

**Notice Effective Date: February 1, 2025**

Name \_\_\_\_\_ DMH ID # \_\_\_\_\_

## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT COVER SHEET**

Under the HIPAA Privacy Rule, the Missouri Department of Mental Health is required to extend certain protections to your protected health information. HIPAA also requires DMH to give you this notice about our privacy practices that explains how, when and why we may use or disclose this information.

**Please sign this cover page acknowledging you have received the notice of privacy practices and return to DMH.** This page will be kept in your records.

I, \_\_\_\_\_ (name of individual receiving services), hereby acknowledge that I have received this Notice of Privacy Practices, with an effective date of February 1, 2025.

**NOTE: If the individual has a legal guardian or is a minor, please print the guardian's name in the space above rather than the individual's name.**

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**SIGNATURE OR  
LEGAL GUARDIAN SIGNATURE  
OR PARENT OF MINOR CHILD  
SIGNATURE**

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**DATE**

\_\_\_\_\_ at \_\_\_\_\_ p.m./a.m.  
**Date/Time sent to guardian  
(if applicable)**

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**Print Name & Signature of presenter/sender**

**DMH Staff: Please have the individual receiving services complete this cover sheet, and then tear off this cover sheet and file it in the individual's medical record.**

**Notice Effective Date: February 1, 2025**

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.**

This Notice is to explain the rules around the privacy of your own medical/health records and our legal duties regarding 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 facility. The terms "medical" and "medical/health" in this Notice mean information about your physical or mental conditions 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, but we are not required to, obtain 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 later in this Notice. Not every possible use or disclosure is covered, but all the ways that we are allowed to use and disclose information will fall into one of the categories.

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, contact your Local Privacy Officer. \_\_\_\_\_

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 (DMH) 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.

### **HOW WE MAY USE AND DISCLOSE 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 provide some examples. DMH provides a wide variety of services and health care, so not every possible use or disclosure will be listed. However, all 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 medical/health information about you for the purpose of providing your treatment, obtaining payment for services or for health care operations. We will make a good faith effort to have you acknowledge receipt of your copy of the Notice of Privacy Practices.

**Treatment:** We may use medical/health information (protected health information, or PHI) about you to provide you with treatment or services. We may disclose medical/health information about you to qualified mental health professionals; qualified developmental disabilities professionals (QDDP); to qualified counselors; to technicians, medical students or residents, or other facility personnel, volunteers or interns who are involved in providing services for you at the facility; or to interpreters needed to make your treatment accessible to you. For example, your treatment team members will internally discuss your medical/health information to develop and carry out a plan for your services. Different departments of the facility may also share medical/health information about you 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.

**Payment:** 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 payor 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.

**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 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/health 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. 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. DMH requires that our business associates abide by the same level of confidentiality and security as DMH when handling your health information.

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

We can use or disclose medical/health information about you without your consent or authorization when: (1) there is an emergency or when we are required by law to treat you; (2) we are required by law to use or disclose certain information; or (3) there are substantial communication barriers to obtaining consent from you.

We can also use or disclose medical/health information about you without your consent or authorization for the following purposes:

**Appointment Reminders:** We may use and disclose medical/health information to contact you as a reminder that you have an appointment for treatment or services at the facility.

**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, medical/health information may be disclosed for research purposes when a waiver of authorization has been approved by an Institutional Review Board or Privacy Committee. *For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another for the same condition.* 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

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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.

**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**

**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. Requests for reproductive health information under this authority will only be made pursuant to a valid attestation under 45 CFR 164.509(b).

**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. Requests for reproductive health information under this authority will only be made pursuant to a valid attestation under 45 CFR 164.509(b). DMH will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to us doing so in writing, or a court orders us to do so after you or DMH have been provided notice and an

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opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**Lawsuits and Disputes:** DMH may disclose health information about you in response to a subpoena, discovery request, court order, other lawful process by someone else involved in the dispute, or to defend ourselves against a lawsuit brought against us. Efforts will be made to tell you about the request and/or to obtain an order protecting the information requested. Requests for reproductive health information under this authority will only be made pursuant to a valid attestation under 45 CFR 164.509(b). DMH will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to us doing so in writing, or a court orders us to do so after you or DMH have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**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. Requests for reproductive health information under this authority will only be made pursuant to a valid attestation under 45 CFR 164.509(b). DMH will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to us doing so in writing, or a court orders us to do so after you or DMH have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**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. Requests for reproductive health information under this authority will only be made pursuant to a valid attestation under 45 CFR 164.509(b).

**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.

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**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.

- **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.

**Substance Use Disorder Treatment Records:** DMH will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to us doing so in writing, or a court orders us to do so after you or DMH have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

### **YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding medical information DMH maintains about you:

**Right of Access to Your Information:** 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 the Local 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

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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.

You may wish to receive your information electronically if the information is stored electronically. You may also request electronic copies be forwarded to a third party. Once DMH lawfully shares your information with a third party, your information may no longer be protected by law and may be redisclosed by the party who received it from us.

**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 Local 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 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 the Local Privacy Officer or designee. Your request must state a time period which may not go back more than six years. 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, and we may say “no” if it would affect your care.** 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 Local 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).

You have the right to request a restriction of disclosures for services you have paid for in full. DMH is not responsible for notifying any other healthcare providers associated with your care of this restriction.

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**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 Local 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 say "yes" to 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 Local Privacy Officer or designee. You may also obtain a copy of this notice at our website, <https://dmh.mo.gov/>.

**Right to Notification of a Breach of Your Information:** If your information is disclosed improperly by DMH, a business associate of DMH, or a vendor of a business associate, you will be notified in writing.

If you wish to exercise any of these rights, contact your Local Privacy Officer.

### 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 page, in the top right-hand corner, 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, <https://dmh.mo.gov/>.

## **COMPLAINTS**

If you believe your privacy rights have been violated, there are several avenues for submitting a complaint. You may:

- File a complaint with the facility or office by contacting your Local Privacy Officer.
- File a complaint with DMH Constituent Services by contacting them at:

Call: toll free 1-800-364-9687  
Email: [constituentsvcs@dmh.mo.gov](mailto:constituentsvcs@dmh.mo.gov)  
Department of Mental Health  
Attn: Constituent Services  
1706 E. Elm Street  
Jefferson City, MO 65101

- File a complaint with the Office for Civil Rights by mailing the completed complaint and consent forms to:

Centralized Case Management  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 509F HHH Bldg.  
Washington D.C. 20201

- File a complaint online at the complaint portal:  
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- File written complaints with the Department of Health and Human Services Office for Civil Rights (OCR) by **mail, fax or email**. 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. However, it is recommended that you use the OCR Health Information Privacy Complaint Form, which can be found on OCR's web site. If you prefer to 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.***
    - ***Name, full address and phone 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 you believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated.***

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- **Any other relevant information.**
- **Please sign your name and date your letter.**

*The following information is optional:*

- ***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.

Open and print out the Health Information Privacy Complaint Form

- (a) Print the completed form and mail or fax it to the appropriate OCR Regional Office;  
or
- (b) Email the form to OCR at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

If you require an answer regarding a general health information privacy question, please view OCR's Frequently Asked Questions (FAQs). If you still need assistance, you may call OCR (toll-free) at 1-866-627-7748. You may also send an email to [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov) with suggestions regarding future FAQs. Emails will not receive individual responses.

**Website:** <http://www.hhs.gov/ocr/hipaa>

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. Once DMH lawfully shares your information with a third party, your information may no longer be protected by law and may be rediscovered by the party who received the information from us.

Authorization from you is required for most disclosures of psychotherapy notes.

Notice Effective Date February 1, 2025