

**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**

If you have any questions about this notice, please contact:

Redeeming Love LLC  
P.O. Box 602  
De Soto, MO 63020

636-221-8178

**WHO WILL FOLLOW THIS NOTICE**

This notice describes Redeeming Love LLC practices and that of:

Any Redeeming Love LLC authorized to enter information into your medical record.  
All locations and services  
All employees of Redeeming Love LLC

All these entities follow the terms of this notice. In addition these entities may share medical information with each other for treatment, payment or operations purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

Redeeming Love LLC understands that medical information about you and your health is personal. Redeeming Love LLC is committed to protecting medical information about you. A record is created of the care and services you receive through Redeeming Love LLC. Redeeming Love LLC needs this record to provide you with quality care generated by the provider. This notice will tell you about the ways in which Redeeming Love LLC may use and disclose medical information about you. Redeeming Love LLC also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

Redeeming Love LLC is required by law to:

Make sure that medical information that identifies you is kept private;  
Give you this notice of our legal duties and privacy practices with respects to medical information about you; and  
Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITHOUT YOUR  
WRITTEN AUTHORIZATION**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, Redeeming Love LLC will explain what we mean and try to give some examples. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians, counselors, pharmacists, or Redeeming Love LLC personnel who are involved in taking care of you whom you've signed releases for. For example, a doctor treating you may need to discuss your progress with your counselor in order to coordinate the different things you need, such as prescriptions, psychotherapy, etc. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Redeeming Love LLC may be billed to and payment may be collected from you. **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment at Redeeming Love LLC. **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. (See Special Situations listed below). **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure however would only be to someone able to help prevent the threat. (See Special Situations listed below).

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you: **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this

includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Redeeming Love LLC. If you request a copy of the information, we may charge a reasonable 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 very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed professional selected by Redeeming Love LLC who is not affiliated with Redeeming Love LLC will review your request and 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 Amend.** If you feel that medical information 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 Redeeming Love LLC. To request an amendment, please contact your clinician. We may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for Redeeming Love LLC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

### **Uses and Disclosures Which Do Not Require Your Consent:**

State and federal law permit and /or require certain uses and disclosures of PHI for various purposes related to public responsibility. Such uses and disclosures may be made without the agreement or authorization of the individual. The following uses and disclosures fall within this category:

1. We may disclose your health information to a public health authority in order to prevent or control disease, to report birth or death, and to correctional institutions (if not objected by the inmate) for the purpose of public health investigations, interventions, and other related matters.
2. We may disclose your health information to the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to report adverse events, product defects or problems, track products, enable recalls, repairs or replacements, or conduct post-marketing surveillance.
3. We are mandated by law and clinical ethics to report information related to situations involving instances of abuse and neglect.
4. We are required to disclose your health information in response to a court order.
5. In the event of your death, we may disclose your health information to a coroner, medical examiner or funeral directory to carrying out their duties, and to the designated organ procurement organization, and tissue and eye banks.
6. We are mandated by law and clinical ethics to disclose information to prevent an immediate threat to the health or safety of yourself or the public.
7. Disclosures of admitted participation in a violent crime are not permitted when the information is learned in the course of treatment entered into by the individual to affect his/her propensity to commit the subject crime, or through counseling, or therapy or a request to initiate the same.
8. We may disclose your health information to the Secretary of Health and Human Services related to compliance and enforcement efforts for the purpose of audits, investigations, inspections, or other activities.
9. We may disclose your health information for workers' compensation as authorized and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.
10. Specialized Government Functions:

**National Security and Intelligence:** Your health information may be disclosed to authorized federal officials for the conduct of lawful intelligence, counter intelligence, and other activities authorized by the National Security Act.

**Protective Services:** Your health information may be disclosed to authorized federal officials for the provision of protective services to the President, foreign heads, and others designated by law, and for the conduct of criminal investigations of threats against such persons.

**Public Benefits:** Your health information relevant to administration of a government program providing public benefits may be disclosed to another governmental program providing public benefits serving the same or similar populations as necessary to coordinate program functions or improve administration and management of program functions.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Redeeming Love LLC. Your request must state a time period, which may not be longer than six years and may not include dates before May 26,2022. The first list you request within a 12-month period will be free. For

additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. **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 restrictions, you must make your request in writing to Redeeming Love LLC. 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.

**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 by mail. To request confidential communications, you must make your request in writing to Redeeming Love LLC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the Redeeming Love LLC location. The notice will contain on the first page, in the top right-hand corner, the effective date, in addition, each time you register at or are admitted to Redeeming Love LLC for treatment, we will offer you a copy of the current notice in effect.

### **FOR ADDITIONAL INFORMATION OR TO FILE A COMPLAINT**

If you need additional information or believe your privacy rights have been violated, you may contact Redeeming Love LLC at 636-221-8178 or Write:

Redeeming Love LLC  
P.O. Box 602  
De Soto, MO 63020

All clients also have the right to file a complaint with the Office for Civil Rights at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S. W.  
Room 509E, HHH Building  
Washington, D.C. 20201

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that are required to retain our records of the care that we provided to you. Redeeming Love LLC will not redisclose any information contained in your medical record that originated at another healthcare facility except with your written permission.