

## NOTICE OF PRIVACY PRACTICES

Original Date 01/01/2003

Revised per HIPPA Omnibus Rule 08/07/2013

Revised Date Implementation: 9/23/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND YOUR RIGHTS. PLEASE REVIEW IT CAREFULLY.

You are receiving health care at South St. Louis Medical Associates, LLC. or a facility that is part of South St. Louis Medical Associates, LLC.

We are required by law to maintain the privacy of individually identifiable patient health information (this information is “protected health information” and is referred to herein as “PHI”). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records.

South St. Louis Medical Associates, LLC. understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how South St. Louis Medical Associates, LLC. will use and disclose your PHI, and what your rights, under HIPPA, are.

This Notice applies to the delivery of health care by South St. Louis Medical Associates, LLC. and its medical staff in the hospital, outpatient departments, and clinics.

### **Permitted Use or Disclose**

**A. Treatment:** South St. Louis Medical Associates, LLC. will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions. South St. Louis Medical Associates, LLC. will disclose all or any minimally necessary portion of your patient medical record information to your attending physician, consulting physician(s), nurses, pharmacists, technicians, medical students, dieticians, and other health care providers who have legitimate need for PHI in your care and continued treatment.

Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays, and prescriptions.

South St. Louis Medical Associates, LLC. also will disclose PHI to people or entities outside South St. Louis Medical Associates, LLC. who will be involved in your medical care after you leave South St. Louis Medical Associates, LLC. such as other care providers and family who will provide services that are part of your care, to coordinate treatment.

South St. Louis Medical Associates, LLC. will use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that will be of interest to you.

South St. Louis Medical Associates, LLC. will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at South St. Louis Medical Associates, LLC.. With respect to a group health plan, South St. Louis Medical Associates, LLC. may also disclose PHI to a health plan sponsor.

If you are in inmate of a correctional institution or under the custody of a law enforcement officer, South St. Louis Medical Associates, LLC. will disclose your PHI to the correctional institution or law enforcement official if necessary.

**B. Payment:** South St. Louis Medical Associates, LLC. will disclose PHI about you for the purposes of determining insurance coverage and eligibility, billing, claims management, medical data, processing, stop loss/reinsurance, and reimbursement.

The medical information will be disclosed to any insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment of your medical bill and will include copies or excerpts of your medical records which are necessary for payment of your account. It will also include sharing the necessary information to obtain pre-approval for payment for treatment from your health plan.

The medical information may also be released to independent health care providers who were involved in your treatment (example, Emergency room physicians and Radiologist who are not employed by South St. Louis Medical Associates, LLC.) or emergency delivery (via ambulance service) from South St. Louis Medical Associates, LLC. so that they may seek payment for caring for you.

South St. Louis Medical Associates, LLC. will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.

**C. Health Care Operations:** South St. Louis Medical Associates, LLC. will use and disclose your PHI during routine health care operations including quality review, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of South St. Louis Medical Associates, LLC. and for educational purposes.

For instance, we will need to share your demographic information, diagnosis, treatment plan, and health status for population based activities relating to improving health or reducing health care costs, protocol development, case management, and care coordination.

**D. Other Uses and Disclosures:** PHI may also be used for the following purposes:

Medical Research: South St. Louis Medical Associates, LLC. may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers. Researchers will be required to safeguard the PHI they receive.

Health Promotion Activities: With the exception of mental health and substance abuse PHI, South St. Louis Medical Associates, LLC. will use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general

communications based on your own health concerns. We may send you this information if we have determined that a product or service may help you. The communication will explain how the product or service relates to your well-being and can improve your health.

**E. More Stringent State and Federal Laws:** The State law of Missouri is more stringent than HIPPA in several areas. State law is more stringent when the individual is entitled to greater access to records than under HIPPA and when under state law the records are more protected from disclosure than under HIPPA. Certain federal laws also are more stringent than HIPPA. South St. Louis Medical Associates, LLC. will continue to abide by these more stringent state and federal laws.

## **I Permitted Use of Disclosure with an Opportunity for You to Agree or Object**

**A. Family/Friends:** South St. Louis Medical Associates, LLC. may, with your permission, disclose PHI about you to a friend or family member who is involved in your medical care. We will also give information to someone who helps you pay for your care. In addition, we will disclose PHI about you to an agency assisting in a disaster relief effort sub optimally visualized that your family can be notified about your condition, status, and location. You have a right to request that your PHI not be shared with some or all of your family or friends.

