the state by working to prevent mental disorders, developmental disabilities, and substance abuse, and by treating, habilitating, and rehabilitating individuals with those conditions. The treatment and habilitation of persons with intellectual disabilities and other developmental disabilities is the responsibility of the department’s Division of Developmental Disabilities.

All individuals who are found eligible for the Division of Developmental Disabilities will receive support coordination services. Support Coordinators assist individuals and their families to identify needs and then to access resources in their communities to meet those needs.

Some individuals who are eligible for the Division of Developmental Disabilities are also able to access other special programs to address their needs. These programs have eligibility requirements that are different from the general eligibility for the Division of Developmental Disabilities, and not all individuals with qualify. These programs will be part of the discussion Support Coordinators will have with individuals and their families while developing an individualized support plan.

The individual's planning team must identify and document a need for service before the service can be authorized. The service may be provided directly by the division or purchased for the eligible person.
**APPEAL RIGHTS:**

What happens if you are found ineligible for services or continued services?

If you have been notified by a regional office that you or your ward are ineligible for services or ineligible for continued services, you may appeal the decision. You must appeal within 30 days after receiving written notice that you are ineligible.

To the Regional Director

If you disagree with the decision, you may notify regional office intake or support coordination staff and ask that your case be reconsidered by the regional office director. You will receive written notice that the regional office has received your request to appeal.

You may present any information that is related to the appeal in a meeting with the regional office director or a regional office representative.

You will receive the regional office director’s decision on your appeal within 10 working days after your appeal is received.

To an Appeals Referee

If you disagree with the decision of the regional office director, you may, within 30 days after receiving that decision, notify regional office intake or support coordination staff that you want an appeals referee to hear your case.

You will receive written notice that the regional office has received your request for an appeal hearing.

The appeals referee will be an employee of the Department of Mental Health, but not of the Division of Developmental Disabilities.

The referee will notify you in writing of the date, time, and location of the hearing. That notice will be given to you at least 30 days before the hearing and no more than 60 days after you first requested the hearing.

You may receive, without charge, documents that relate to your appeal. The documents shall be furnished to you within 5 working days after your request. You or your representative have the right to inspect Department of Mental Health records that relate to your appeal.

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 Officer 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 or if it does not include a reason supporting the request. In addition, we may 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;
- Is not part of the medical information kept by or for the facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**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 Officer 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, 2006. 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.

**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 Officer 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 spouse).
**Emergency or Disaster Events:** In the interest of public safety and planning for community needs in an emergency or disaster event, we may disclose general information about you to emergency managers, fire, law enforcement, public health authorities, emergency medical services such as ambulance districts, utilities, and other public works officials regarding:
- The numbers and locations of DMH clients in community and state-operated settings;
- Any special needs identified in these settings for purposes of rescue such as sensory, cognitive and mobility impairments;
- Special assistance and supports needed to effectively meet these needs such as communication devices, specialized equipment for evacuation, etc.;
- Necessary information to order necessary treatment or prophylaxis supplies and medications in the event of a public health emergency;
- Emergency notification contacts to expedite contact with families, legal guardians, or representatives or others regarding need for evacuation or emergency medical care;
- Any special needs that justify prioritization of utility restoration such as but not limited to dependence on respirator or other medical equipment, phone for emergency contact, etc.; or
- Any other information that is deemed necessary to protect the health, safety and well-being of DMH consumers.

**YOUR RIGHTS REGARDING YOUR MEDICAL/HEALTH INFORMATION**

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

**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 Officer or designee. 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 the 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.

The appeal referee will base his or her decision only on information presented at your hearing. The facility director must convince the referee that the regional office’s denial of services was correct. During the hearing, you, your representative, or the facility director may speak, present witnesses, submit additional information related to your appeal, and question witnesses.

The referee will record the hearing. That tape will be kept for one (1) year after the hearing and will be available for review by you and your representative. Within 30 days after the hearing, you will receive written notice of the referee’s decision.

**To the Circuit Court**

If you disagree with the decision of the referee, you may appeal to the Circuit Court, according to Chapter 536 of the Revised Statutes of Missouri (RSMo.)

You may receive, at your expense, a written copy of the tape of the appeals hearing for the purpose of appealing to the court. If the court or the department determines that you are indigent, the copy will be made available at no charge.

