



NOTICE OF PRIVACY PRACTICES

Effective as of 01/01/2026

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.

Community Living (“Community Living”) is required by law to maintain the privacy of your protected health information and to provide you with a copy of this notice which describes our legal duties and privacy practices concerning your protected health information. Protected health information is generally health information that may reveal your identity. A copy of our current notice is posted in areas which services are provided. You can obtain an additional copy by accessing our website at communitylivingmo.org, calling Community Living at 636-970-2800, or asking for one at the time of your next visit.

Unless specifically noted in this notice, if you have any questions about this notice or would like further information, please contact Community Living in writing at 1040 St Peters Howell Road, St. Peters, MO 63376, by phone at 636-970-2800, or by e-mail to recordsdepartment@communitylivingmo.org.

I. WHO WILL FOLLOW THIS NOTICE?

For the purposes of this notice, the term “Community Living” includes various persons who provide your health care, treatment and related services. These persons will share your protected health information as necessary to carry out the treatment, payment and health care operations.

II. GENERAL INFORMATION

How To Obtain A Copy Of This Notice. You have the right to a paper copy of this notice. To request a paper copy at any time, please call Community Living by phone at 636-970-2800. You may also obtain a copy of this notice from our web site at communitylivingmo.org.

How To Obtain A Copy Of Revised Notice. We may change or update our privacy practices from time to time. If we do, we will revise this notice, but will not necessarily contact you regarding the revised practices. The revised notice will apply to all of your health information. We will post any revised notice in areas accessible by clients. You will also be able to obtain a copy of the revised notice by accessing our web site at communitylivingmo.org, calling us at 636-970-2800, or asking for one at the time of your next visit. The effective date of the notice will be noted in the top of the first page. We are required by law to abide by the terms of the notice that is currently in effect.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, call us at 636-970-2800 or inform us during your next visit. No one will retaliate or take action against you for filing a complaint.

How Someone May Act On Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. For instance, you may designate a health care surrogate to make certain health care decisions on your behalf, including decisions related to your health care information. For information on how to name a personal representative, please call us at 636-970-2800 or inform us during your next visit.

Special Protections for Mental Health, Substance Abuse or HIV Information. Special privacy protections may apply to mental health, substance abuse or AIDS/HIV related information, such as protections under the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2. Some parts of this general Notice of Privacy Practices may not apply to these types of information. For example, neither a Part 2 record nor testimony relaying the content of such record, may be used or disclosed in a civil, criminal, administrative, or legislative proceeding against the individual absent written consent from the individual or a court order, consistent with the requirements of 42 CFR part 2. If your records involve such information, they will be handled, used and disclosed only as permitted by law. See additional information below, and you may contact the Privacy Officer for more information about these rules.

III. WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of protected health information we gather about you while providing health care-related services. Your protected health information is generally information related to your treatment at Community Living that includes demographic information (such as your name or address); unique numbers that may identify you (such as your Social Security number); and other types of information that may identify who you are. Some examples of protected health information include:

- Information indicating that you are a client at Community Living;
- Information about your health condition;
- Information about health care products or services you have received or may receive; or
- Information about your health care benefits under an insurance plan.

IV. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Requirement For Written Authorization. Community Living can use or disclose your health information as part of its treatment, payment or health care operations activities, which are described in more detail below, where permitted by law. No specific authorization from you is required for such uses or disclosures. However, except in the situations and exceptions described in this notice, we will need to obtain your written authorization before using or disclosing your protected health information for other purposes or for sharing it with others outside Community Living. For example, except as otherwise set forth under State and Federal law, we must obtain your written authorization for most uses or disclosures of our

psychotherapy notes related to you, for the use or disclosure of your protected health information for marketing purposes, or for the sale of your protected health information.

You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to Community Living, Inc. Records Department 1040 St. Peters Howell Road, St. Peters, MO 63376.

Exceptions To Written Authorization Requirement. There are some situations when we do not need your written authorization before using your health information or disclosing it to others. For example, we are required to disclose your protected health information to the Secretary of Health and Human Services as necessary for it to determine if Community Living is compliant with HIPAA. Other exceptions that permit us to disclose your protected health information without your authorization are:

1. Treatment, Payment, and Healthcare Operations. We may use your information or share it with others in order to treat your condition, obtain payment for that treatment, and run Community Living's business operations. We may also disclose your information for the treatment and payment activities of another health care provider who participated in your treatment or a payor with whom you have a relationship. In some cases, we may disclose your protected health information for the business operations of another health care provider that participated in your treatment or a payor with whom you have a relationship. Below are examples of how your information may be used and disclosed for these purposes.

Treatment. We may share your health information with doctors, nurses or other staff at Community Living who are involved in taking care of you, and they may in turn use that information to diagnose or treat you.

Payment. We may use your health information or share it with others so that we may obtain payment for your services. For example, we may disclose your health information to obtain payment from your insurance company or any other person responsible for payment for your services. We may share your information with other health care providers and payors for their payment activities if they have participated in providing you a service.

Health Care Operations. We may use your health information or share it with others that may not be directly involved in your care and treatment in order to conduct Community Living's business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also combine information about many Community Living clients to decide what additional services we should offer. We may also disclose information to doctors, nurses, students, and other persons for educational and training purposes. Finally, we may share your health information for the business operations of other health care providers and payors if the information is related to a relationship the provider or payor has with you.

