



Notice of Privacy Practices
Effective: July 9, 2010

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.**

Please review it carefully.

In this document "we" refers to "Behavioral Learning Center, LLC" also referred as "BLC."
"You" or "yours" refers to you the client of Behavioral Learning Center, LLC.

We are required by federal law to protect the privacy of your individual health information
(referred to in this notice as "Protected Health Information" or "PHI").

We are required to provide you with this notice regarding our legal duties and privacy practices
with respect to your protected health information. We are required by law to abide by the terms
of this notice that are most current. If we revise this notice we will send a new notice to all
clients receiving BLC services at that time.

This notice will explain:

- How we may use and disclose your protected health information,
- Our obligations related to the use and disclosure of your protected health information
and
- Your rights related to any protected health information that we may have about you.

This notice applies to the protected health information generated in or by this facility. Protected
health information refers to "medical" or "health" information which relates to your eligibility for
services provided by BLC. For example this may include but is not restricted to: Assessments,
treatment plans, etc.

We may obtain, but we are not required to, your consent for the use or disclosure of your
protected health information for treatment, payment or healthcare operations. We are required
to obtain your authorization for the use or disclosure of your protected health information for
other specific purposes or reasons.

All Behavioral Learning Center, LLC employees, staff and other facility personnel will follow the
practices described herein.

If you have questions regarding the content of the Notice of Privacy practices please contact:

Behavioral Learning Center, LLC
ATTN: Privacy Officer
230 N. Belcrest, Ste. A
Springfield, MO 65802

**How we may use or disclose Medical Information about you without your consent or
Authorization:**

- Health Care Providers' Treatment Purposes: We may use or disclose your Protected
Health Information to facilitate or assist with treatment services rendered by providers on
your behalf. For example, your treatment team members will internally discuss your

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medical/health information in order to develop and carry out a plan for your services. We may also disclose medical/health information about you to people outside the facility to assist with treatment or services rendered by providers on your behalf. For example BLC may disclose Protected Health Information about you to your doctor, at the doctor's request, for your treatment.

- Payment: We may use and disclose Protected Health Information (PHI) about you so that Behavioral Learning Center, LLC services may be authorized or eligibility determination may be made to coordinate plan coverage. Additionally, PHI may be disclosed so that billing and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about assessment or treatment services provided by BLC so your payer source will pay us for services or we may need to disclose treatment progress to obtain authorization for continued treatment.
- Health Care Operations: We may disclose your Protected Health Information for facility operations. These disclosures are necessary to run the facility and make sure all clients receive quality care. For example, BLC may use or disclose PHI about you for underwriting, legal services, audit services or other activities related to creation, management, renewal or replacement of a contract with a health insurance company.
- Treatment Alternatives and Health-Related Benefits & Services: We may use and disclose your PHI in order to promote or improve health care services for your benefit. For example BLC may use or disclose PHI to tell you about treatment alternatives or other health related benefits and services that may be of interest to you.
- As required by law: We can use or disclose PHI about you as required by federal, state or local law. For example, BLC may use or disclose PHI as authorized by or to the extent necessary to comply with worker's compensation or other similar laws.
- Appointment reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for services at the facility.
- To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person. However, any such disclosure would only be to someone able to prevent the threat.
- Individuals Involved in Disaster Relief: Should a disaster occur, we may disclose medical information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status, location.
- To Business Associates: We may disclose PHI about you to a third party (called business associates) that Behavioral Learning Center, LLC hires for assistance. Each business associate of BLC must agree in writing to ensure the continued confidentiality and security of Protected Health Information about you in conformance with the Health Insurance and Portability Accountability Act of 1996 (HIPAA).

Special Situations:

- Organ and Tissue Donation: If you are an organ donor, we may release medical/health information to organizations that handle organ procurement or organ, eye or tissue donation or transplantation.
- Military and Veterans: If you are a member of the armed forces, we may release medical/health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation: When disclosure is necessary to comply with Workers' Compensation laws or purposes, we may release medical/health information about you

