

# Policies & Privacy Practices

## ADA Policy:

Community Support Services of Missouri (CSS) shall comply with the Americans with Disabilities Act (ADA) (Public Law 101-336) and provide accessible facilities in an atmosphere of non-discrimination in hiring practices and physical workplace limitations for all qualified applicants.

Comment:

1. Steps will be taken to avoid discrimination at the Agency under ADA guidelines:

The Agency will incorporate an Accessibility Plan that will ensure compliance with ADA standards. This plan will be created/revised by the Health and Safety Committee and facilitated by the Vice President of Residential Services. It will address accessibility issues with all facilities.

The Accessibility Plan will be known as a working plan and ADA guidelines will be incorporated in all current and future facilities.

The Agency has reviewed all employment policies, including recruiting, hiring, upgrading, promotion, awards of tenure, demotion, transfer, termination, right of return from layoff and rehiring to ensure that no applicant or employee is discriminated against, including those with disabilities.

The Agency has reviewed all employment practices to make certain they do not limit, segregate, or classify job applicants or employees in ways that adversely affect opportunities or status because of their disability.

2. Community Support Services will provide reasonable accommodations under the ADA guidelines:

Reasonable accommodations will be considered on a case-by-case basis. The Agency shall make every effort to comply with the intent of the law.

Reviewed On: 08/21/2018

## Notifying the Public of Rights under Title VI

Community Support Services posts Title VI notices on our agency's website, in public areas of our agency, in our board room, and on our buses and/or paratransit vehicles.

Community Support Services operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

To obtain additional information about your rights under Title VI, contact the Human Resources Manager.

If you believe you have been discriminated against on the basis of race, color, or national origin by Community Support Services you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

### How to file a Title VI complaint with Community Support Services

1. To obtain a Complaint Form from Community Support Services contact Human Resources Manager, or by clicking this link. </images/uploads/title6-CSS.docx>
2. In addition to the complaint process at Community Support Services, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region VII, 901 Locust Street, Suite 404, Kansas City, MO 64106
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated and include your contact information.

If information is needed in another language, contact 417-624-4515.

## Privacy

### 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.

This notice is to explain the rules around the privacy of your own medical/health records and our legal duties on how to protect the privacy of your medical/health records that we create or receive. We are required by law to ensure that medical/health information that identifies you is kept private and to follow the terms of the notice that are the most current. This notice will explain:

- How we may use and disclose your medical/health information.
- Our obligations related to the use and disclosure of your medical/health information.
- Your rights related to any medical/health information that we have about you.

This notice applies to the medical/health records that are generated in or by CSS. The terms "Medical" and "Medical/Health" in this Notice means information about your physical or mental condition which make you eligible for our services, or which arise while we are serving you. For example, this may include psychological tests, psychiatric assessments or medical or social assessments.

We may obtain, although we are not required to, your consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are

required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. We have listed some of the types of uses or disclosures below. Not every possible use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of these categories.

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at CSS about any of the information contained in this Notice of Privacy Practices, the contact person is the Privacy Officer or designee:

Privacy Officer

2312 Annie Baxter

Joplin, Missouri 64804

(417) 624-4515

In addition, to CSS departments, employees, staff and other CSS personnel, the following people will also follow the practices described in this Notice of Privacy Practices:

- Any healthcare professional that is authorized to enter information in your medical/health record.
- Any member of a volunteer group that we coordinate to help you or work with you while you are receiving services from CSS.

#### 1.HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical/health information. For each category of uses or disclosures, we will explain what we mean and try to 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.

##### a.Use and Disclosure of Medical Information:

We can use or disclose medical information about you regarding your treatment, payment for services, or for facility operations, and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

- **Treatment:** We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to qualified mental health professionals, or QDDs; qualified developmental disabilities professionals or QDDs; or to qualified counselors, technicians, medical students or residents, or other CSS personnel, volunteers or interns who are involved in providing services with CSS, or interpreters needed in order to make your treatment accessible to you. For example, your habilitation team members will internally discuss your medical/ health information in order to develop and carry out a plan for your services. Different departments of CSS may also share medical/health information about you in order to coordinate the different services you require, such as prescriptions, medical tests, special dietary needs, personal assistance, day programs, etc.
- **Payment:** We may use and disclose medical/health information about you so that the treatment and services you receive through CSS may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about psychiatric treatment or habilitation services you received through CSS so your insurance plan, or any applicable Medicaid or Medicare funds, will pay us for the services. We may also tell your insurance plan or other payer about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration, the Division of Employment Security, or the Department of Social Services.

- **Healthcare Operations:** We may use and disclose medical/health information about you for CSS operations. These uses and disclosures are necessary to run CSS and make sure that all of our consumers receive quality care. For example, we may use medical/health information for quality improvement to review our treatment and services, and to evaluate the performance of our staff in caring for you. We may also combine medical information about many CSS consumers to decide what additional services CSS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and residents, and other CSS personnel as listed above for review and learning purposes. We may also combine the medical/health information we have with medical/health information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer the Department of Social Services, Vocational Rehabilitation, or other Missouri State agencies.

**b. Uses and Disclosures of Medical/Health Information That Do NOT Require Your Consent or Authorization:**

We can use or disclose health information about you without your consent or authorization when:

- There is an emergency or when we are required by law to treat you.
- When we are required by law to use or disclose certain information.
- When there are substantial communication barriers to obtaining consent from you.

