

The following is the Notice of Privacy Practices (NPP) for Emmaus Homes, Inc. This NPP is directed toward all Emmaus Homes clients and their guardians. Therefore, "you" refers to Emmaus Homes' clients and/or guardians.

Notice of Privacy Practices

Effective date: April 14, 2003 - Revision date: June 14, 2005

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.

We are required by the Federal Health Insurance Portability and Accountability Act (HIPAA) to follow the practices described in this pamphlet. This notice applies to protected health information (PHI) that we have about you and which is kept in or by Emmaus Homes. With some exceptions, we must obtain your authorization to disclose (or release) your health care information. There are some situations in which we do not have to obtain your authorization. This Notice of Privacy Practices does not cover every possible use or disclosure. If you have any questions, please contact one of Emmaus Homes' Privacy Officers listed at the end of this brochure. Examples of Protected Health Information: Name, address, telephone number, electronic mail address, social security number, medical record number, health plan number, account number, full face photographic images, any recorded or verbal health-related information.

Who has access to your personal information? Employees of Emmaus Homes and/or Business Associates who have a need to know or to disclose the information in order to provide treatment and services, billing for services or health care operations.

Without your authorization, we may use your personal information:

- To plan your treatment and services
- To process bills for payment, or to obtain advance approval from your insurance, Medicaid, medicare, or third party payers.
- To exchange information with State entities such as Social Security, Social Services, Department of Health and Senior Services, Department of Mental Health, etc.
- To treat you in an emergency.
- To treat you when there is something that prevents us from communicating with you.
- To inform you about possible treatment options.
- For agencies involved in a disaster situation.
- As required by State, Federal, or local law. This includes investigations, Audits, inspections, and licensure.
- When ordered to do so by a court in judicial and administrative proceedings.
- In cooperation with law enforcement in investigation of commit a crime.
- To communicate with coroners, medical examiners, and funeral homes, when necessary for them to do their jobs.
- To communicate with federal officials involved in security activities authorized by law.
- For public health needs such as control of infectious diseases.
- For purposes of research as approved by Human Rights Committee.
- Oversight of our health care delivery system.
- For National Defense and security.
- For quality assurance audits.
- Inclusion in facility directories.
- To share needed information for processing payment for health care services.

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization, we will no longer disclose the information. What are your rights?

1. Access to and copies of Protected Health Information.
2. To appeal if we decide not to let you see all or some parts of your record.
3. To ask for the record to be changed if you believe you see a mistake or something that is not complete. You must make this request in writing. We may deny your request if:
 - o We did not create the entry that is wrong.
 - o The information is not part of the file that we would let you see/.
 - o We believe the record is accurate and complete.
4. To know to whom we have released information about you up to last six years, other than permitted disclosures for treatment, billing or health care operations as described in this notice. The first request in a 12-month period is free. We may charge you for additional requests.

5. To request that we limit how we use or disclose information about you. This must be made in writing, and we are not required to agree to the request.
6. To ask that we communicate with you about medical matters in a certain way or at a certain location. This request must be made in writing.
7. To authorize other releases of your personal information not described previously. You may change your mind and remove the authorization at any time (in writing).
8. To have a paper copy of the Notice of Privacy Practices.
9. To file a complaint with us or with the Secretary of the Department of Health and Human Services if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.
10. We reserve the right to change this notice. We may make the revised notice effective for health information we already have about you as well as any we received in the future.

If you wish to exercise any of these rights, or to file a complaint, you should contact one of the Privacy Officers of Emmaus Homes, Inc.

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