



## 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.

We reserve the right to change our privacy practices and to make new provisions effective for all health information we maintain. A copy of this or any revised notice will be available upon request.

Ozark Supported Living LLC will not use or disclose your health information without your authorization, except as described in this notice.

Ozark Supported Living LLC is Covered Entity. We bill and receive payment for health care services and billing is completed electronically through the Department of Mental Health.

### **Understanding Your Health Record/Information**

Ozark Supported Living LLC keeps a record of your care and treatment. Typically, this record contains your diagnosis, symptoms, examinations, test results, and treatment plan. This information, referred to as your health or medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating other health professionals
- A source of data for program research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for Ozark Supported Living LLC planning and marketing
- A tool with which we can assess and continually work to improve the care we render

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

### **How We Will Use or Disclose Your Health Information?**

- 1) **Treatment Purposes:** We may use or disclose health information in order to provide authorized services. We may use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations or the members of your

healthcare team, they will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

- 2) **Payment:** We will use or disclose your health information for payment, including for the payment of activities or other care providers and payers. For example, a bill may be sent to you or a third party payer, including Medicare and Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedure, and supplies used.
- 3) **Health care operations:** We will use or disclose your health information for our regular service operations. For example, members of the medical and habilitation team, may use information in your health record to access the care and outcome of your care and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.
- 4) **Business Associates:** There are some services provided in our agency through the use of outside people and entities. Examples of these “business associates” include our accountants, consultants, insurance representatives and attorneys. We will disclose your health information to our business associates so that they can perform the job we’ve asked them to do. To protect your health information however, we require the business associates to appropriately safeguard your information.
- 5) **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, we may leave a detailed message for them at the phone number that they have provided us, e.g. on an answering machine.
- 6) **Communication with family:** We may disclose to a family member, or other relative, or close personal friend or any other person involved in your health care, health information relevant to that person’s involvement in you care or payment related to your care.
- 7) **Research:** We may disclose information to researchers when certain conditions have been met. You will be informed of any research prior to disclosure.
- 8) **Transfer of information upon death:** We may disclose health information to funeral directors, medical examiners, organ procurement organizations and coroners to carry out the duties consistent with applicable law.
- 9) **Food & Drug Administration:** We may disclose information to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- 10) **Poison Control Center:** We may disclose health information to the Poison Control Center relative to poisons, medication, medication observations and medication side effects.
- 11) **Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs established by law.
- 12) **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing and controlling disease, injury, or disability.
- 13) **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

### **Your Health Information Rights**

Although your health record is the property of Ozark Supported Living LLC, the information in your health record belongs to you. You have the following rights:

- 1) **Right to Authorize with who we share information:** You may request that we not use or disclose your health information for a particular reason related to treatment, payment, Ozark Supported Living LLC operations, and/or particular family member, other relative or close personal friend.
- 2) **Right to Inspect and/or Obtain Copies of Your Health Information:** We will provide you copies of your requested health information within 30 days of the written request. Ozark Supported Living LLC may charge for a reasonable and appropriate amount for printing and mailing.
- 3) **Right to Amend your Health Care Record:** If you believe that any information in your health care record is incorrect or missing, you may request that we correct existing information or add the missing information.
- 4) **Right to Restrict Disclosure:** You have the right to request alternative methods of communication related to your health care information.
- 5) **Right to an Account of Disclosures:** You may request a written account of all disclosures made by us during a specified time period (not to exceed 6 years)
- 6) **Right to Notice of Privacy Practice:** You have the right to obtain a paper copy of our Notice of Privacy Practices. A copy of this or any revised notice will be available upon request.
- 7) **Right to Revoke Authorization:** You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken.

Ozark Supported Living LLC requires that all requests be made in writing.

### **For More Information or to Report a Problem**

If you have questions or would like additional information, you may contact the Ozark Supported Living LLCs Privacy Officer at (573) 778-5364

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing with the Privacy Officer. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

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## NOTICE OF PRIVACY PRACTICES

### Signature Page

Consumer \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_