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- I. 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.**

MISSOURI VETERANS COMMISSION COMMITMENT TO YOU

We at the Missouri Veterans Commission understand that information we collect about you and your health is personal. Keeping your health information confidential and secure is one of our most important responsibilities. We are committed to protecting your health information and abiding by all state and federal laws regarding the protection of your health information. This notice tells you how we may use or disclose your health information.

II. **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights regarding health information that the Missouri Veterans Commission maintains about you:

Right to Inspect and Copy: You have the right to inspect and obtain a paper or electronic copy of your health information, including your Electronic Medical Record. This request may include your medical, billing or health care payment information. It does not include information that is needed for civil, criminal or administrative actions or proceedings. You must submit a written request to the Missouri Veterans Commission's HIPAA Compliance Officer, or designee, in order to inspect or obtain a paper or electronic copy of your health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you feel that the health information the Missouri Veterans Commission has created about you is incorrect or incomplete, you may ask us to amend that information. The Missouri Veterans Commission may deny your request in writing within sixty (60) days if you ask to amend information that:

- 1) Was not created by the Missouri Veterans Commission;
- 2) Is not part of the health information kept by the Missouri Veterans Commission;
- 3) Is not part of the information which you would be permitted to inspect or copy; or
- 4) The information is determined to be accurate and complete.

Right to Accounting of Health Information Disclosures: You have the right to request a list of disclosures that the Missouri Veterans Commission has made of your health information. You must submit a written request to Missouri Veterans Commission's HIPAA Compliance Officer, or designee, in order to obtain the list. You may receive one free list each year. A reasonable cost-based fee will be charged for more than one request per year. The list will **not** include:

- 1) Health information disclosures made for purposes of providing treatment to you, obtaining payment for service or disclosures made for administrative or operational purposes;
- 2) Health information disclosures made for national security;
- 3) Health information disclosures made to correctional institutions and other law enforcement custodial situations;

- 4) Health information disclosures the Missouri Veterans Commission has made based on your written authorization;
- 5) Health information disclosures to you or persons who are involved in your care;
- 6) Health information disclosures made more than six years prior to your request.

Right to Request Restrictions: You have the right to request a restriction of limitation of the health care information the Missouri Veterans Commission uses or disclosures for treatment, payment or operational purposes. We may deny your request if it would affect your care. Such right does not apply if:

- 1) You are transferred to another health care institution;
- 2) Record disclosure is required by law;
- 3) You pay for a service 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.

Right to Request Confidential Communication: You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by phone. The Missouri Veterans Commission will accommodate all reasonable requests. To request confidential communications you must complete and submit the *Authorization to Restrict, Limit and/or Revoke* form to the Missouri Veterans Commission HIPAA Compliance Officer, or designee. You must specify on the form how or where you wish to be contacted.

Right to Choose Someone to Act for You: If you have given someone durable power of attorney (DPOA) or if someone is your legal guardian, that person may exercise your rights and make choices about your health care.

Right to a Paper Copy of this Notice: You have the right to request a paper copy of this notice from the Missouri Veterans Commission at any time, even if you received an electronic copy.

III. HOW THE MISSOURI VETERANS COMMISSION USES AND DISCLOSES HEALTH CARE INFORMATION

Your health information may be used and disclosed by the Missouri Veterans Commission for the purpose of providing treatment to you, obtaining payment for services, for administrative and operational purposes and to evaluate the quality of services that you receive. The Missouri Veterans Commission provides a wide range and variety of health care and social services to Veterans and their dependents. For this reason, not all types of uses and disclosures can be described in this document. We have listed some common examples of permitted uses and disclosures below.

For Treatment: We may disclose health information about you to caregivers, such as nurses, doctors, therapists, social workers, volunteers and other workforce members to determine your plan of care. Individuals and programs within the Missouri Veterans Commission may share health information about you to coordinate the services you may need, such as clinical examination, therapy, nutritional services, medications, hospitalization or follow-up care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

For Payment: The Missouri Veterans Commission may disclose information about you to your health plan, your health insurance carrier, and other companies we contract with to provide services needed for your care to obtain payment for our services. For example, we may give your health plan information

about treatment or vaccinations that you received so your health plan will pay us or reimburse you for treatment or services the Missouri Veterans Commission provided. We may also share your information, when appropriate, with other government programs such as Workers' Compensation or the U.S. Department of Veterans Affairs in order to coordinate your benefits and payments. We may also contact your health plan about a treatment you are going to receive in order to obtain prior authorization or to determine whether your plan will cover the treatment.