**B. Promotional Communications:** South St. Louis Medical Associates, LLC. will not share or sell your information to companies that sell health care products or services for use by those companies to contact you.

## **II Use or Disclosure Requiring Your Authorization**

**A. Marketing:** South St. Louis Medical Associates, LLC. will not provide your information to any other person or company for marketing any products or services other than South St. Louis Medical Associates, LLC. products or services unless you have signed an authorization. South St. Louis Medical Associates, LLC. will not sell your information. South St. Louis Medical Associates, LLC. will not send treatment communications to you concerning treatment alternatives (where South St. Louis Medical Associates, LLC. receives financial remunerations from a third party in exchange for making the communication) unless you have signed an authorization. You have a right to opt out of receiving such communications.

**B. Research:** With your prior authorization to participate in research South St. Louis Medical Associates, LLC. may use or disclose your information as part of research. For example, if you are part of a research study that includes treatment, South St. Louis Medical Associates, LLC. may require that you sign an authorization to allow the researchers to use or disclose your information for this research.

**C. Psychotherapy Notes:** South St. Louis Medical Associates, LLC. must obtain your authorization for any use or disclosure of psychotherapy notes, except as permitted by policy or law. **Other Uses:** Any uses or disclosures that are not for treatment, payment or operations and that are not required for public policy purposes or by law, and other uses and disclosures not described in this Notice will be made only with your written authorization.

**D. Revocation:** You have the right to revoke an authorization at any time, by putting your request in writing and submitting the request to the Medical Records department.

**E. Breach Notification:** South St. Louis Medical Associates, LLC. will notify you if a breach of your unsecured protected health information occurs, if the information is shown to have been compromised.

### **III Use or Disclosure Permitted by Public Policy or Law without your Authorization**

**A. Law Enforcement Purposes:** South St. Louis Medical Associates, LLC. will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, and may disclose information for purposes of identifying a criminal suspect or a missing person, or providing information about a crime victim or possible criminal conduct as part of a criminal investigation.

**B. Required by Law:** South St. Louis Medical Associates, LLC. will disclose PHI about you when required by federal, state, or local law to make reports or other disclosures. South St. Louis Medical Associates, LLC. also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. South St. Louis Medical Associates, LLC. will disclose your medical information to government agencies when required by law, such as reporting a dog bite to public health. South St. Louis Medical Associates, LLC. will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of your health information. These government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. South St. Louis Medical Associates, LLC. will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

**C. Coroners, Medical Examiners, Funeral Directors:** South St. Louis Medical Associates, LLC. will disclose your information to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. We will also disclose your medical information to funeral directors as necessary to carry out their duties.

**D. Health or Safety:** South St. Louis Medical Associates, LLC. will use and disclose your information to avert a serious threat to health and safety of a person or the public. South St. Louis Medical Associates, LLC. will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. South St. Louis Medical Associates, LLC. will use and disclose PHI for activities related to the quality, safety, or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post marketing surveillance. You may opt out of the opportunity to receive information about a medical device subject to FDA tracking requirements; i.e. you may decline to disclose, or refuse permission to disclose your name, address, telephone number, and social security number, or other identifying information for the purpose of tracking the FDA device.

### **IV Your Health Information Rights**

Although South St. Louis Medical Associates, LLC. maintains all paper and electronic records concerning your treatment, you have the following rights concerning your PHI:

**Right to Inspect and Copy:** You have the right to access your PHI and to inspect and have a paper or electronic copy made of your PHI as long as we maintain it except or: Psychotherapy notes (those notes kept in a personal file by a therapist or physician and not part of the formal medical record), information that may be used in anticipation of, or that will be used in a civil, criminal, or administrative action or proceeding, and where prohibited or protected by law. South St. Louis Medical Associates, LLC. will deny your request for access to your PHI without giving you an opportunity to review that decision if:

- You don't have the right to inspect the information; or it is otherwise prohibited or protected by law;
- You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody, or rehabilitation of you or other inmates;
- The disclosure of the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you;
- You are involved in a clinical research project and South St. Louis Medical Associates, LLC. created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
- South St. Louis Medical Associates, LLC. obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
- Under other limited circumstances. In these instances, however, South St. Louis Medical Associates, LLC. will allow the review of its decision by a health care professional that South St. Louis Medical Associates, LLC. has chosen. This person will not have been involved in the original decision to deny request.