**What happens with a person is eligible for some services but not for a specific service?**

The appeal steps are the same as for appealing eligibility for all services, except that you must first appeal to the Support Coordination Supervisor before appealing to the facility director. You must appeal in writing or orally within 30 days after being notified that you are ineligible for the specific service.

You may present any information relating to your appeal. The Support Coordination Supervisor may meet with you and any staff to discuss the decision. Within ten (10) working days from the time you present your information to the support coordination supervisor, you will receive the decision and reasons for it. If you want to appeal the decision of the Support Coordination Supervisor, the full appeal process is available to you.
**Individual Rights of Persons Receiving Services from The Division of Developmental Disabilities**

Missouri law gives individuals who receive mental health services the following rights without limitation:

1. To humane care and treatment;
2. To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;
3. To safe and sanitary housing;
4. To not participate in non-therapeutic labor;
5. To attend or not attend religious services;
6. To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which the individual is informed insofar that person is capable of understanding;
7. To be treated with dignity as a human being;
8. To not be the subject of experimental research without prior written and informed consent or that of a parent, if the person is a minor, or guardian; except that no involuntary committed person shall be subject to experimental research, except as provided by statute;
9. To decide not to participate or to withdraw from any research at any time for any reason;
10. To have access to consultation with a private physician at the individual’s expense;
11. To be evaluated, treated or habilitated in the least restrictive environment;
12. To not be subjected to any hazardous treatment or surgical procedure unless the individual's parent, if the person is a minor, or guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
13. In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of life;
14. To a nourishing, well-balanced and varied diet;
15. To be free from verbal and physical abuse;
16. To wear one’s own clothes and to keep and use one’s personal possessions;
17. To keep and be allowed to spend a reasonable sum of one’s own money for canteen expenses and small purchases;
18. To communicate by sealed mail or otherwise with persons, including agencies inside or outside the facility;
19. To receive visitors of one’s own choosing at reasonable times;

**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 the 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.
SPECIAL SITUATIONS

Organ and Tissue Donation: If you are an organ donor, we may release medical/health information to organizations that 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.

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

Workers’ Compensation: When disclosure is necessary to comply with Workers’ Compensation laws or purposes, we may release medical/health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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.

20. To have reasonable access to a telephone to make and receive confidential calls;
21. To have access to one’s own mental and medical records;
22. To have opportunities for physical exercise and outdoor recreation;
23. To have reasonable, prompt access to current newspapers, magazines and radio and television programming

Missouri law gives individuals who receive mental health services the following rights that may be limited for safety or therapeutic reasons: Any proposed limitation of rights must be reviewed by DMH Regional Office or State Operated Program’s Human Rights Committee to ensure that a person’s rights are adequately protected.

At the time of enrollment and annually the Division will ensure the person and/or the person’s parents, guardian or legal representative receive a written description of the person’s rights and how to exercise them. A person receiving services and/or the person’s parents, guardian or authorized representative shall be informed of the person’s rights in language that is easily understood.

If a person receiving services has complaints of abuse, neglect or violation or limitation of rights, the person, the person’s parents, guardian or authorized representative may contact their support coordinator, Regional Office, Habilitation Center representative, or they may contact the Department’s consumer rights monitor. (Constituent Services) at 800-364-9687 or TT 573-526-1201 for assistance.

The Division shall have policies and procedures that enhance and protect the human, civil and statutory rights of all persons receiving services. The Division and each service provider shall have policies and procedures for providing positive supports to persons receiving services. Those policies and procedures shall be consistent with the enhancement and protection of human rights.

The Division shall report abuse and neglect as mandated by law. Any violation of rights shall constitute, at a minimum, inadequate care and treatment.
An Explanation Of Your Rights In People-First Language.

The following is an explanation of your rights in people-first language. It is important for every person to know his or her rights. These are the rights of individuals who receive services from the Missouri Division of Developmental Disabilities:

Due Process

Before your rights or services can be limited or taken away, you have the right to be heard or to have someone you choose speak for you. This is called due process.

When you apply for services the regional office or habilitation center must give you, your parents, your guardian, or any other person you choose a written copy of your rights. If any changes in your services are made, you will receive a new copy of your rights.

Regional offices, habilitation centers and provider agencies that have staff who work with you have rules to provide you good help. They have rules to make sure you learn and understand your rights, and that no one takes your rights away before you have a chance to speak for yourself or have someone you choose speak for you. This is called due process.

You have the same legal rights and responsibilities as any other person unless the court says you do not.

