Notice of Privacy Practices

This notice describes how the Missouri Department of Health and Senior Services may use and/or disclose medical information about you, and how you can get access to this information. Please review it carefully.

The Department of Health and Senior Services' (DHSS) mission is to protect and promote the health of Missourians. To do this, Missouri has enacted state laws and/or rules that require reporting of individually identifiable protected health information (PHI) to DHSS. These laws detail what data are confidential, under what circumstances the data may be disclosed, and penalties for inappropriate disclosures. DHSS staff and their associates are required to follow these laws. DHSS uses this and other health information to continuously assess the health of the population.

DHSS may disclose your health information to health care providers to carry out treatment, payment or health care operations. This information will only be shared with health care providers that have signed an agreement with DHSS or who have a direct treatment relationship with you. It will not be used for any other purpose except in an aggregate form that does not identify you, without your specific written consent or that of your guardian, durable power of attorney for health care, or parent, if you are a minor. Confidentiality of the information will be maintained as required by applicable state and federal laws. An example of these types of disclosures would be sharing your baby's newborn screening results only with your baby's doctor and not the general public or merchants that have a product they wish to sell you. Another example of a disclosure would be sharing your health information with an in-home services provider in order to coordinate care and services you receive.

The DHSS may contact you to provide appointment reminders or information about health-related benefits and services that may be of interest. DHSS may also disclose protected health information to other state or federal agencies such as MoHealthNet that provide funds for health care benefits an individual receives.

Under 45 CFR 160-164, you have the right to:

- Ask us to limit what we use or share. DHSS is not required to agree, and may say "no" if it would affect your care or if disclosure is required by state or federal law.
- Get a copy of your health care information, including laboratory tests. You may be charged a cost-based fee for copies.
- Ask us to amend or update your health care information if it is inaccurate.
- Get a list of those with whom we have shared information.
- Request confidential communications.
- Get a paper copy of this notice.
- Be notified if a breach occurs that may have compromised the privacy or security of your information.
- File a complaint if you feel your rights are violated.

The DHSS reserves the right to change its privacy practices described in this notice. The revised privacy practices will be effective for all PHI maintained by DHSS. DHSS will publish all revisions on the DHSS website at www.health.mo.gov. You may access and print a copy of the current policies or request a printed copy from DHSS. Requests for copies of your health care information may be sent in writing to DHSS at P.O. Box 570, Jefferson City, MO 65102, and should specify the information requested.

If you think your privacy rights have been violated or have questions about HIPAA, you may contact the Secretary of the U.S. Department of Health and Human Services, Region VII, Office of Civil Rights at 601 East 12th Street, Room 248, Kansas City, Missouri 64106, www.hhs.gov/ocr/privacy/hipaa/complaints/, 1-800-368-1019 (telephone), 1-816-426-3686 (fax). We will not retaliate against you for filing a complaint.

For further information about this notice or if you think DHSS has violated your privacy rights, contact the DHSS Privacy Officer at 1-800-392-0272. This notice is effective as of October 1, 2014.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
P.O. BOX 570 JEFFERSON CITY, MO 65102-0570
TELÉPHONE: 573-751-6400 FAX: 573-751-6010

RELAY MISSOURI for Hearing
and Speech Impaired 1-800-735-2966
VOICE: 1-800-735-2466

PRIVACY POLICIES ACKNOWLEDGEMENT FORM

1. CLIENT NAME (PRINT CLIENT'S FIRST NAME, MIDDLE INITIAL AND LAST NAME)		
2. CLIENT DATE OF BIRTH (M/D/Y)	3. CLIENT SOCIAL SECURITY NUMBER	4. CLIENT DCN (IF APPLICABLE)

I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any revisions made to this Notice.

PRINT THE FIRST NAME, MIDDLE INITIAL AND LAST NAME OF THE CLIENT/PARENT/GUARDIAN/DURABLE POWER OF ATTORNEY FOR HEALTH CARE

SIGNATURE OF THE CLIENT/PARENT/GUARDIAN/DURABLE POWER OF ATTORNEY FOR HEALTH CARE (DPOA-HC)	DATE

NOTE: If this document is signed by the Guardian or Durable Power of Attorney for Health Care, attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care.

Please check one of the following to indicate the relationship between the client and the person whose signature appears on the line above:

- ☐ CLIENT
- ☐ CLIENT'S PARENT
- ☐ CLIENT'S GUARDIAN
- ☐ CLIENT'S DPOA-HC
- ☐ CLIENT REFUSED TO SIGN FORM

(For Staff Use Only)

Name of Bureau or Program

Address **City** **State** **Zip**

Staff Signature (if present when Notice provided) **Date**

Print Name

MO 580-2833 (7-07)