



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 | Phone: 573-751-6400 | FAX: 573-751-6010
Relay Missouri: Dial 711 to access services for those with hearing or speech impairments



Sarah Willson
Director

Mike Kehoe
Governor

Notice of Privacy Practices

Notice of Effective Date: February 1, 2026

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review carefully.

The Missouri Department of Health and Senior Services' (DHSS) mission is to protect and promote the health of Missourians. To do this, Missouri has enacted state statutes and regulations that require reporting of individually identifiable protected health information (PHI) to DHSS. DHSS uses this data and other health information to continuously assess the health of the population. DHSS is required to abide by all state and federal laws regarding the protection of your health information. This notice tells you how we may use or disclose your health information.

Your health information rights.

You have the following rights regarding health information that DHSS maintains about you:

Right to Inspect and Copy: You have the right to inspect and obtain a paper or electronic copy of your medical/health information. It does not include information needed for civil, criminal or administrative actions or proceedings. You must submit a written request to the DHSS' Privacy Officer, or designee, in order to inspect or obtain a paper or electronic copy of your medical/health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendment: If you feel that the health information DHSS has created about you is incorrect or incomplete, you may ask us to amend that information. DHSS may deny your request in writing within sixty (60) days if you ask to amend information that: 1) was not created by DHSS; 2) is not part of the health information kept by DHSS; 3) is not part of the information which you would be permitted to inspect or copy; or 4) information is determined to be accurate and complete.

Right to an Accounting of Disclosure: You have the right to request a list of disclosures that DHSS has made of your health information. To obtain an accounting of disclosures, you must submit a written request to the DHSS Privacy Officer or designee. Your request should include the time period for the accounting, which may not go back more than six years. You

may receive one free list in a twelve-month period, a reasonable cost-based fee may be charged for additional lists provided in a twelve-month period. There are some disclosures of your health information that will not be included in the list, such as disclosures you have authorized DHSS to disclose.

Right to Request Restrictions: You have the right to request restrictions or limitation on the medical/health information DHSS uses or discloses about you for treatment, payment, or health care operations. DHSS is not required to agree to your request, and we may say no if it would affect your care. Such right does not apply if disclosure is required by law.

Right to Request Confidential Communications: You have the right to request that DHSS communicate with you about your health care matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by phone. To request confidential communication you must make your request in writing to the DHSS's Privacy Officer or designee. Your request must specify how or where you wish to be contacted. DHSS will accommodate all reasonable requests.

Right to Paper Copy of this Notice: You have the right to request a paper copy of this notice from DHSS at any time, even if you have agreed to receive the notice electronically. You may request a copy by contacting the DHSS Privacy Officer or designee. You may also obtain a copy of this notice at our [website](https://health.mo.gov/information/hipaa/privacy.php). <https://health.mo.gov/information/hipaa/privacy.php>

How DHSS may use and disclose health information.

DHSS may use and disclose your health information for treatment, payment, and healthcare operations. DHSS provides a wide range of health care and social services to Missourians. For this reason, not all types of uses and disclosures can be described in this document. We have listed some common examples of permitted uses and disclosures below.

Treatment: DHSS may disclose health information about you to health care providers to provide you with treatment or services. For example, DHSS may internally discuss your health information in order to develop and carry out a plan of care for your services, coordinate different services you may need.

Payment: DHSS may use or disclose health information about you so that treatment and services you receive may be billed to and payment may be collected from you, a health plan, health insurance carrier, and other third parties contracted for providing services needed for your care. For example, we may need to provide your insurance plan information about services you received so your insurance plan, or any applicable Medicaid or Medicare funds, will pay for the services. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration, Division of Employment Security, or the Department of Social Services.

Health Care Operations: DHSS may use or disclose health information about you for DHSS operations to ensure that the services and benefits provided to you are appropriate and high quality. For example, DHSS may use health information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you. DHSS may combine health information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful.

Other uses and disclosures of health information.

DHSS is permitted to use or disclose your health information without your authorization for the following purposes:

Appointment Reminders: DHSS may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services.

Treatment Alternatives and Health-Related Benefits and Services: DHSS may use and disclose health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you. Such as Department of Social Services, MoHealthNet, and Department of Mental Health.

