

SPERO FAMILY SERVICES
Risk Prevention and Management (RPM) Plan - Privacy Policy Disclaimer (6.04)

Public Website Disclaimer (<http://www.sperofs.org/privacy/>):

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Fundraising Privacy Practices

Spero Family Services collects private information including names, email and street addresses, for the purpose of communicating further with our donors. We will not sell or trade our mailing list under any circumstances.

Individuals are added to our mailing list and email list through the following means:

- The individual or group makes a donation.
- A donation is made in the individual or group's name.
- The individual or group requests information or signs up to be on our mailing list.
- The individual or group is a member of an affiliated organization (e.g. United Methodist churches, United Methodist Women's groups, subscriber to a United Methodist magazine, etc.)

Requests that individuals be removed from our mailing list will be honored in a timely manner.

A record of the individual will be kept to ensure that their name is not added again to the mailing list, and further communication will be discontinued unless requested by the individual. If you have questions about fundraising privacy practices or would like to request that your name be removed from our mailing list, simply send us a message or call us at (618) 242-1070.

Spero Family Services
NOTICE OF PRIVACY PRACTICES

The following describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Duty To Safeguard Your Protected Health Information

Individually identifiable information about your past, present or future health or condition, the provision of health care to you or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow privacy policies described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time.

You may request a copy of the new Notice from the office of Spero Family Services.

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How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that we must have your written authorization.

Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

Generally, we may use or disclose your PHI as follows:

- For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team or with our nurse. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment such as lab work, x-rays or for consultation purposes, and/or community mental health agencies involved in the provision or coordination of your care.
- To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status and/or release portions of your PHI to the Medicaid program, state or county referral agencies, and/or a private insurer to get paid for services that we delivered to you.
- For health care operations: We may use/disclose your PHI in the course of operating our facility. For example, we may take your photograph for identification purposes, use your PHI in evaluating the quality of services provided, disclose your PHI to our accountant or attorney for audit purposes to our consulting psychiatrist or other medical personnel or our central office for similar purposes.
- Appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action reliant upon your authorization.

Uses and Disclosures of PHI From Mental Health Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

- When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence or relating to suspected criminal activity or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

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- For public health activities: We may disclose PHI when we are required to collect information about disease or injury or to report vital statistics to the public health authority.
- For health oversight activities: We may disclose PHI for the protection and advocacy agency or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents and monitoring of the Medicaid program.
- Relating to decedents: We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye or tissue donations or transplants.
- To avert threat to health or safety: In order to avoid serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- For specific government functions: We may disclose PHI to government benefit programs relating to eligibility and enrollment and for national security reasons such as protection of the president.

Uses and Disclosures of PHI From Alcohol and Other Drug Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

- When required by law: We may disclose PHI when a law required that we report information about suspected child abuse and neglect or when a crime has been committed on the program premises or against program personnel or in response to a court order.
- Relating to decedents: We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.
- For research, audit or evaluation purposes: In certain circumstances we may disclose PHI for research, audit or evaluation purposes.
- To avert threat to health or safety: To avert threat to health or safety we may disclose PHI to law enforcement when a threat of crime on the program premises or agency personnel.

Uses and Disclosures Requiring You to Have an Opportunity To Object

In the following situation, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance, and you do not object, as long as the disclosure is not otherwise prohibited by law.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition or death.

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Your Rights Regarding Your Health Information

You have the following rights relating to health information:

- To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restriction on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- To choose how we contact you: You have the right to ask that we send your information to an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so
- To inspect and request a copy of your PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: 1) correct and complete; 2) not created by us and/or not part of our records, or 3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial along with any statement in response that you provide appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you and tell others that need to know about the change in the PHI.
- To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes to law enforcement officials or correctional facilities or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosure going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

You Have the Right to Receive This Notice

You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy right, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written

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complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

Contact Person for Information or to Submit a Complaint

If you have questions about this Notice or any complaint about our privacy practices, please contact your Client Rights Officer or Client Rights Advocate or the statewide Clients Rights Advocate at:

- SPERO: 1-618-242-1070 ext. 232
- State Level: 1-800-368-1019

Effective Date: This notice became effective April 15, 2003.

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