

Summary Notice of Privacy Practices

This is a summary of the Southeast Missouri State University Autism Center for Diagnosis and Treatment (“Autism Center”) Notice of Privacy Practices and describes how the Autism Center may use and disclose protected health information (PHI) and how you can access this information. Please review this information carefully. This summary applies to the clinical programs at the Autism Center. The Health Insurance Portability and Accountability Act (HIPAA) requires that we protect the privacy of health information that identifies clients, or when there is reasonable basis to believe the information can be used to identify a client. This notice describes your rights as a client and our obligations regarding the use and disclosure of PHI.

USES AND DISCLOSURE

Uses and Disclosures Statement

- We may disclose your PHI to you.
- We may use or disclose your PHI without your authorization or opportunity to object to treat you, obtain payment, or operate the Autism Center.
- Other uses and disclosures may be made without your authorization or opportunity to object if the law requires us to disclose PHI.
- In most situations not associated with treatment, payment or operations, we may use or disclose your PHI only **with** your written authorization.

Examples of Uses and Disclosures for Treatment Authorization Not Required

- We may consult with other health care providers in connection with your diagnosis and treatment.
- We may disclose PHI regarding treatment, coordination, and management of your health care as it related to (1) services related to your psychological care; or (2) other health care services.
- If you are referred to a physician or other psychologist or a new health care provider, we may disclose PHI to the new provider relating to your diagnosis and treatment.

Examples of Uses and Disclosures to Obtain Payment Authorization Not Required

- We may use and disclose your PHI to 1) submit a claim with your name, birth date, address, insurance or social security number, diagnoses, and procedures performed to your health plan for payment; 2) submit PHI for coordination of benefit purposes; 3) respond to inquiries for purposes of obtaining payment.
- We may disclose PHI to other health care providers in connection with coordination of benefits or insurance eligibility.

Examples of Uses and Disclosures to Operate the Autism Center Authorization Not Required

- We may mail you reminders of upcoming appointments.
- We may leave telephone messages asking that you return our call or reminding you of an appointment.
- We may use and disclose your PHI to audit billing processes and evaluate the quality of our services.
- We may share PHI with organizations that assess the quality of care that we provide, e.g., accreditation agencies.
- We may provide PHI to you as needed to supply you with information about your diagnosis or treatment.
- We may communicate with you about our clinic services and therapies, your treatment alternatives or other health related benefits and services.

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- Unless you object, we may use your name, address and telephone number to contact you in connection with fundraising for the Autism Center.
- We may use your PHI to file reports required by law, (e.g., when abuse or neglect is suspected, when subpoenaed, etc.)
- We may use your PHI if you pose a danger to yourself and or others.
- We may share your PHI with third party “business associates” that perform various activities like billing for the Autism Center. Whenever an arrangement between the Autism Center and a business associate involves the use or disclosure of your medical information, we will have written contract terms that will protect the privacy of your medical information.

YOUR RIGHTS

You have the following rights regarding your PHI, and the Autism Center must act on your request within 60 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction, unless you request that PHI not be disclosed to a health plan for purposes of payment or health operations and you paid out of pocket for that service.
- You may request access to PHI in alternative communication format and/or location.
- You may request that you receive confidential communications of PHI.
- You may request to inspect and/or request a copy of your own PHI.
- You may request that your records be amended.
- You may request a copy of our Notice of Privacy Practices on paper or in an alternative format, e.g., electronic.
- You may revoke an authorization, except to the extent that we have taken action on it.

OUR RESPONSIBILITIES

The law requires us to maintain the privacy and security of PHI.

- The law requires that we provide individuals with notice of our privacy practices.
- The law requires that we abide by the terms of the Notice of Privacy Practices and provide notice of revisions.
- The law requires that we notify you within 60 days of discovery of a breach of any of your unsecured PHI.

QUESTIONS/CONCERNS

For more information, or a copy of the entire Notice of Privacy Practices, please contact the Privacy Officer at Southeast Missouri State University Autism Center for Diagnosis and Treatment, 611 N. Fountain Street, Cape Girardeau, MO 63701 (573) 986-4985.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint in writing using the University Health Information Privacy Complaint Form available from the Privacy Officer or the Reception area of the Autism Center. Send completed complaint forms to the HIPAA Complaint Officer, Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701. You may file a complaint directly with the U.S. Department of Health and Human Services, visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. No one will retaliate against you for filing a complaint.