



1185 Cave Springs Estate Dr
Saint Peters, MO, 63376

Phone - (636) 757-1800, Fax - (636) 244-2312

NOTICE OF PRIVACY PRACTICES

This Notice explains how your health information may be used and shared, how you can access it, and reflects the 2026 updates to the HIPAA Privacy Rule, including the SUDs Act and enhanced protections for substance use disorder treatment information, effective February 16, 2026.

OUR LEGAL DUTY

We are required by federal and state law to protect the privacy and security of your health information. We must provide you with this Notice explaining our privacy practices, our legal duties, and your rights regarding your health information.

We are required to follow the privacy practices described in this Notice while it is in effect.

We may change our privacy practices and the terms of this Notice at any time, as allowed by law. If we make a material change, the revised Notice will apply to all health information we maintain, including information created or received before the change. An updated Notice will be made available upon request.

You may request a copy of this Notice at any time. For more information about our privacy practices, or to obtain additional copies, please contact us using the information on the header of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes:

Treatment - We may use or share your health information with doctors, nurses, and other health care providers involved in your care.

Payment - We may use or share your health information to bill and receive payment for services provided to you.

Health Care Operations - We may use or share your health information to support our health care operations. These activities include quality improvement, performance evaluation, training, accreditation, licensing, and credentialing.

Uses and Disclosures With Your Authorization - You may give us written permission (authorization) to use or share your health information for purposes not described in this Notice. You may revoke your authorization in writing at any time. Revocation will not affect any uses or disclosures already made with your permission.

Family, Friends, and Others Involved in Your Care - With your agreement, or if you do not object, we may share relevant health information with a family member, friend, or other person involved in your care or payment for your care.

In emergency situations or if you are unable to make decisions, we may share information based on our professional judgment and only as necessary for your best interests.

Notification and Emergencies - We may use or disclose your health information to help locate or notify a family member, personal representative, or another person responsible for your care about your location, general condition, or death, unless you object.

Marketing - We will not use or disclose your health information for marketing purposes without your written authorization.

Required by Law - We may use or disclose your health information when required to do so by federal, state, or local law.

Abuse, Neglect, or Serious Threats - We may disclose your health information to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence, or to prevent or reduce a serious threat to your health or safety or the safety of others.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER TREATMENT INFORMATION

Some health information related to substance use disorder treatment is protected by federal law (42 CFR Part 2), as

updated by the SUDs Act and integrated with HIPAA.

If we receive substance use disorder treatment records from a program covered by 42 CFR Part 2:

- We will use and share this information only as allowed by law and by your consent.
- If you provide general consent, your information may be used or shared for treatment, payment, and health care operations, consistent with this Notice.
- If you provide specific consent, your information will only be used or shared in the ways you approve.

Your substance use disorder treatment information **will not** be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you give written permission or a court orders it after providing you notice. These records receive additional privacy protections beyond standard HIPAA rules.

Filing a HIPAA Complaint in Missouri

If you think your privacy rights have been violated, you can file a complaint with **HHS OCR** or the **Missouri Department of Social Services (DSS)**.

How to Submit:

- **Online (Preferred):** File through the [HHS OCR website](#)
- **By Mail (HHS OCR – Region VII, Kansas City):**
601 East 12th St., Room 248, Kansas City, MO 64106
Email: OCRComplaint@hhs.gov
- **Missouri DSS:** For state agency issues, file via the [DSS website](#)

Note: Complaints should generally be filed within **180 days** of discovering the incident and include the **Name of the provider or entity, Date of the incident, and a Description of the alleged violation.**