For Operations: The Missouri Veterans Commission may use and disclose information about you to ensure that the services and benefits provided to you are appropriate and are high quality. For example, we may use your information to evaluate our treatment and service programs or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine health information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful. For example, our business associates may use your information to perform case management, coordination of care and other activities. The Missouri Veterans Commission requires that our business associates abide by the same level of confidentiality and security as the Missouri Veterans Commission when handling your health information.

IV. SPECIAL SITUATIONS FOR USE AND DISCLOSURE OF HEALTH CARE INFORMATION

MVC is permitted to use or disclose your health information without your authorization under the following circumstances:

To Other Government Agencies Providing Benefits or Services: The Missouri Veterans Commission may disclose your health information to determine eligibility for Federal or State benefits through agencies such as the U.S. Department of Veterans Affairs, that may provide you with benefits or services when the information is necessary for you to receive those benefits and services.

To Keep You Informed: The Missouri Veterans Commission may contact you to tell you about health related benefits or services that may be of interest to you. We may use and disclose medical information to contact you, or someone involved in your care, about medical appointment reminders.

For Public Health: The Missouri Veterans Commission may disclose your health information to public health agencies, subject to the provisions of applicable state and federal law, for the following kinds of activities:

- 1) To prevent or control disease, injury or disability or to keep vital statistic records such as births and deaths;
- 2) To notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence;
- 3) To report reactions to medications or problems with products to the Food and Drug Administration (FDA), or to report defects or problems with products.

For Health Oversight Activities: The Missouri Veterans Commission may share your health information with other government agencies for oversight activities as required by law. Examples may include audits, inspections, investigations and licensure.

For Law Enforcement: The Missouri Veterans Commission may disclose health information to a law enforcement official, subject to applicable federal and state law and regulations, for purposes that are required by law or in response to a court order or subpoena. We may disclose limited information for identification and location purposes or to prevent or lessen a serious and imminent threat to you or the public.

For Research: The Missouri Veterans Commission may disclose your health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information.

Lawsuits and Disputes: The Missouri Veterans Commission may disclose health information about you in response to a subpoena, discovery request, court order, other lawful process by someone else involved in the dispute, or to defend ourselves against a lawsuit brought against us. All efforts will be made to tell you about the request and/or to obtain an order protecting the information requested.

For Coroners, Medical Examiners, Funeral Directors and Organ and Tissue Donation: The Missouri Veterans Commission may disclose health information to identify a body or to determine cause of death. If you are an organ or tissue donor, we may disclose information to organizations that procure, bank, or transport organs.

To Advert a Serious Threat to Health or Safety: The Missouri Veterans Commission may disclose your health information if it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

For National Security and Protection of the President: The Missouri Veterans Commission may disclose your health information to an authorized federal official or other authorized persons for purposes of national security, providing protection to the President, or to conduct special investigations, as authorized by law.

To a Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Missouri Veterans Commission may disclose your health information to the correctional institution or law enforcement officer. The information disclosed must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

To the Military: If you are a Veteran or a current member of the U.S. Armed Forces, the Missouri Veterans Commission may disclose your health information as required by military command or Veterans Administration authorities.

For Workers' Compensation: The Missouri Veterans Commission may disclose your health information for workers' compensation or similar programs.

As Required by Law: The Missouri Veterans Commission may disclose your health information when required to do so by federal or state law.

Incidental Disclosures: The Missouri Veterans Commission will take reasonable measures to ensure the privacy of your health information. Certain disclosures of your information may occur incidentally. For

example, other individuals may see your name on a sign-in sheet or another individual may overhear a confidential conversation.

