

**TRI-COUNTY MENTAL HEALTH SERVICES, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE DATE: December 6, 2011**

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

***We are required by law to maintain the privacy of protected health information, and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information.***

***If you have any questions about this Notice, please discuss them with the clinician you are seeing today, or contact our Privacy Officer.***

This Notice of Privacy Practices describes how Tri-County Mental Health Services, Inc. may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by federal and state health information privacy laws. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that identifies you and that relates to your past, present, or future physical or mental health or condition and related health care services or payment for such services.

Some uses and disclosures of protected health information may be subject to additional restrictions under federal and state laws and regulations, such as those that apply to substance abuse treatment and HIV/AIDS status. Under certain circumstances these federal and state laws will provide your protected health information with additional privacy protections beyond what is described in this notice. For example, if you are receiving substance abuse treatment services, information that would identify you as a person receiving help for a substance abuse problem is protected under a separate set of federal regulations known as "Confidentiality of Alcohol and Drug Abuse Patient Records", 42 CFR, Part 2.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice, at any time and to make the new notice provisions effective for all protected health information that we maintain. The current notice will be available to you, by request, at any appointment. You may request that a revised Notice be sent to you by mail. The current notice is also available at our website – [www.tri-countymhs.org](http://www.tri-countymhs.org). This Notice is also posted in the Lobby of our Maplewoods office.

---

---

**1. USES AND DISCLOSURES OF INFORMATION FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS:**

You will be asked by your clinician to sign a form to consent to treatment. This form will contain a statement that you have received this Notice. Once you have signed this form, we will begin using and disclosing your protected health information, as described in this notice. Your protected health information may be used by Tri-County staff involved in your care for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your services and to support the operation of Tri-County Mental Health Services, Inc.

Tri-County is a member of a group called CommCare, which is comprised of agencies who share resources to provide behavioral health services to certain types of state-insured persons. CommCare helps coordinate and manage care to these persons and determines hospitalization needs on behalf of the member organizations. Protected health information may be released to CommCare and its contracted agents in order to coordinate and manage care

Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**For Treatment:** We may use and disclose your protected health information to provide, coordinate, or manage your health care and related services. For example, we may provide the information that you give to the Intake Clinician to the Psychiatrist and the Nurse in order to further assess and treat you.

We may also disclose your protected health information to contract providers of Tri-County to whom you have been referred for services and to other health care providers outside of Tri-County who may be involved in your health care,

such as other physicians, home health care providers, or other health care providers (including other mental health providers) to carry out and support your treatment. Only the minimum necessary information will be disclosed.

In addition, we may provide limited protected health information to a lab or pharmacy that you specify who becomes involved in your care by providing assistance with your health care, diagnosis, or treatment.

We may also provide your protected health information to a Consultant Pharmacist who may be requested to review your medication treatment.

We may collect and review your medication history through the use of an electronic prescribing system to be used as a guide and not to replace a medication history discussed with you. You are also giving pharmacies and your health plan permission to disclose information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medications to treat AIDS/HIV and medicines used to treat mental health and substance abuse conditions. This information will become part of your medical record.

We may use or disclose your protected health information in an emergency treatment situation. For example, if you need treatment at a hospital or transport to a hospital from the Agency and are unable to give consent due to your condition, we will provide enough information to the person responsible for your current treatment to continue.

We may disclose your protected health information to a third party who will assist in overcoming a substantial communication barrier. For example, a deaf interpreter or a translator.

**For Payment:** Your protected health information may be used, as needed to obtain payment for your health care services. For example, we may use or disclose your protected health information to your insurance company about a service you received so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. Information provided may include information that identifies you, as well as your diagnosis and the services you received. Additionally, the Missouri Department of Mental Health and the Clay Platte Ray Mental Health Tax Levy provide funding for services to Tri-County, and information may be accessed by those entities or their agents for payment authorization and general audit purposes.

**For Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support our healthcare operations. These activities include, but are not limited to, quality improvement activities, employee review activities, training of students, licensing and accreditation activities, and for conducting certain business activities.

For example:

We may make your medical record available to students who are assigned clinical responsibilities for part of your care.

We may utilize a sign in sheet at the Front Desk which will identify you when you come for appointments. We may also call you by name in the waiting areas.

We may share your protected health information with Business Associates that perform various activities for us, such as transcription, shredding, legal advice, off-site storage, clinical review, etc. We will have a written contract with them that contains terms that will protect the privacy of your protected health information.

We may share your protected health information with groups who perform financial auditing functions for Tri-County or for agencies that financially support Tri-County.

---

---

## **2. PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information as required by law or court order. The use or disclosure will be made in compliance with the law or order and will be limited to the relevant requirements of the law.

**Department of Mental Health & Facilities:** For payment purposes, sufficient information may be disclosed to allow entry into the Department's information system if a claim is anticipated. For treatment purposes, medication and crisis notes

necessary to your immediate care at a DMH owned and operated facilities may be disclosed. Any additional information beyond medication and crisis notes may be disclosed only when medical necessity is documented. Medical necessity will be determined by a Qualified Mental Health Professional.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We may also disclose information to the assigned Nurse Case Manager for children involved with the Jackson County Children's Division due to abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Representative:** Upon their request, we may disclose information to the parent of an unemancipated minor, to the legal custodian, or to the legal guardian.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also release information to a Forensic Case Monitor who is assigned to monitor your Conditional Release

**Court Proceedings:** We may disclose your protected health information for judicial and administrative proceedings (such as in response to a court order or to defend against a law suit).

