

Client Privacy

Lafayette House is committed to providing you with the highest quality services and protecting your right to receive those services without others knowing. We create a record that includes information you tell us and outlines the services we provide for you. We need this record to provide you with quality care and to comply with certain legal requirements. We will work to protect your confidentiality as our client and to protect the privacy of the information you share with us while receiving care.

Lafayette House is strongly committed to protecting the right of privacy for our clients. We believe it is important for you to know how we handle your private, protected health information. If you have specific questions about client privacy, please read the information below.

The following document fully addresses the Lafayette House Notice of Privacy Practices, including:

- Use and Disclosure of Health Information
- Other Uses of Health Information
- Your Rights Regarding Health Information
- Changes to this Notice of Privacy Practices
- Complaints/Reporting a Problem

LAFAYETTE HOUSE
NOTICE OF PRIVACY

Effective: April 1, 2003

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.**

Introduction: Lafayette House is committed to providing you with the highest quality services and protecting your right to receive those services without others knowing. We create a record that includes information you tell us and outlines the services we provide for you. We need this record to provide you with quality care and to comply with certain legal requirements. We will work to protect your confidentiality as our client and to protect the privacy of the information you share with us while receiving care. This notice applies to all of the records generated by Lafayette House, whether made by staff or volunteers.

In addition, there are two federal laws that specifically protect your rights to confidentiality and privacy that Lafayette House follows carefully. These laws are:

1. Federal Substance Abuse Confidentiality Requirements, section 543 of the Public Health Service Act, 42 CFR U.S.C. 290dd-2, and 42 CFR Part 2, And
2. HIPAA Privacy Rule, Part 160, 160.101 – 160.312.

If, at any time during or after your services with Lafayette House, you have questions about your privacy or how we use your records, you may ask to speak with our Privacy Officer or Executive Director by calling (417) 782-1772.

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

The following categories describe different ways that we use and disclose (tell others) Protected Health Information. For each category of uses or disclosures we will explain what we mean and give 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 within one of the categories.

- **For Treatment.** We may use your Protected Health Information to provide you with treatment and/or services. We may disclose your Protected Health Information to other Lafayette House staff including: counselors, community support workers, resident advisors, nurses, emergency service workers, child care workers, agency directors, student interns, volunteers or other agency personnel who are involved in providing yours and your families care.

Lafayette House provides services using a treatment team approach. Different professionals will work with you to help you address your needs. Information you share with one member of the treatment team may be shared with others to ensure that everyone is working together.

For example: Your counselor is working with you to overcome feelings about a violent relationship. Your counselor will share this information with your community support worker so that they can help you get safe independent housing. The counselor or community support worker may share this information with the residential staff so that they can help keep you safe while you live with us. The nurse may need to know this information if you have physical injuries related to the violence that needs to be addressed. If you have children in our childcare center, the child care staff may learn about this so that they can help your children adjust to living in a shelter. Support staff also may share your Protected Health Information in order for us to coordinate the things you need such as transportation or meals.

In addition to Lafayette House staff, our agency contracts with community professionals to provide you with comprehensive care. We may disclose Protected Health Information about you with these professionals just like staff. Some of the contract staff currently working with Lafayette House includes an Ozark Center Psychiatrist, Family Planning, Joplin Health Department staff, and Legal Aid.

For Example: If you and your counselor determine that you need medication to help with depression the counselor will share Protected Health Information about you with the psychiatrist.

- **For Payment.** We may use and disclose Protected Health Information about you so that the treatment and services you receive at Lafayette House may be billed to and payment may be collected from you, an insurance company or a third party such as the Missouri Department of Mental Health.

For example, we may provide the Department of Mental Health with information about you and your treatment services in order to receive payment for those services.

- **For Agency Operations.** We may use and disclose Protected Health Information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care.

For example, a clinical director may review your entire medical record to evaluate the quality and appropriateness of services we are providing you.

- **Appointment Reminders.** We may use and disclose Protected Health Information to contact you as a reminder that you have an appointment for treatment or services. Upon admission, staff will ask you if you would like a telephone reminder prior to your appointment. We will call you only if you agree in advance.

- **Treatment-Related Benefits and Services.** We may use and disclose Protected Health Information to tell you about treatment-related benefits or services that may be of interest to you such as aftercare activities and groups. We may contact you by sending a notice by mail or contact you by telephone.

- **Individuals Identified as your Emergency Contact.** We may disclose Protected Health Information about you to the person you identify as your emergency contact. For example, if you are admitted to a hospital for emergency services we may contact your emergency contact to let them know of your hospital admission and/or to make arrangements for ongoing care of your children.

