



## CHILDREN'S ADVOCACY SERVICES OF GREATER ST. LOUIS (CASGSL) Notice of Privacy Practices

***This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Protecting your confidential health information is important to us.***

As mandated by federal and state laws, your health information must be protected. As part of these regulations we are required to ensure you are aware of our privacy policies and legal duties as well as your rights concerning your health information. This Notice of Privacy Practices will be in effect for the duration of our operation and must be followed by our agency, unless and until it is revised. This Notice became effective 8/15/05.

This Notice describes your rights as our client and our obligations regarding the use and disclosure of your Protected Health Information (PHI) and your child's PHI. We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all PHI that we maintain, including PHI we created or received before the changes were made. Changing this notice will precede all significant modifications. Copies of this notice are available at your request. We will post a copy of the current notice in the waiting area of CASGSL.

Each time you visit CASGSL, a record of your visit is made. This record typically contains information regarding symptoms, observations, assessments (including test results and diagnoses), plans for future treatment, and billing information.

**We will use and communicate your PHI for the following purposes only:**

### **I. Protected Health Information Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Information regarding your protected health information (PHI) may be used and disclosed for the purpose of treatment, payment, and other health care options. Examples cited below further explain the use and disclosure process.

**Treatment:** We may use and disclose your PHI and your child's PHI to provide you with the best treatment and services possible. This may include administrative and clinical office procedures within our agency and in coordination with other service providers, such as in clinical supervision or in case consultation with law enforcement and child protective services.

**Obtaining Payment:** We may use and disclose your PHI and your child's PHI so that the treatment and services you receive at our agency may be billed to and payment may be collected from you, an insurance company, or another responsible party.

**Health Care Operations:** We may use and disclose your PHI for our health care operations, including quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management, supervision and care coordination. We may use your PHI to assist you with appointment reminders in the form of voicemail messages, SMS texts or letters.

## II. Uses and Disclosures Requiring Authorization

At any time, you may provide in writing, your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization it will not affect any use or disclosure of your PHI made prior to our receipt of the revocation. You may not revoke an authorization to the extent that:

1. CASGSL has relied on that authorization; or
2. if the authorization was obtained as a condition of obtaining insurance coverage, your insurer may have the right to contest the claim under the policy.

Each of the uses and disclosures listed immediately below requires your *written* authorization:

- If the CASGSL refers you to another health care provider (such as a physician), we will ask you to authorize us to send your health information to them so that they have the information needed to diagnose or treat you.
- If you ask the CASGSL to disclose your health information to *anyone*, including other health care or educational professionals.
- To friends or family members who are involved in your care. If your written authorization is not obtained and you are not present and able to agree or object, such communications shall be made only by authorized healthcare providers when, in their professional judgment, such disclosure is in your best interest.

*Any uses or disclosures* of your medical information that are not specifically covered by this *Notice of Privacy Practices* or by the laws that apply to us will be made only with your *written* authorization. Your protected health care information may be used and disclosed to you, as described in the patient rights section of this notice.

## III. Uses and Disclosures Not Requiring Authorization

CASGSL may use or disclose PHI without your authorization in the following circumstances:

**To the extent required by law:** for example:

**Child Abuse** – If CASGSL staff have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if CASGSL staff observe a child being subjected to conditions that would reasonably result in abuse or neglect, CASGSL staff must immediately report such information to Missouri Children’s Division. CASGSL staff may also report child abuse or neglect to a law enforcement agency or juvenile office.

**Adult and Domestic Abuse** – If CASGSL staff has reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, CASGSL staff must report such information to the Missouri Department of Social Services. “Eligible adult” *means any person 60 years of age or older, or an adult with a handicap (substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.*

**Health Oversight Activities:** The Missouri Attorney General’s Office may subpoena records from CASGSL relevant to disciplinary proceedings and investigations conducted by the Missouri State Committee of Psychologists or other professional boards or committees.

**Law Enforcement:** We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made by another for information about your diagnosis or treatment and the records thereof, we will not release your health information without written authorization from you or your personal or legally-appointed representative, except in certain circumstances, such as where required by law or pursuant to a court order.

**Serious Threat to Health or Safety:** When CASGSL staff have a reasonable belief that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted to you or your child or by you or your child on yourself or another person, CASGSL staff may and in some circumstances, must disclose your relevant health information to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.

**Workers' Compensation:** If you file a worker's compensation claim, your health information may have to be disclosed to your employer, you and any other party to the proceedings, in accordance with applicable law.