**Law Enforcement:** We may use or disclose your protected health information for law enforcement purposes or criminal investigations. For example, if you are or may be the victim of a crime, and are unable to consent to disclosure of the information due to your incapacity or other emergency circumstance, we may disclose your information if we feel it is in your best interest.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

**Coroners, Medical Examiners:** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**National Security:** We may disclose your protected health information to authorized federal law enforcement officials or public health officers for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

**Compliance:** Under the law, we must make certain disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to the Office of Civil Rights to investigate or determine our compliance with the requirements of the HIPAA Privacy regulations.

**Department of Health and Senior Services:** We may disclose information if your doctor feels that you meet the criteria for an eligible person and are in need of protective services.

**Parents, legal guardians, treatment professionals, law enforcement officers, and other involved individuals:** When the treatment team has determined that your safety is at some level of risk, we may disclose information that could mitigate the likelihood of suicide.

---

---

### **3. PLANNED USES OR DISCLOSURES TO WHICH YOU MAY REQUEST RESTRICTION:**

We will use or disclose your protected health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. Your request must be made in writing to the agency compliance officer.

**Your Emergency Contact:** We may contact the person you have listed as your “Emergency Contact” in the event of an emergency. We may also contact the person you have listed as your “Emergency Contact” in the event that we are unable to contact you and it has been clinically determined that we need to reach you to ensure appropriate treatment.

**Appointment Reminders:** We may use or disclose your protected health information to contact you and remind you that you have an appointment for treatment or medical care or that you have missed any such appointment.

**Treatment Alternatives:** We may use or disclose your protected health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

**Treatment Services:** We may use and disclose your protected health information to inform you about health benefits or services that may interest you.

**Fundraising:** We may use protected health information about you to contact you in an effort to raise money for Tri-County. A Foundation related to Tri-County may receive contact information, which includes your name, address and phone number and the dates that you received services from Tri-County.

**Disaster Relief:** We may disclose protected health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.

**Assisted Transportation:** We may disclose protected health information about you to a transportation company if you have asked us to assist in securing transportation for you. For example, we may give a cab company your name and address in order for them to pick you up and bring you to an appointment at Tri-County. We may also verify an appointment if you have set up assisted transportation through Medicaid transportation.

---

---

#### 4. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke an authorization, at any time, in writing, except to the extent that the agency has already taken an action in reliance on your previous authorization.

---

---

#### 5. YOUR RIGHTS

**Your medical record is the physical property of Tri-County, but the information belongs to you. You have the right to:**

**Obtain the Notice of Privacy Practices**

- You have the right to obtain a paper copy of this Notice of Privacy Practices upon request.

**Receive Confidential Communications**

- You have the right to receive confidential communication of protected health information, as applicable, and to request communications of your health information by alternative means or at alternative locations. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the agency Compliance Officer.

**Request Restrictions**

- You have the right to request a restriction on certain uses and disclosures of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations, as described in sections 1 and 3 of this Notice. Your request must indicate (1) what information you want restricted; (2) whether you want to limit our use, disclosure or both; and (3) to

whom you want the restrictions to apply. Your request must be in writing and submitted to the agency's Compliance Officer.

We are not required to agree to a restriction that you may request. If we do agree to the restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

### **Inspect and Copy Information**

- You have the right to inspect and obtain a copy of protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records. This right may be limited by your treatment provider. Reasonable copying and labor expenses will apply. These fees are set by Missouri statute.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and certain protected health information that is restricted by law.

If we deny access to any or all parts of your protected information, and depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

### **Right to Request Amendment**

- Request amendment of your protected health information. This means that you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. We can deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons: (1) the information was not created by us, unless the person or entity that did create the information is no longer available; (2) the information is not a part of the medical record kept by or for us; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement, and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your protected health information.

### **Receive an Accounting of Disclosures**

- You have the right to receive an accounting of disclosures of protected health information that we have made, with some exceptions and limitations. You must submit your request in writing to the Privacy Officer. Your request must state the time period of the accounting that may not be longer than six (6) years and may not include dates before April 14, 2003. You should include how you want the information reported to you, i.e., by paper, electronically, etc. You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

### **Revoke Your Authorization**

- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken. This request must be made in writing.

---

---

## **6. COMPLAINTS**

You may complain to us and/or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Director of Quality and Compliance of your complaint. There will be no retaliation for filing a complaint.

You may contact our Privacy Officer or our Director of Quality and Compliance at 816-468-0400 for further information about the complaint process.

This notice became effective on April 14, 2003.

Revised effective: 5/14/03, 3/1/04, 10/1/06, 5/4/09, 4/19/10, 12/6/11

HIPAA/Notice 12/6/11