You have the right to get help. You cannot be denied help because of your race, your religion, your disability or your age. It does not matter if you are a man or woman, married or single.

Any proposed limitation of rights must be reviewed by DMH Regional Office or State Operated Programs Human Rights Committee to ensure that a person’s rights are adequately protected.

Services and Supports

- You have the right to get your services and supports in the most integrated setting and in a way that best meets your needs. To determine those services, these people may be involved: you, your parents, your guardian or any other person of your choice.
- You have the right to know what the regional office and habilitation center rules are for the services and supports you receive.

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 a waiver of authorization has been approved by the Institutional Review Research. Under certain circumstances, medical information may be disclosed for research purposes when a waiver of authorization has been approved by an Institutional Review Board or Privacy Committee. 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 medical 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 a waiver of authorization has been approved by the Professional Review Committee or a university sponsored Institutional Review Board.

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.
Health Care Operations
We may use and disclose medical/health information about you for facility operations. These uses and disclosures are necessary to run the facility or the Department of Mental Health 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 combine medical information about many facility consumers to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective.

Payment
We may also disclose information to doctors, nurses, technicians, medical students and residents, 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 Juvenile Information Governance Commission, or 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 our regional advisory councils or state advisory councils or planning councils.

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 may also use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.


- You have the right to have your services, supports and personal records explained to you so you understand them.
- You have the right to receive and read your personal records.
- You have the right to receive and sign a copy of your personal plan.
- You have the right to have your records kept private.

Abuse and Neglect
You have the right not to be abused or neglected. Abuse can be physical, verbal, mental, sexual or financial. Neglect is not getting the support you need to be healthy and safe. If you think you are being abused, neglected or that your rights have been taken away, you, your parents, your guardian, or any other person you choose can contact your regional office or habilitation center for help. You can also call consumer rights monitor (Constituents Services) in Jefferson City at 1-800-364-9687 for help.

People who work for the regional office or habilitation center must report any abuse or neglect that they see or that is reported to them.

For more tools on explaining individual rights visit the Divisions of Developmental Disabilities website: http://dmh.mo.gov/dd/Advocacyspecialists.htm

In addition to facility departments, employees, staff and other facility personnel, the following people will also follow the practices described in this Notice of Privacy Practices:

Any health care professional who is authorized to enter information in your medical/health record;

Any member of a volunteer group that we allow to help you while you are in the facility; and

All providers that the Department of Mental Health contracts with to provide direct treatment services to our consumers. In addition, individuals and providers 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 MISSOURI DEPARTMENT OF MENTAL HEALTH
NOTICE OF PRIVACY PRACTICES

This notice explains 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 that 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 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 organization. The terms “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. If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at the facility about any of the information contained in this Notice of Privacy Practices, the contact person is the Privacy Officer or designee.

The Health Insurance Portability and Accountability Act

The following information outlines privacy practices and confidentiality laws, and answers questions such as “who has access to your personal information” and “what are your rights.” After reviewing the following information, if you have any questions, please contact your support coordinator or local regional office.

A Federal law, the Health Insurance Portability and Accountability Act, known as HIPAA, protects you from any misuse of information about you. Any health information that is about an individual is called Protected Health Information (PHI). It is illegal for anyone to share this information without written permission from the individual or guardian.

How we may use and disclose your medical or health information:

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 you 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 in one of the categories.

USE AND DISCLOSURE OF MEDICAL INFORMATION

We can use or disclose medical information about you regarding your treatment, payment for services, or for facility operations, and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

Treatment

We may use medical (protected health information, or PHI) information about you to provide you with treatment or services. We may disclose medical information about you to qualified mental health professionals (QMHPs); qualified developmental disability professionals (QDDPs); or to qualified counselors; or, technicians, medical students or residents, or 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 prescriptions, medical tests, special dietary needs, respite care, personal assistance, day programs, etc. We also may disclose medical/health information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as community health/mental health/developmental disability/substance abuse providers or others we use to 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. Please note that the definition of treatment does allow DMH to share PHI when necessary to consult with other providers, or when necessary to refer you to another provider, or even to treat a different individual.

We may use and disclose medical/health information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about psychiatric treatment or habilitation services you received at the facility so your insurance plan, or any applicable Medicaid or Medicare funds, will pay us for the services. We may also tell your insurance plan or other payer about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration, the Division of Employment Security, or the Department of Social Services.