- **As Required by Law.** We will disclose Protected Health Information about you when required to do so by federal, state or local law, these include:
 - a. Reporting suspected child/elder abuse or neglect, court order.
 - b. If a medical emergency arises in which the failure to release information would endanger your life.
 - c. If a psychological emergency arises in which there exists an immediate danger that you may inflict physical harm on yourself or others.

- **To Avert a Serious Threat to Health and Safety.** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, such as the police or emergency medical staff.

SPECIAL SITUATIONS.

- **Drug Court Participants.** If you agree to participate in Drug Court services, we will disclose Protected Health Information to members of the drug court team including; the judge, the drug court probation officer, the prosecutor, the defense attorney, the drug court coordinator, the division of family services and the juvenile office representatives.
- **Public Health Risks.** We may disclose Protected Health Information about you for public health activities. These activities generally include the following:
 - a. prevent or control disease, injury or disability;
 - b. to report births and deaths;
 - c. to report child abuse or neglect;
 - d. 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.
- **Health Oversight Activities.** We may disclose Protected 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 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 Protected Health Information about you in response to a subpoena or court order.
- **Law enforcement.** We may release Protected Health Information if asked to do so by a law enforcement official for crimes on agency premises or against agency personnel. The restrictions on disclosure and use in these regulations do not apply to communications from Lafayette House personnel to law enforcement officers which are directly related to your commission of a crime on Lafayette House property or against Lafayette House personnel or to a threat to commit such a crime; and are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

- **National Security and Intelligence Activities.** We may disclose Protected Health 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 Protected Health Information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

OTHER USES OF PROTECTED HEALTH INFORMATION.

We will notify you prior to releasing your Protected Health Information, other than as described above. You have the right to approve, disapprove or limit that disclosure. Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose Protected Health Information about you, you will be asked to sign an “Authorization for Disclosure of Protected Health Information” form. You may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. We are also required to retain a record of any disclosures.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding Protected Health Information we maintain about you:

- **Right to Request Restrictions.** You have the right to request restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment or agency operations. You have the right to request a limit on your Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your services to your health insurance company.

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 or is required by law such as with child abuse and neglect.

To request restrictions, you must complete a “Request to Restrict Protected Health Information Form.” Your intake worker or community support worker can help you complete this form. We will not require an explanation for your request to restrict use of your Protected Health Information. Once completed your restriction form will be reviewed by the facility Privacy Officer. You will be notified of our decision to accept or reject your request within one working day.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

We will not ask you the reason for your request. We will accommodate all reasonable requests. For confidential communication, please complete the “Request for Confidential Communication Form” included in your admissions packet. Your request must specify how or where you wish to be contacted.

- **Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information that we have gathered during the course of providing you care. This includes service information and billing records.

To request access to inspect and copy your records you must you're your request in writing by completing a “Request for Client Access to Protected Health Information.” This form is available from the receptionist, your counselor, your community support worker, intake staff, or the facility Privacy Officer.

You do not have a right of access to the following:

- a. Information obtained from someone other than Lafayette House under a promise of confidentiality and access requested would reveal the source of the information.
- b. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

In other situations, we may deny you access but, if we do, we will provide you with a reason for denying access. We may deny access for the following reasons:

1. When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
2. When the Protected Health Information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
3. The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonable likely to cause substantial harm to the individual or another person.

If our Privacy Officer denies access, Lafayette House will hire an independent licensed professional to review this decision within 60 days.

If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will set an appointment time for you to meet with staff and review your record. **We reserve the right to charge a reasonable, cost-based fee for making copies.**

- **Right to Amend.** If you feel that the Protected 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 agency.

To request an amendment, you must complete a "Request to Amend Protected Health Information Form." In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it does not include a reason to support the request. In additions, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the Protected Health Information kept by or for the agency.
3. Is not part of the information which would be permitted to inspect and copy.
4. Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have right to request an “accounting of disclosure.” This is a list of the disclosures we made of Protected Health Information about you.

To request this list or accounting of disclosures, you must complete a “Request for Accounting of Disclosure of Client Protected Health Information Form.” Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically).

- **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.

To obtain a copy of this notice, simply ask the receptionist, counselor, community support worker, intake staff, or the Privacy Officer for a copy.

OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD.

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

1. Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
2. Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
3. Abide by the terms of this notice.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. We reserve the right to make the revised or changed notice effective for Protected 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 all Lafayette House facilities. This notice will contain on the first page, in the top right-hand corner, the effective date. In addition, anytime we revise the notice, your community support worker will explain the revision and offer to provide you with a new copy of the notice.

COMPLAINTS OR TO REPORT A PROBLEM.

If you believe your privacy rights have been violated, you may contact the Lafayette House Privacy Officer or the Executive Director by calling (417) 782-1772.

You will not be penalized, nor will we reduce your services for filing a complaint.