



## **NOTICE OF PRIVACY PRACTICES HIPAA**

***THIS NOTICE DESCRIBES HOW PERSONAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW ACCESS TO THIS INFORMATION CAN BE OBTAINED. PLEASE REVIEW IT CAREFULLY.***

This notice is to explain the rules around the privacy of personal medical/health records and our legal duties on how to protect the privacy of the medical/health records that Great Circle creates or receives. Generally, Great Circle is required by law to ensure that medical/health information that identifies an individual is kept private. Great Circle is required by law to follow the terms of the notice that are the most current.

This notice applies to the medical/health records that are generated in or by this organization. The terms "medical" and "medical/health" in this Notice means information about any physical or mental condition for which Great Circle provides services, or which arise while Great Circle is providing services. For example, this may include psychological tests, psychiatric assessments or medical or social assessments.

If you have any questions about the content of this Notice of Privacy Practices, or if there is a need to contact someone at the organization about any of the information contained in this Notice of Privacy Practices, the contact is:

**Privacy Officer  
c/o Great Circle  
330 N. Gore  
St. Louis, MO 63119**

### **OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time.

In addition to Great Circle departments, employees, staff and other organization 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 a medical/health record
- Any member of a volunteer group that is permitted to assist in Great Circle program/service
- All providers that Great Circle independently contracts with to provide services

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We use and disclose Personal Health Information (PHI) for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy practices to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

### **Use and Disclosure of Medical Information**

Great Circle can use or disclose medical information regarding treatment, payment for services, or for organization operations, and Great Circle will make a good faith effort to have clients acknowledge their copy of the Notice of Privacy Practices.

**Treatment:** Great Circle may use medical information to provide treatment or services. Great Circle may disclose medical information to qualified mental health professionals, or to qualified counselors; or technicians, medical students or residents, or other organization personnel, volunteers or interns who are involved in providing services at Great Circle, or interpreters needed in order to make treatment accessible.

**Payment:** Great Circle may use and disclose medical/health information so that the treatment and services received at the organization may be billed to and payment may be collected from the responsible party, an insurance company or a third party through Great Circle.

**Health Care Operations:** Great Circle may use and disclose medical/health information for organizational operations. These uses and disclosures are necessary to run the organization and make sure that all Great Circle clients receive quality care.

### **Uses and Disclosures of Medical/Health Information That Do NOT Require Consent or Authorization**

Great Circle can also use or disclose health information without consent or authorization for:

**Appointment Reminders:** Medical information may be used as a reminder for appointments for treatment or other services.

**Treatment Alternatives and Health-Related Benefits and Services:** Medical information may be used or disclosed to recommend possible treatment options or alternatives or health-related benefits or services.

**Individuals Involved in Disaster Relief:** Should a disaster occur, Great Circle may disclose medical information to any agency assisting in a disaster relief effort so that clients can be notified about any condition, status and location.

**Research:** Great Circle may use and disclose medical/health information for research purposes when approved by Great Circle's internal review process.

**As Required By Law:** Great Circle will disclose medical/health information when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** Great Circle may use and disclose medical/health information when necessary to prevent a serious threat to the health and safety of clients, the public, or any other person. However, any such disclosure would only be to someone able to help prevent the threat.

### **Special Situations**

**Public Health Risks:** Great Circle may disclose medical/health information 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. Great Circle will only make this disclosure if client agrees or when required or authorized by law.

**Lawsuits and Disputes:** Great Circle may disclose medical/health information in response to a court or administrative order.

**Law Enforcement:** Great Circle may release medical/health information if asked to do so by a law enforcement official. Great Circle may also release limited medical/health information to law enforcement in the following situations: (1) about a client who may be a victim of a crime if, under certain limited circumstances, Great Circle is unable to obtain agreement; (2) about a death Great Circle believes to be the result of criminal conduct; (3) about criminal conduct at the organization; (4) about a client who commits or threatens to commit a crime on the premises or against program staff (in which case Great Circle may release the client'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. 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.

## **YOUR RIGHTS REGARDING YOUR PROTECTED MEDICAL/HEALTH INFORMATION**

You have the following rights related to your protected health information:

**Right to Inspect and Copy:** Clients have the right to inspect and copy medical/health information *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. A written request is required to inspect and copy medical/health information. This request is submitted to the Privacy Officer or designee. Great Circle will charge a fee for the costs of copying, mailing or other supplies associated with the request. Great Circle may deny requests to inspect and copy in certain limited circumstances. If client is denied access to medical/health information, a review may be requested. An executive staff person of Great Circle will review the request and the denial.

**Right to Request an Amendment:** If the medical/health information is thought to be incorrect or incomplete, a request to amend the information may be submitted. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee.

**Right to an Accounting of Disclosures:** To request an accounting of disclosures, a written request must be submitted to the Privacy Officer or designee. The request must state a time period, which may not go back more than six years and cannot include dates before April 14, 2003.

**Right to Request Restrictions:** To request a restriction on the use or disclosure of medical/health information for treatment, payment or health care operations, submit the request in writing to the Privacy Officer or designee. The request must include: (1) what information to limit; (2) whether the limitation is for our use, disclosure or both; and (3) to whom the limits are to be applied. ***Although Great Circle is not required to agree to the request,*** if Great Circle agrees, Great Circle will comply with the request unless the information is needed to provide emergency treatment.

**If you wish to exercise any of these rights, please contact:**

**Privacy Officer  
c/o Great Circle  
330 N. Gore  
St. Louis, MO 63119**

## **CHANGES TO THIS NOTICE**

Great Circle reserves the right to change this notice.

## **COMPLAINTS**

To file a complaint with Great Circle, contact Privacy Officer or Designee, at the following address.

Privacy Officer  
c/o Great Circle  
330 N. Gore  
St. Louis, MO 63119

If you believe your privacy rights have been violated, you may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866.627.7748), or 886.788.4989 TTY. 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 written authorization. If Great Circle is provided with written authorization to use or disclose information, parties can change their mind and revoke the authorization at any time, as long as it is in writing. If authorization is revoked, Great Circle will no longer use or disclose the information. However, Great Circle will not be able to take back any disclosures that Great Circle has made pursuant to previous authorization.