Public Health: DHSS may disclose health information about you for public health activities, subject to the applicable state and federal law. These activities generally include the following: to prevent or control disease, injury or disability; to keep vital statistic records such as births and deaths; to notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence; to report reactions to medications or problems with products to the Food and Drug Administration (FDA); to report defects or problems with products; to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

Research: DHSS may disclose health information about you for research purposes that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information.

Required by Law: DHSS may disclose health information about you when required to do so by federal or state law.

Health Oversight Activities: DHSS may disclose health information about you to health oversight agencies for oversight activities as required by law. Examples may include audit, inspections, investigations, and licensure. DHSS will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to use doing so in writing, or a court orders us to do so after you or DHSS have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

To Avert a Serious Threat to Health or Safety: DHSS may disclose health information about you if it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

Organ and Tissue Donation: If you are an organ donor, DHSS may disclose information to organizations that procure, bank, or transport organs.

Coroners, Medical Examiners and Funeral Directors: DHSS may disclose health information about you to identify a decedent or to determine cause of death.

Workers' Compensation, Law Enforcement, and other government requests: DHSS may disclose health information about you for workers' compensation or similar programs.

Lawsuits and Disputes: DHSS may disclose health information about you in response to a subpoena, discovery request, court order, other lawful process by someone else involved in the dispute, or to defend ourselves against a lawsuit brought against us. All efforts will be made to tell you about the request and/or to obtain an order protecting the information requested. DHSS will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to use doing so in writing, or a court orders us to do so after you or DHSS have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Law Enforcement: DHSS may disclose health information about you to a law enforcement official, subject to the applicable federal and state laws and regulations, for purposes that are required by law or in response to a court order or subpoena. DHSS may disclose limited information for identification and location purposes or to prevent or lessen a serious and imminent threat to you or the public. DHSS will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to use doing so in writing, or a court orders us to do so after you or DHSS have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

National Security and Intelligence Activities: DHSS may disclose health information about you to authorized federal officials or other authorized persons for purposes of national security, providing protection to the President, or to conduct special investigations, as authorized by law.

Military: If you are a veteran or member of the armed forces, DHSS may release health information about you as required by military command authorities or Veterans Administration authorities.

Correctional Institutions: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, DHSS may disclose health information about you to the correctional institution or law enforcement officer. The information disclosure must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Substance Use Disorder Treatment Records: DHSS will not disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or give testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you consent to use doing so in writing, or a court orders us to do so after you or DHSS have been provided notice and an opportunity to be heard, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

DHSS'S Requirements.

DHSS is required by state and federal law to maintain the privacy and security of your protected health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that DHSS collects and maintains about you. DHSS is required to notify you, as required by law, if a breach of your health information occurs that may have compromised the privacy and security of your information. We are required to follow the terms of this notice. This notice describes and provides examples of the permitted ways that your health information may be used or disclosed. Disclosure of your information outside of the boundaries of DHSS related treatment, payment or operations, or as otherwise permitted by state or federal law, will be made only with your specific written authorization. You may revoke specific authorization to disclose your health information to the authorized recipient(s), except to the extent that DHSS has already disclosed or used that information in reliance of the original authorization.

Changes to the terms of this notice.

DHSS reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. We will provide a copy of our revised notice to you upon request. We will post a copy of the current notice on [DHSS' website](https://health.mo.gov/information/hipaa/), <https://health.mo.gov/information/hipaa/>. In addition, you may ask for a copy of our current Notice of Privacy Practices anytime you visit a DHSS office.

For more information or to report a problem.

For further information or if you have questions regarding this notice, you may contact the DHSS Privacy Officer.

Missouri Department of Health and Senior Services
DHSS Privacy Officer
912 Wildwood Drive, PO Box 570
Jefferson City, MO 65102
573-751-6005
Email: ogc@health.mo.gov

If you think your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Kansas City Office for Civil Rights
U.S. Department of Health and Human Services
601 E. 12th Street, Room 353
Kansas City, MO 64106
Phone: (800) 368-1019
TDD: (800) 537-7697
Email: ocrmail@hhs.gov
www.hhs.gov/ocr/privacy/hipaa/complaints