



# FCC BEHAVIORAL HEALTH

## NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003  
Revised: August 2, 2021

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes the rules regarding the privacy of your medical information and our legal duties on protecting the privacy of your medical information as well as how it can be used, disclosed and how you can access your information. **Please review it carefully.**

### YOUR RIGHTS:

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- FCC will provide a copy or a summary of your health information, usually within 15-days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. FCC may deny your request, but we will notify you with justification in writing within 60-days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. FCC will say comply to all reasonable requests. This information will be obtained at admission or if it changes you request it in writing.

#### **Ask us to limit what FCC can use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. FCC is not required to agree to your request, and we may deny the request if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply unless a law requires us to share that information.

#### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.
- FCC will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12-months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. It can also be found on our website: [www.fccinc.org](http://www.fccinc.org)

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- FCC will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can file a complaint, if you feel your rights have been violated, by contacting us using the information in the red box at the end of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, calling 1-800-368-1019, emailing [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov) or visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
- FCC will not retaliate against you for filing a complaint.

### YOUR CHOICES.

#### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### **In the following cases, FCC will never share your information unless you give written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Any information considered to be a secondary release such as records from another health care provider outside of FCC.

#### **In the case of fundraising:**

- FCC may contact you for fundraising efforts, but you may request to not be contacted in the future.

### OUR USES AND DISCLOSURES.

**How does FCC typically use or share your health information?** We typically use or share your health information in the following ways. FCC will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

**Treatment** – FCC can use your health information and share it with other professionals who are treating you, arranging for outside services, prescriptions or referrals. This includes sharing within the Agency for other services. Only the minimum necessary will be disclosed.

*Example: A Physician treating you for a mental health issue, asking your Primary Care Physician about your overall health condition, prior to prescribing medicine.*

**Health Care Operations** – FCC can use and share your health information to run our practice, improve your care, and contact you when necessary. Your information may be used to evaluate the quality of our staff and the efficiency of our treatment/programs.

*Example: FCC can use health information about you to manage your treatment and services.*

**Payment** – FCC can use and share your health information to bill and get payment from health plans or other entities. Your information may also be used to receive pre-authorization for services in the future.

*Example: FCC can give information about you to your health insurance plan so it will pay for your services.*

### HOW ELSE CAN FCC USE OR SHARE YOUR HEALTH INFORMATION?

FCC is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. In these instances, consent or authorization is not needed. FCC does have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Emergency**

In the event of an emergency to prevent a serious threat to the health and safety of you, the public or any other person or when there is a substantial barrier in communication and consent cannot be obtained. This includes sharing information during Disaster Relief or Public Emergency/Health Risk.

#### **Appointment Reminders**

FCC may use and disclose information about you with out your consent or authorization to contact you a reminder that you have an appointment for treatment or services at the agency. Contact information will be gathered for this at admission.

#### **Help with public health and safety issues**

FCC can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.

#### **Research**

FCC can use or share your information for health research. Before this is done such disclosure would have to be approved through the research approval process.

#### **Comply with the law**

FCC will share information about you if local, state or federal laws requires it. And when reporting abuse and neglect.

#### **Respond to organ and tissue donation requests**

FCC can share health information about you with organ procurement organizations if you are an organ donor.

#### **Work with a medical examiner or funeral director**

FCC can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

FCC can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official or correctional institute (if this information is protected by 42 CFR Part 2 a court order is required).
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

FCC can share health information about you in response to a court or administrative order, or in response to a subpoena.

### OUR RESPONSIBILITIES.

- FCC is required by law to maintain the privacy and security of your protected health information.
- FCC will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- FCC must follow the duties and privacy practices described in this notice and give you a copy of it.
- FCC will not use or share your information other than as described here unless you tell us we can in writing.
- REVOCATION:** If you tell us we can, you may change your mind at any time. If you change your mind and want to revoke your authorization, please let us know in writing. If time is a factor, you can revoke verbally to the Privacy Officer or to a staff member who can contact the Privacy Officer of your wishes. If you revoke your authorization no further information will be disclosed, however, we will not be able to take back any disclosures that have been made prior to the revocation.

### HEALTH INFORMATION EXCHANGE

FCC may share information that we obtain or create regarding your care with other healthcare providers or other health care entities, such as your health plan or health insurer, as permitted by law, through electronic Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions can be available to us or to other health care providers outside of FCC, if they participate in the HIE as well. HIEs allow health care providers and patients to appropriately access and securely share a patient's vital medical information electronically – improving the speed, quality, safety and cost of patient care. FCC is a participating provider with Midwest Health Connection (MHC). FCC will share your health information with the HIE unless you specifically request to opt-out of participation. Information on treatment within our Substance Use Disorder Programs will NOT be shared through the HIE, this information will only be shared with your specific consent.

### CHANGE IN NOTICE OF PRIVACY PRACTICES:

FCC reserves the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be posted at our locations, available upon request, and on our website: [www.fccinc.org](http://www.fccinc.org).

### QUESTIONS:

If you have any questions about this notice or would like additional information, please contact the privacy official at the address and telephone number listed below.

For more information see: [www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

## PRIVACY OFFICIAL CONTACT INFORMATION

**PRIVACY AND SECURITY OFFICER**  
925 Highway V V  
Kennett, Mo 63857  
(573) 888-5925 Ext. 1027  
Email: [shirleens@fccinc.org](mailto:shirleens@fccinc.org)

**CHIEF COMPLIANCE OFFICER**  
925 Highway V V  
Kennett, Mo 63857  
(573) 888-5925 Ext. 1017  
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