



## **NOTICE OF PRIVACY PRACTICES**

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**EFFECTIVE: MARCH 17, 2026**

THIS NOTICE DESCRIBES HOW MEDICAL AND SUBSTANCE USE DISORDER INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**OUR LEGAL DUTIES**

North Central Missouri Mental Health Center (NCMMHC) is required by law to:

- Maintain the privacy of your Protected Health Information (“PHI”)
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of your unsecured PHI
- Comply with applicable federal and Missouri confidentiality laws, including Chapter 630 of the Revised Statutes of Missouri

We reserve the right to change this Notice at any time. Any revised Notice will apply to information we already have and any information we receive in the future. The current Notice will be available at our facilities and on our website.

**WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

PHI includes information that:

- Identifies you, and
- Relates to your past, present, or future physical or mental health condition, the provision of health care, or payment for health care services.

This includes behavioral health, mental health, and substance use disorder treatment records.

**HOW WE MAY USE AND DISCLOSE YOUR INFORMATION**

We may use and disclose your PHI without your written authorization for the following purposes:

**1. Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services.

Examples:

- Sharing information with members of your treatment team
- Coordinating care with primary care providers
- Referring you to specialists
- Consulting with other behavioral health professionals
- Using interpreters or care coordinators

**Organized Health Care Arrangement (OHCA)**

NCMMHC may participate in an Organized Health Care Arrangement with:

- Missouri DMH state-operated facilities
- Administrative agents
- Contracted behavioral health providers
- Certified Community Behavioral Health Clinic (CCBHC) partners

Participants in this arrangement may share PHI for:

- Treatment
- Payment
- Health care operations

## **2. Payment**

We may use and disclose your PHI to bill and collect payment for services.

Examples:

- Submitting claims to Medicaid, Medicare, or private insurance
- Obtaining prior authorization
- Determining eligibility
- Reviewing services for medical necessity

## **3. Health Care Operations**

We may use and disclose your PHI for operational purposes necessary to run our clinic and ensure quality care.

Examples:

- Quality improvement activities
- Staff training
- Accreditation and licensing reviews
- Compliance audits
- Care coordination programs
- Business planning and management

## **OTHER PERMITTED USES AND DISCLOSURES**

We may also disclose PHI without your authorization in the following circumstances:

- As required by federal or state law
- Public health reporting
- Reporting abuse or neglect
- Health oversight activities
- Judicial or administrative proceedings (as permitted by law)
- Law enforcement purposes (as permitted by law)
- To avert a serious threat to health or safety
- Workers' compensation claims
- Military and national security purposes
- Coroners and medical examiners
- Correctional institutions (if applicable)
- Disaster relief efforts
- Appointment reminders
- Treatment alternatives and health-related services

## **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

We will obtain your written authorization before:

- Using or disclosing psychotherapy notes (except in limited circumstances permitted by law)
- Using or disclosing PHI for marketing purposes (unless allowed by HIPAA)
- Selling your PHI
- Most disclosures of Substance Use Disorder (SUD) treatment records protected by 42 CFR Part 2
- Any other use not described in this Notice

You may revoke your authorization at any time in writing. Revocation will not affect disclosures already made.

## **SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)**

If you receive substance use disorder (SUD) treatment services from us, your SUD treatment records may be protected under federal law (42 CFR Part 2).

- Your SUD records are protected by 42 CFR Part 2.
- You may provide a single written consent for future uses and disclosures for treatment, payment, and health care operations as permitted by law.
- Disclosures made with your consent may be redisclosed as permitted by HIPAA and 42 CFR Part 2.

Required Federal Notice:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual whose information it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

## **YOUR RIGHTS**

You have the following rights regarding your PHI:

### **1. Right to Inspect and Copy**

You have the right to inspect and obtain a copy of your PHI (with limited exceptions such as psychotherapy notes or information compiled for legal proceedings).

- Requests must be submitted in writing.
- You may request an electronic copy if your PHI is maintained electronically.
- We may charge a reasonable, cost-based fee.

### **2. Right to Request an Amendment**

You may request that we amend incorrect or incomplete PHI.

- Requests must be in writing and include a reason.
- We may deny your request in certain circumstances.

### **3. Right to an Accounting of Disclosures**

You may request a list of certain disclosures made in the past six (6) years.

The first accounting in a 12-month period is free. Additional requests may involve a reasonable fee.

### **4. Right to Request Restrictions**

You may request restrictions on certain uses or disclosures of your PHI.

We are not required to agree, except:

If you pay out-of-pocket in full for a service, you may request that we not disclose that information to your health plan, and we must honor that request unless disclosure is required by law.

### **5. Right to Request Confidential Communications**

You may request that we communicate with you in a specific way (for example, only at a certain address or phone number). We will accommodate reasonable requests.

## **6. Right to Receive a Paper Copy of This Notice**

You may request a paper copy at any time, even if you agreed to receive it electronically.

## **7. Right to Receive Breach Notification**

You have the right to be notified if we discover a breach of your unsecured PHI.

### **BREACH NOTIFICATION**

If a breach of unsecured PHI occurs, we will notify affected individuals without unreasonable delay and no later than 60 days after discovery.

Notification will include:

- A description of what happened
- The types of information involved
- Steps you can take to protect yourself
- What we are doing to investigate and mitigate harm
- Contact information for questions

If a breach affects 500 or more individuals, we will also notify the U.S. Department of Health and Human Services and, where required, the media.

### **NONDISCRIMINATION**

NCMMHC provides services without discrimination based on race, color, national origin, sex, age, disability, religion, gender identity, sexual orientation, or ability to pay.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

**DeAnna Savage**  
Chief Operation Officer/Privacy Officer  
NCMMHC  
1601 East 28<sup>th</sup> Street  
Trenton, MO 64683  
660-359-4487  
deanna@ncmmh.org

You may also file a complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be retaliated against for filing a complaint.

You may also file a complaint with the Missouri Department of Mental Health.

### **CONTACT INFORMATION**

If you have questions about this Notice, contact:

**DeAnna Savage**

Chief Operation Officer/Privacy Officer

NCMMHC

1601 East 28<sup>th</sup> Street

Trenton, MO 64683

660-359-4487

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**ACKNOWLEDGMENT OF RECEIPT**

We will make a good faith effort to obtain your written acknowledgment that you received this Notice.