V. OTHER PERMITTED USES AND DISCLOSURES, MADE WITH YOUR CONSENT, AND WITH OPPORTUNITY TO OBJECT

If you **DO NOT** object and the situation is not an emergency and disclosure is not otherwise prohibited by stricter law, the Missouri Veterans Commission is permitted to disclose your information under the follow circumstances:

To Individuals Involved in Your Care: The Missouri Veterans Commission may disclose your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care.

To Family: The Missouri Veterans Commission may disclose your health information to notify a family member, a personal representative or a person responsible for you care of your location, general condition, or death.

To Members of the Clergy: The Missouri Veterans Commission may disclose your religious affiliation to members of the clergy in an effort to meet your spiritual needs.

To Individuals Involved in Disaster Recovery or Relief: Should a disaster occur, the Missouri Veterans Commission may disclose your health information to an assisting government agency, private entity, or disaster relief organization assisting in disaster relief and/or disaster recovery efforts.

In a Directory, on an Internal Bulletin Board, and on a Photo and/or Name Plate: The Missouri Veterans Commission may list your name and room number in a resident directory. We may post your birthday or other special event on a calendar or bulletin board that is visible to guests inside one of our facilities. We may display your photo and/or name plate near the door of your room. We will not give photographs of you to anyone outside of the Missouri Veterans Commission without your written authorization.

For Fundraising: The Missouri Veterans Commission may use contact information such as your name and address to send you fundraising communications. You have the option to opt-out of receiving fundraising information at any time.

VI. THE MISSOURI VETERANS COMMISSION'S REQUIREMENTS

The Missouri Veterans Commission is required by state and federal law to maintain the privacy and security of your health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that the Missouri Veterans Commission collects and maintains about you. We are required to notify you, as required by law, if a breach of your health information occurs that may have compromised the privacy and security of your information. We are required to follow the terms of this notice.

This notice describes and gives some examples of the permitted ways that your health information may be used or disclosed. Disclosures of your information outside of the boundaries of the Missouri Veterans Commission-related treatment, payment or operations, or as otherwise permitted by state or federal law, will be made only with your specific written authorization. You may revoke specific authorization to disclose your information, in writing, at any time. If you revoke an authorization, we will no longer disclose your health information to the authorized recipient(s), except to the extent that the Missouri Veterans Commission has already disclosed or used that information in reliance of the original authorization.

The Missouri Veterans Commission reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. We will provide a copy of our revised notice to you upon request. We will post a copy of the current notice in all Missouri Veterans Commission facilities, offices and on our website listed below. In addition, you may ask for a copy of our current Notice of Privacy Practices anytime you visit a Missouri Veterans Commission facility or office.

You may also request an oral translation of this notice into your native language. When possible, a written translation will be provided. Please contact the HIPAA Compliance Officer, or designee to arrange for translation service or materials.

VII. FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you are encouraged to notify the Missouri Veterans Commission HIPAA Compliance Officer, or designee. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. There will be no penalty or retaliation for filing a complaint.

Kansas City Office for Civil Rights
U.S. Department of Health and Human Services
601 E. 12th Street, Room 353
Kansas City, MO 64106
Email: ocrmail@hhs.gov
Phone: 1-800-368-1019
www.hhs.gov/ocr/privacy/hipaa/complaints

Missouri Veterans Commission
HIPAA Compliance Officer
205 Jefferson St. P.O. Drawer 147
Jefferson City, MO 65102
Email: Movets@mvc.dps.mo.gov
Phone: 573-751-3779
www.mvc.dps.mo.gov

Missouri Department of Public Safety
Missouri Veterans Commission
Notice of Privacy Practices
Acknowledgment of Receipt

Veteran Name (Print)

Veteran Date of Birth

By signing this form, you agree that you have received a copy of the Missouri Veterans Commission Notice of Privacy Practices. Our Notice of Privacy Practices tells you how we may use and disclose your protected health information. We ask that you read all of it.

I received a copy of the Notice of Privacy Practices of the Missouri Veterans Commission.

Date

Time

Veteran or legal representative signature

If signed by someone other than the Veteran, indicate relationship: _____

Print name of legal representative: _____