

If you wish to exercise any of these rights or to file a complaint, contact the Privacy Officer of this facility:

Tim Azinger
Executive Director
725 E. Karsch Blvd.
P.O. Box 967
Farmington, MO 63640

Phone: (573) 756-4314
or (800)-596-7273

Fax: (573) 756-3507

Email: tima@lifecilmo.org

We may change the terms of this Notice at any time. Any revised Notice will be effective for all health information that we maintain at the time the new version is adopted. [Description of how individuals will be provided with a revised notice]
Effective Date: December 2018



Employment Solutions *Employment Network (EN)*

Our EN Specialists work with all types of disabilities to help you achieve your employment goals.

We provide Nationally Certified Social Security Community Partner Work Incentive Counselors who will offer you personalized information about the effect of employment on *your* individual state and federal benefits. We will explain all of the Social Security employment supports and options that contribute to your financial independence.

Employment Services May Include:

- **Ticket to Work Program** to build your independence
- **PASS Plans (Plan to Achieve Self Support)** to acquire items & services needed to meet work goals
- Coordination with Other Employment Related Resources & Agencies
- Screening for Many Financial Assistance Programs
- Resume & Interview Skills
- Job Leads & Application Assistance
- Disability Disclosure Information
- Employment Advocacy as needed
- Job Accommodation Options Discussed
- EN Services provided throughout Missouri

(573) 756-4314 or (800) 596-7273
www.lifecilmo.org

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

LIFE Inc

HIPAA

Administrative Simplification

We are required by law to give you information about our legal duties regarding your protected health information and to follow the practices described in this pamphlet. We are also required to protect your personal health information. If we disclose your protected health information in a manner not permitted by law without your authorization, you have the right to be notified that an impermissible disclosure occurred. We will notify you of the impermissible disclosure within X number of days after we discover the error by (mail, email, phone). This information is a summary of our Confidentiality Policy but does not replace the full version that is available to you. This notice applies to personal medical/health information that we have about you and that is kept at our facility. Neither this pamphlet nor the full Confidentiality Policy Addendum on HIPAA Compliance covers every possible use or disclosure. If you have any questions, please contact the Privacy Officer for this facility.

Who has access to your personal information?

Medical/health information about you can be used to:

- Plan your services. This includes releasing information to qualified professionals who work at our facility and are involved in your service delivery. It may also include other provider agencies and funding sources to ensure eligibility for services. We will only release information necessary for them to do their jobs.
- Measure our quality of services.
- Decide if we should offer more or fewer services to participants.

Without your permission, we may use your personal information:

- For your case management. For example, we may share your health information with other provider agencies to coordinate your service delivery.
- For payment. For example, we may share your health information with Medicaid to obtain reimbursement from them for a service we provided you.
- For center operations. For example, we may share your health information with an outside agency who is helping us measure the quality of our services.
- To exchange information with other State agencies as required by law.
- To treat you in an emergency.
- To assist agencies involved in a disaster situation.
- To assist with certain types of research.

- When there is a serious public health or safety threat to you or others.
- As required by State, Federal, or local law. This includes investigations, audits, inspections, and licensure.
- When ordered to do so by a court of law.
- To communicate with law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To communicate with coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- To communicate with Federal officials involved in security activities authorized by law.
- To communicate with a correctional facility if you are an inmate.

What are your rights?

- To see and get a copy of your file (by written request).
- To make reasonable requests that we communicate with you about your private health information in a certain manner or location in order to keep your information confidential. For example, you can request that we only contact you at a certain phone number or refrain from sending certain items in the mail. This request must be made in writing .
- To appeal if we do not grant you access to all or some part of your file.
- To ask for the file to be changed if you believe you find a mistake or something that is not complete. You must make all requests in writing. We may deny your request if:

- we did not create the entry that is wrong; or
 - the information is not part of the file we keep; or
 - the information is not part of the file that we would let you see; or
 - we believe the file is accurate and complete.
- To know to whom we have sent information about you (for up to the last six years).
 - To limit how we use or disclose information about you (for example, not to release information to your spouse or to a particular provider agency). This request must be made in writing. We are not required to agree to the request except for in the following instance: if you have paid for a service out of pocket in full, you have the right to restrict us from disclosing information about that service for payment or health care operation purposes unless we are otherwise required by law to disclose the information.
 - To authorize other releases of your personal information not described above. You may change your mind and remove the authorization at any time (by written request). Specifically we must have your authorization to
 - disclose your psychotherapy notes for any purpose except for the ones described above
 - disclose your personal health information for marketing purposes
 - sell your protected health information
 - To have a paper copy of LIFE Inc's Confidentiality Policy.
 - To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.