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for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- Public Health Risks: We may disclose medical/health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of the products they have been using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a consumer has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities: We may disclose medical/health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes: If you are involved in a lawsuit or a dispute we may disclose medical/health information about you in response to a court or administrative order.
- Law Enforcement: We may release medical/health information if asked to do so by law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment records), a court order is required. We may also release limited medical/health information to law enforcement in the following situations:
 - about a consumer who may be a victim of a crime if, under certain limited circumstances, we are unable to obtain the consumer's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the facility;
 - about a consumer where a consumer where a consumer commits or threatens to commit a crime on the premises or against a staff member (in which case we may release the consumer's name, address, and last known whereabouts);
 - in emergency circumstances, to report a crime, the location of the crime or victims and the identity, description and/or location of the person who committed the crime; and
 - when the consumer is a forensic client and we are required to share with law enforcement by Missouri statute.
- Coroners, Medical Examiners and Funeral Directors: We may release medical/health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about consumers of a facility to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others: We may disclose PHI about you to authorized federal officials so they may conduct special investigations or provide protection to the President and other authorized persons for foreign heads of state.
- Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution of law enforcement official if the release is necessary
 - for the institution to provide you with health care
 - to protect your health and safety or the health and safety of others; or

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- for the safety and security of the correctional institution.
- **Emergency Disaster Events:** In the interest of public safety and planning for community needs in an emergency or disaster event, we may disclose general information about you to emergency managers, fire, law enforcement, public health authorities, emergency medical services such as ambulance districts, utilities, and other public works officials regarding:
 - The numbers and locations of Behavioral Learning Center, LLC clients in community or state-operated settings;
 - Any special needs identified in these setting for purposes of rescue such as sensory, cognitive or mobility impairments;
 - Special assistance and supports needed to effectively meet these needs such as communication devices, specialized equipment for evacuation, etc;
 - Necessary information to order necessary treatment or prophylaxis supplies and medications in the event of a public health emergency;
 - Emergency notification contacts to expedite contact with families, legal guardians or representatives or others regarding need for evacuation or emergency medical care;
 - Any special needs that justify prioritization of utility restoration such as but not limited to dependence on respirator or other medical equipment, phone for emergency contact, etc; or
 - Any other information that is deemed necessary to protect the health, safety and well-being of Behavioral Learning Center, LLC clients.

Your Rights Regarding Personal Health Information About You:

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect a Copy:** You have the right to inspect and copy your PHI *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. To inspect and copy your PHI, you must submit your request in writing to the facility's Privacy Officer or designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI because of a threat or harm issue, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to request an Amendment:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, we may deny your request if you ask us to amend information that:
 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 2. Is not part of the medical information kept by or for the facility;
 3. Is not part of the information which you would be permitted to inspect or copy; or
 4. Is accurate and complete.

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- Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”, list of the disclosures made by the facility of your PHI. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer or designee. Your request must state a time period which may not go back more than six years and cannot include dates before April 14, 2006. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists in a 12 month period, we may charge you for the cost of providing the list. We will notify you what the cost will be and give you an opportunity to withdraw or modify our request before you are charged. There are some disclosures that we do not have to track. For example, when you give an authorization to disclose some information, we do not have to track that disclosure.
- Right to Request your Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about your family history to a particular community provider. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations, you must make a request in writing to the facilities Privacy Officer or designee. In your request, you must tell us:
 1. What information you want to limit;
 2. Whether you want to limit our use disclosure or both; and
 3. To whom you want the limits to apply (for example, disclosure to your spouse).
- Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or my mail. To request confidential communications, you must make your request in writing to the facilities Privacy Officer or designee. Your request must specify how and where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.
- Right to Paper Copy of This Notice: You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time by contacting the facility’s Privacy Officer or designee.
- If you wish to exercise an of these rights, please contact:

Behavioral Learning Center, LLC
ATTN: Privacy Officer
230 N. Belcrest, Ste. A
Springfield, MO 65802

- If the information you have requested is located in our facility we have 30 days to honor your request. If the information you have requested is not located at our facility we have 60 days to honor your request. Certain exceptions and time extensions may apply.

Changes to This Notice:

We reserve the right to change this notice. We may make the revised notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The posted notice will contain the effective date. In addition,

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each time you contract for services and sign Consent to Treatment, we will offer you a copy of the current notice in effect. At any time you may request a current copy of the Privacy Practice.

Complaints:

If you believe that your privacy rights have been violated, you may:

- File a complaint with the facility, contact the Privacy Officer or designee, at the following address and phone number:

Behavioral Learning Center, LLC
ATTN: Privacy Officer
230 N. Belcrest, Ste. A
Springfield, MO 65802
(417) 616-3180

- Contact the Department of Health and Human Services for Civil Rights:
<http://www.hhs.gov/ocr/office/index.html>
- You can submit your complaint in any written format. We will not retaliate against your complaint.