**Research:** We may use and disclose your PHI and your child's PHI for research projects that are designed to improve the quality of the services we provide. We will only include your PHI or your child's PHI in our research with your written authorization, or pursuant to a HIPAA waiver.

**Training Functions:** CASGSL is a training facility. We may use non-identifying information with students or other professionals for training purposes.

#### **IV. Your rights regarding your PHI and your child's PHI**

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, CASGSL is not required to agree to a restriction you request.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are being seen at CASGSL. On your request, we will send your bills to another address. You have the right to ask CASGSL to communicate with you in a certain way or at certain locations. We will accommodate all reasonable requests. Unless we are otherwise instructed, phone calls to you from CASGSL for purposes of scheduling or canceling sessions and mailings to you for purposes of billing will be directed to the home phone number(s) and home address that you provide us. Requests for alternative modes or locations of communication must be submitted in writing. Ask the CASGSL receptionist for the "*Confidential Communications Request Form*."

**Right to Inspect and Copy:** You have the right to read, review and copy your PHI, such as treatment and billing records, that we keep and use to make decisions about your care for as long as the PHI is maintained in the record. You must submit a written request to our Privacy Officer in order to inspect and/or copy records of your PHI. We may deny your access to PHI under certain limited circumstances, but in some cases, you may have this decision reviewed. On your request, CASGSL will discuss with you the details of the request and denial process. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

**Right to Amend:** If you believe the PHI we have about you or your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this agency. To make this amendment you must submit your request in writing to our Privacy Officer. You must also provide a reason for the request. We may deny your request in certain cases.

**Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of PHI. This is a list of the disclosures we made of medical information about you to others except for purposes of treatment, payment and operations identified above, and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than ten years and may not include dates before August 15, 2005. Your request should indicate in what form you want the list. The first list you request in a 12-month period will be free, but we may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact our Privacy Officer.

We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you or your child as well as any information we receive in the future. We will post the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

**Patient Portal:** CASGSL provides their clients with the opportunity to use a secure Patient Portal web site. This “portal” is intended to enhance client/provider communication and enables clients to complete paper at their convenience.

The Patient Portal is a type of webpage that uses security features to keep unauthorized persons from reading communications, information, or attachments. Access to the portal can only be gained by entering a correct username and password.

Secure messaging can be a valuable communications tool, but you should be aware that:

- Someone who does not have permission to view your account may see it. Protect your cell phone, computer, user name, and password. Even if you protect your user name and password, someone might be able to guess it.
- Someone who does not have permission to see your account may break the law and hack into the system.
- CASGSL will not share your email address with outside parties and we will only use the email address to send your initial invitation. After that, all electronic communications will be conducted via the portal.
- Your decision whether to consent to use the Patient Portal will in no way affect the quality of care you receive here at CASGSL.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision CASGSL makes about access to your records, or have other concerns about your privacy rights, you may contact the Executive Director of CASGSL at 314-516-6798. We encourage you to express any concerns you may have regarding the privacy of your information or your child’s information and ask that you please let us know of your concerns or complaints in writing. If you believe that your privacy rights have been violated and wish to file a complaint with CASGSL, you may send your written complaint to Executive Director, Children’s Advocacy Services of Greater St. Louis, University of Missouri – St. Louis, One University Boulevard, St. Louis, MO 63121.

You may also contact the Missouri Department of Health, Bureau of Health Facility Regulation at 1-573-6302 and/or the State Attorney General’s Office, Consumer Hotline, 1-800-392-8222 for additional assistance. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. CASGSL will not retaliate against you for exercising your right to file a complaint.

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**United States Department of Health and Human Services**

<https://www.hhs.gov/hipaa>

**The Privacy Official for CASGSL is:**

Executive Director  
Children’s Advocacy Services of Greater St. Louis  
University of Missouri – St. Louis  
One University Boulevard  
St. Louis, MO 63121  
(314) 516-6798

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**I have received a copy of the Children’s Advocacy Services of Greater St. Louis’ Notice of Privacy Policies.**

\_\_\_\_\_  
Child’s name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**OFFICE USE ONLY:**

On \_\_\_\_\_, an Acknowledgement of Receipt of Notice of Privacy Policies form was delivered. The form was not signed due to (check one of the following options below)

\_\_\_\_\_ Communication barriers which prevent acknowledgement

\_\_\_\_\_ An emergency which prevented acknowledgement

\_\_\_\_\_ A refusal to sign

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date