

**NOTICE OF SAMARITAN COUNSELING CENTER, INC'S  
dba The CENTER, a Samaritan Center  
PRIVACY PRACTICES**

Effective April 14, 2003

Update August 16, 2017

**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

If you have any questions about this notice, please contact The CENTER's Privacy Officer at The CENTER, 902 Edmond, Suite 203, St. Joseph, MO 64501, or by calling 816-364-4300. The privacy of your health information is important to us and we want to do every thing possible to protect that privacy.

This notice applies to the information and records we have about your health care and the services you receive. We are required by law to keep your protected health information private. We are also required to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of this information.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law. If we make any changes, we will change this notice and give you a copy of the new notice.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operational purposes. To help clarify ways your health information may be used some examples are listed below:

- ❖ *"PHI"* refers to information in your health record that could identify you.
- ❖ *"Treatment, Payment, and Health Care Operations"*
  - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health professional.
  - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, fundraising activities, business-related matters such as audits and administrative services, and case management and care coordination.

**II Uses and Disclosures Requiring Authorization**

We will not use or disclose your health information for any purpose other than treatment, payment or health care operations, without your specific, written authorization. An *"authorization"* is written permission above and beyond the general consent that permits only specific disclosures. We will also need to obtain an authorization before releasing your psychotherapy notes. *"Psychotherapy Notes"* are notes that have been made about a conversation during a private, group, joint, or family counseling session, which has been kept

separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. If you give us your authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

### III Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- ❖ *Child Abuse* - If we have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if we observe a child being subjected to conditions which would reasonably result in abuse or neglect, we must immediately report such information to the Missouri Division of Family Services. We must also report sexual abuse or molestation of a child under 18 years of age to Family Services. We may also report abuse or neglect to a law enforcement agency or juvenile office.
- ❖ *Adult and Domestic Abuse* - If we have reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, we must report such information to the Missouri Department of Social Services. “*Eligible adult*” means any person 60 years of age or older, or an adult with a handicap (substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.
- ❖ *Health Oversight Activities* - The Missouri Attorney General’s office may subpoena records from us relevant to disciplinary proceedings and investigations.
- ❖ *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.
- ❖ *Serious Threat to Health or Safety* - When we judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person, we must disclose your relevant confidential information to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.
- ❖ *Worker’s Compensation* - If you file a worker’s compensation claim, we must permit your record to be copied by the Missouri Labor and Industrial Commission or the Division of Worker’s Compensation of the Missouri Department of Labor and Industrial Relations, your employer, you and any other party to the proceedings.

### III. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

- ❖ *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If your request restricts us from using or disclosing information for purposes of treatment, payment or health care operation, we have the right to discontinue providing you with health care treatment and services.
- ❖ *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send your bills to another address.)
- ❖ *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You must submit a written request to The CENTER’s Privacy

Officer in order to inspect or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your access to PHI under certain circumstances; you may have this decision reviewed. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- ❖ *Right to Amend Incorrect or Incomplete PHI* - If you believe 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 as long as the information is kept by this office. Requests for an amendment must be in writing. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - a) We did not create the information.
  - b) Is not part of the protected health information that we keep
  - c) You would not be permitted to inspect and copy under the *Right to Inspect and Copy* provision
  - d) Is accurate and complete
- ❖ *Right to an Accounting of Certain Disclosures* - You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations and for which you have neither provided consent nor authorization. The request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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 at that time before any costs are incurred.
- ❖ *Right to a Paper Copy of this notice* - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

#### IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with The CENTER’s Privacy Officer at 816-364-4300. You may also send a written complaint to the Secretary of the U. S. Department of Health and Human Services.