



NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice, please contact the Privacy Officer at 636-970-2800.

We understand that your medical information is personal and we are committed to protecting your medical information. While you are a Client at Community Living, Inc., we create records of the care that has been provided to you. We need these records to provide you with quality health care and to comply with certain legal requirements.

This Notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your medical information.

This Notice describes the privacy practices of Community Living, Inc. (referred to as “Community Living” or “we” throughout this Notice). We will share information as necessary to carry out our treatment obligations, payment activities and health care operations.

Your Rights

Although the records containing your medical information are the physical property of Community Living, Inc, the information belongs to you. By law, you have the right to:

- Inspect and copy your medical information. Generally, we will respond to your request within 30 days, but under certain circumstances, we may deny your request.
- Request a copy of your electronic health record, if we maintain your medical information in electronic format.
- Request a restriction on certain uses and disclosures of your medical information; we are not required to agree with a requested restriction unless your request is to restrict certain disclosures to your insurance company and you have paid in full for the services or care out of pocket.
- Request that we communicate with you by using a specified method or at a specified location.
- Request an amendment of your medical information if you believe it is inaccurate, we may deny your request for amendment if we believe your medical information is accurate.
- Request an accounting of certain disclosures we have made of your medical information.
- Revoke any authorization you have provided for the use or disclosure of your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a copy of this Notice upon request.

Our Responsibilities

We are required to:

- Maintain the privacy of your medical information.
- Provide you with this Notice concerning our legal duties and privacy practices with respect to your medical information.
- Provide you with notice in the event the security or privacy of your personal health information is breached, as required by Federal and Missouri law
- Abide by the terms of this Notice

We reserve the right to change our privacy practices. If we change our privacy practices and revise this Notice, the new Notice will be effective for all medical information we maintain. Any new Notices will be available by accessing our website: <http://www.communitylivinginc.org>, requesting a copy be sent to you in the mail or asking for a copy at the time of you receive healthcare services from us.

Permitted Disclosures of Medical Information

Unless otherwise prohibited by law, we may disclose your medical information for purposes of treatment, payment, health care operations and other purposes as described below.

Treatment. We may use and disclose your medical information to provide, coordinate, or manage your health care and any related services. For example, we may disclose medical information about you to doctors, nurses, hospitals and other health facilities involved in your care.

Payment. Your medical information may be disclosed, as needed, to obtain payment from your insurance company or any other person responsible for payment for your health care services.

Health Care Operations. We may use or disclose your medical information for our internal operations, which include activities necessary to operate Community Living, Inc. and provide our Clients with high quality Client care. For example, we may use your medical information for quality improvement purposes to evaluate the care provided to you. We may use your medical information to contact you to remind you of various health services, tell you about or recommend possible treatment options or alternatives that may be of interest to you, or inform you about other health-related benefits and services that may be of interest to you.

Other Permitted Disclosures.

- Unless you object, we may disclose your medical information to a family member, relative, close personal friend, or other person that you identify.
- We will make your medical information available to you, the Secretary of the Department of Health and Human Services, and as otherwise required by Federal and state law.
- We may disclose your medical information to a public health agency to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration if you experience an adverse reaction from any of the drugs, supplies or equipment that we use.

- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- We may disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illnesses.
- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process (subject to certain procedural requirements).
- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veterans benefits. We also may disclose your medical information for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- We may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- We may share your medical information with third party "business associates" that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.
- We may use demographic information about you, including your name, address, phone number and the dates that you received services to contact you to raise funds for Community Living, Inc. If you do not wish your information to be used for such purposes please contact our Privacy Officer.

Authorization Required

Authorization. For uses and disclosures of your medical information beyond the uses and disclosures described in this Notice or as authorized or required by law, we are required to obtain your written authorization. You may revoke an authorization in writing at any time to stop any future uses or disclosures by us with certain limited exceptions.

For More Information or to Report a Complaint

If you have questions or would like more information about our privacy practices, you may contact the Privacy Officer at 636-970-2800.

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.