South St. Louis Medical Associates, LLC. may charge a reasonable copying charge. You must make your requests to access and copy your PHI in writing to South St. Louis Medical Associates, LLC. South St. Louis Medical Associates, LLC. will respond to your request within 30 days of its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 60 days of its receipt.

**B. Right to Amend:** You have the right to amend your PHI for as long as South St. Louis Medical Associates, LLC. maintains it. However, we will deny your request for amendment if:

- South St. Louis Medical Associates, LLC. did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If South St. Louis Medical Associates, LLC. denies your request for changes in your PHI, we will notify you in writing with the reason for the denial. We will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that we include your request for amendment and the denial any time South St. Louis Medical Associates, LLC. discloses the information that you wanted changed. South St. Louis Medical Associates, LLC. may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

You must make your request for amendment for your PHI in writing to South St. Louis Medical Associates, LLC. including your reason to support the requested amendment South St. Louis Medical Associates, LLC. will respond to your request within 60 days of its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 90 days of its receipt.

- C. **Rights to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that South St. Louis Medical Associates, LLC. made, except for the following disclosures:
- To carry out treatment, payment, or health care operations;
  - To you;
  - For national security of intelligence purposes;
  - To correctional institutions or law enforcement officials in custodial situations; or
  - That occurred prior to April 14, 2003.

For each disclosure, you will receive: The date of the disclosure, the name of the receiving organization, and address if known, a brief description of the PHI disclosed, and a brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one.

You must make your request for an accounting of disclosures of your PHI in writing to South St. Louis Medical Associates, LLC. Medical Records Department. You must include the time period of the accounting, which may not be longer than 6 years. We will respond to your request within 60 days from its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 90 days of its receipt.

- D. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI:
- To a health plan with respect to healthcare for which you have paid out of pocket in full prior to service being initiated. The request must be in writing.
  - Limited information in the facility directory.
- E. **Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail.
- F. **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

## V Complaints

If you believe your privacy rights have been violated, you may file a complaint with South St. Louis Medical Associates, LLC. and/or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. For more information, or to voice a privacy complaint for an incident at South St. Louis Medical Associates, LLC., **please contact South St. Louis Medical Associates, LLC. Privacy Officer**, at:

South St. Louis Medical Associates, LLC.  
3915 Watson Road, Suite 100  
St. Louis, Missouri 63109  
314-881-0300 Phone  
314-881-0304 Fax

South St. Louis Medical Associates, LLC. assures you that there will be no retaliation for filing a complaint.

## **VI Sharing and Joint Use of Your Health Information**

In the course of providing care to you and in furtherance of South St. Louis Medical Associates, LLC.'s mission to improve the health of the community, South St. Louis Medical Associates, LLC. will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

**A. Medical Staff:** The medical staff and South St. Louis Medical Associates, LLC. participates together in an organized health care arrangement to deliver health care to you. South St. Louis Medical Associates, LLC. and its medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you in South St. Louis Medical Associates, LLC. Physicians and allied health care providers are members of South St. Louis Medical Associates, LLC. medical staff and will have access to and use your PHI for treatment, payment, and health care operations purposes related to your care within South St. Louis Medical Associates, LLC.. South St. Louis Medical Associates, LLC. will disclose your PHI to the medical staff for payment, treatment, and health care operations.

**B. Business Associates:** South St. Louis Medical Associates, LLC. will use and disclose your PHI to business associates contracted to perform business functions on its behalf including South St. Louis Medical Associates, LLC., who performs certain business functions for South St. Louis Medical Associates, LLC.

Whenever an arrangement between South St. Louis Medical Associates, LLC. and other companies involves the use or disclosure of your PHI, that business associated is required by HIPPA law to keep your information confidential.

**C.** South St. Louis Medical Associates, LLC. participates in an organized health care arrangement for utilization review and quality assessment activities involving PHI. South St. Louis Medical Associates, LLC. abides by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of South St. Louis Medical Associates, LLC. and its members.

**D. Changes to this Notice:** South St. Louis Medical Associates, LLC. will abide by the terms of the Notice currently in effect South St. Louis Medical Associates, LLC. reserves the right to change the terms of is Notice and to make the new Notice provisions effective for all PHI that it maintains. South St. Louis Medical Associates, LLC. will provide you with the revised Notice at your first visit following the revision of the Notice.

## **VII Review of the Notice of Privacy Practice**

The NPP was reviewed and updated in 2013, and is reviewed every 2 years. The most current version of the NPP is posted on South St. Louis Medical Associates, LLC. internet site.