

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

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.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as "medical information." In this notice, we simply call all of that protected health information, "health information."

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Health Information about You

- **For Treatment**
To provide, coordinate or manage the services, supports, and health care you receive from us and other providers. For example, staff may share information to coordinate needed services, such as medical tests, transportation to a doctor's visit, physical therapy, etc.
- **For Payment**
So we can be paid for the services we provide to you. For example, we may need to provide the state Medicaid program information about you and/or the services we provide to you so we will be reimbursed for those services.
- **For Business Operations**
For our own business operations. These are necessary for us to operate CSCSO and to maintain quality for our consumers. For example, we may use health information about you to review the quality of services we provide and the performance of our employees supporting you.
- **How We Will Contact You**
To contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail.
- **Appointment Reminders**
To contact you to remind you of an appointment for treatment or services.
- **Treatment and Service Alternatives**
To contact you about treatment and service alternatives that may be of interest to you.
- **Health Related Benefits and Services**
To contact you about health-related benefits and services that may be of interest to you.
- **Marketing Communications**
To communicate with you about a product or service that may be of interest to you.
- **Fundraising**
To raise funds for CSCSO. If you do not want CSCSO to contact you for fundraising, you must notify the CSCSO Privacy Officer in writing.
- **Disclosures to Family and Others**
To keep informed of your case a parent/guardian, personal representative, relative, or any

other person identified by you.

- **Disaster Relief**
To a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Required by Law**
When we are required to do so by law.
- **Public Health Activities**
For public health activities and purposes such as disease control.
- **Victims of Abuse, Neglect or Domestic Violence**
To a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities**
To a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions.
- **Judicial and Administrative Proceedings**
In the course of any judicial or administrative proceeding in response to a subpoena or an order of the court or administrative tribunal.
- **Disclosures for Law Enforcement Purposes**
To a law enforcement official for law enforcement purposes.
- **Coroners, Medical Examiners, Funeral Directors, and Organ, Eye or Tissue Donation**
For identification purposes, to assist in determining the cause of death, or other duties as necessary to assist in carrying out their duties.
- **To Avert Serious Threat to Health or Safety**
If we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Military Activity**
If you are a member of the Armed Forces, to the appropriate military command authorities.
- **National Security and Intelligence**
To authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President**
To authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.
- **Inmates; Persons in Custody**
To a correctional institution or law enforcement official having custody of you.
- **Workers Compensation**
To the extent necessary to comply with workers' compensation and laws.
- **Other Uses and Disclosures**
Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the CSCSO Privacy Officer in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

Your Rights With Respect to Health Information about You

- **Right to Request Restrictions of Your Health Information**
You have the right to ask us to place additional restrictions on our use and disclosure of your health information for our treatment, payment and operations. For example, you could ask that we not disclose health information about you to your brother or sister. *We are not required to agree to these restrictions.* Your written request must state the specific restriction requested and to whom you want the restriction to apply.
- **Right to Receive Confidential Communications**
You have the right to request that we communicate health information about you to you in a

certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. You will not be required to explain your reasoning for the request. Your written request for confidential communication must state how or where you can be contacted. We will attempt to honor your request.

- **Right to Inspect and Copy Your Health Information**

With a few very limited exceptions and with a written request, you have the right to inspect and obtain a copy of health information about you. You may be charged a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

- **Right to Amend**

You have the right to ask us, in writing, to change health information about you. You have this right for as long as the health information is maintained by us. We can deny your request for certain reasons, but we must give you a written reason for our denial.

- **Right to an Accounting of Disclosures**

You have the right to receive a list of disclosures of health information about you made after April 14, 2003. This list will not include the time that information was disclosed for treatment, payment or operations. You may be charged a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

- **Right to Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically.

Our Duties

- **Generally**

We are required by law to maintain the privacy of health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices**

A copy of our current Notice of Privacy Practices will be posted in the reception areas of the CSCSO offices. A copy of the current notice also will be posted on our web site, www.cscso.com. At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting CSCSO.

- **Complaints**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You will not be retaliated against for filing a complaint. To file a complaint with us, contact the CSCSO Privacy Officer 4608 South Garnett, Suite 500 Tulsa, OK 74146. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

- **Questions and Information**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the CSCSO Privacy Officer.

Central State Community Services Oklahoma (CSCSO)

Privacy Officer

4608 South Garnett, Suite 500

Tulsa, OK 74146

918-664-6944