We can also use or disclose health information about you without your consent or authorization for:

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at CSS.
- **Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose medical 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.
- **Individuals Involved in Disaster Relief:** Should a disaster occur, we may disclose medical information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research:** Under certain circumstances, we may use and disclose medical/health information about you for research purposes when the CSS Privacy Committee has approved a waiver of authorization. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process and its use of medical information, trying to balance the research needs with the consumer's need for privacy of their medical/health information. Before we use or disclose medical/health information for research, the project will have been approved through this research approval process. We may, however, disclose medical/health information about you to people preparing to conduct a research project; for example, to help them look for consumers with specific medical needs, so long as the medical information they review does not leave CSS.
- **As Required By Law:** We will disclose medical/health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical/health information about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person. However, any such disclosure would only be to someone able to help prevent the threat.

## 2.SPECIAL SITUATIONS

a.Organ and Tissue Donation: If you are an organ donor, we may release medical/ health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

b.Military and Veterans: If you are a member of the armed forces, we may release medical/health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

c.Workersâ€™ Compensation: When disclosure is necessary to comply with Workersâ€™ Compensation laws or purposes, we may release medical/health information about you for workersâ€™ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

d.Public Health Risks: We may disclose medical/health information about you 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. We will only make this disclosure if you agree or when required or authorized by law.

e.Health Oversight Activities: We may disclose medical/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 the healthcare system, government programs, and compliance with civil rights laws.

f.Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical/health information about you in response to a court or administrative order.

g.Law Enforcement: We may release medical/health information if asked to do so by a law enforcement official. We may also release limited medical/health information to law enforcement in the following situations:

1)About an individual served who may be a victim of a crime if, under certain limited circumstances, we are unable to obtain the individualâ€™s agreement.

2)About a death investigation we believe may be the result of criminal conduct.

3)About criminal conduct at CSS.

4)About an individual served where an individual served commits or threatens to commit a crime on the premises or against program staff (in which case we may release the individualâ€™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.

6)When the individual served is a forensic client and we are required to share with law enforcement by Missouri statute.

h.Coroners, Medical Examiners and Funeral Directors: We may release medical/health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/health information about individuals receiving services from CSS to funeral directors as necessary to carry out their duties.

i. National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

j. Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President and other authorized persons or foreign heads of state.

k. Inmates: If you are an inmate of a corrections institution or under the custody of a law enforcement official, we may release medical/health information about you to the correctional institution or law enforcement official if the release is necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### 3. YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy your medical/health information with the exception of psychotherapy notes and information compiled in anticipation of litigation. To inspect and copy your medical/health information, you must submit your request in writing to the CSS Privacy Officer or designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your medical/health information because of a threat or harm issue, you may request that the denial be reviewed. Another licensed healthcare professional chosen by CSS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Request an Amendment:** If you feel that medical/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 CSS. Requests for an amendment must be made in writing and submitted to the CSS Privacy Officer or designee. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

- Is not part of the medical information kept by or for CSS.

- Is not part of the information, which you would be permitted to inspect and copy.

- Is accurate and complete.

- **Right to any Accounting of Disclosures:** You have the right to request an "accounting of disclosures," a list of the disclosures made by CSS of your medical/health information. To request an accounting of disclosures, you must submit your request in writing to the CSS Privacy Officer or designee. Your request must state a time period which may not go back more than six years and cannot include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, we may charge you for the cost of providing the list. We will notify you what that cost will be and give you an opportunity to withdraw or modify your request before you are charged. There are some disclosures that we do not have to track. For example, when you give us an authorization to disclose some information, we do not have to track that disclosure.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical/health information we use or disclose about you for treatment, payment or healthcare operations. For example, you could ask that we not use or disclose information about your family history to a particular community provider. 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. To request restrictions on the use or disclosure of your medical/health information for treatment, payment or healthcare operations, you must make your request in writing to the CSS Privacy Officer or designee. In your request, you must tell us:

- 1)What information you want to limit.

- 2)Whether you want to limit our use, disclosure or both.

- 3)To whom you want the limits to apply (for example, disclosures to your spouse).

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the CSS Privacy Officer or designee. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time by contacting the CSS Privacy Officer or designee.

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

Privacy Officer

2312 Annie Baxter

Joplin, MO 64804

(417) 624-4515

#### 4.CHANGES TO THIS NOTICE

We reserve the right to change this notice. We may make the revised notice effective for medical/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 at CSS. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register, apply or are admitted for services to CSS for treatment or services, we will offer you a copy of the current notice in effect.

#### 5.COMPLAINTS

If you believe your privacy rights have been violated:

- You may file a complaint with CSS or with the Secretary of the Department of Health and Human Services. You may call them at 877-696-6775, or write to them at 200 Independence Ave. S.W., Washington, DC 20201.

- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748) or 886-788-4989 TTY.

To file a complaint with CSS, contact the Privacy Officer or designee at the following address and telephone number:

Privacy Officer

2312 Annie Baxter

Joplin, MO 64804

(417) 624-4515

All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

## 6. OTHER USES OR DISCLOSURES OF MEDICAL/HEALTH INFORMATION

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization

HIPAA

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