Business Associates. We may share your health information with third party business associates, which are various vendors that perform additional services for us. For example, we may disclose your health information to our vendors which provide to us billing services. To protect your health information, we require our business associates to safeguard your health information.

Fund Raising. We will obtain your consent prior to sharing information about you for the purpose of fund raising.

Appointment Reminders, Treatment Alternatives, Benefits And Services. In the course of providing services to you, we may use your health information to contact you with a reminder that you have an appointment at Community Living. Communications such as newsletters or announcements of support group activity or educational services provided by Community Living may be sent to you. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. You may opt out of receiving certain communications by contacting us.

2. Persons Involved in Your Care

Family, Friends And Other Persons Involved In Your Care. We may share your health information with a family member, relative, close personal friend, or other person identified by you, who is involved in your care or responsible for payment for that care, but only that portion of your health information relevant to that person's involvement with your care. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. Public Need.

We may use your health information, and share it with others, in order to comply with State or Federal laws, licensure, accreditation or regulatory requirements, or to meet important public needs described below.

Uses And Disclosures Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability, such as the Department of Health or the United States Center for Disease Control, or for other permitted public health purposes.

Victims Of Abuse, Neglect Or Domestic Violence. We may disclose your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. We may make an effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight, Licensing, Accreditation And Regulatory Activities. We may disclose your health information to health oversight agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, the licensing of hospitals and health care providers, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws. We may also disclose your information to any accrediting body, such as the Joint Commission for the Accreditation of Health Care Organizations.

Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or an administrative hearing officer that is handling a lawsuit or other dispute or provided with a valid subpoena.

Law Enforcement. We may disclose your identity and your other protected health information to law enforcement officials for the following purposes:

- To comply with court orders or as required by law;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious And Imminent Threat To Health Or Safety. We may use or disclose your health information when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only disclose your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody.

National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other officials.

Military And Veterans. If you are a military personnel, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission.

Inmates And Correctional Institutions. If you are an inmate or you are in the lawful custody of a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes disclosing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your health information as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may

be necessary, for example, to determine the cause of death. We may also disclose this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. We may disclose your health information to organizations that procure or store organs, eyes or tissue so that these organizations may investigate whether donation or transplant is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or disclosing it to others in order to conduct research. However, under some circumstances, we may use or disclose your health information without your written authorization if we obtain approval through a special process to ensure that the research poses minimal risk to your privacy. We may also use or disclose your health information without your written authorization to prepare a future research project or to determine if you are eligible to participate in a research study. If you are eligible for participation in a study, we may contact you to discuss your potential participation. In the unfortunate event of your death, we may use or disclose your health information with people who are conducting research using the information of deceased persons.

4. De-Identified Information

We may use and disclose your health information if we have removed all information that has the potential to identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” health information about you for public health purposes, research purposes, or for health care operations activity, if the person who will receive the information signs an agreement to protect the privacy of the information as required by law. Partially de-identified health information will not contain information that would directly identify you, such as your name, street address, Social Security number or phone number.

5. Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during, or as an unavoidable result of, our otherwise permissible uses or disclosures of your health information (for example, calling your name in a waiting room during an appointment).

6. Reproductive Health Care.

In general, and subject to certain exceptions, we may not use or disclose protected health information for any of the following activities: (i) to conduct a criminal, civil, or administrative investigation into any person solely for seeking, obtaining, providing, or facilitating reproductive healthcare, (ii) to impose criminal, civil, or administrative liability on any person solely for seeking, obtaining, providing, or facilitating reproductive health care, and (iii) to identify a person for purposes of (i) or (ii) above. For example, in general, Community Living may not disclose protected health information in response to a request from a state agency concerning whether a patient obtained reproductive healthcare to conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare. However, in certain cases, such as in connection with a judicial proceeding, your written attestation would be required before Community Living may make the disclosure.

Confidentiality of Alcohol and Drug Abuse Records. The confidentiality of certain alcohol and drug abuse patient records pursuant to treatment in programs covered by 42 CFR part 2 is protected by Federal law and regulations. Generally, Community Living may not disclose information in such records to a person outside of Community Living or information that an individual is receiving treatment under such programs, or disclose any information identifying you as an alcohol or drug abuser based on such records unless:

- You consent in writing;
- Depending on your age and mental capacity and the location of your services, we may be permitted to make certain disclosures of your information to your guardian, for payment purposes, and your guardian may be permitted to consent to disclosures of your information.
- The disclosure is allowed by a court order or in response to a subpoena that complies with the requirements of the regulations;
- The disclosure is made to medical personnel in a medical emergency during which you are unable to provide prior informed consent;
- The disclosure is made to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying individuals of potential dangers; or
- The disclosure is made to qualified personnel for research, audit, or program evaluation purposes, subject to certain additional safeguards that may be applicable.

A violation of the federal law and regulations governing the confidentiality of substance use disorder records may be a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the district in which the violation occurred.

V. YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is complete and accurate. They may also help you control the way we use your information and disclose it to others, or the way we communicate with you about your treatment and care.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. To inspect or obtain a copy of your health information, please write to *Community Living at 1040 St. Peters Howell Road, St. Peters, MO 63376* or email recordsdepartment@communitylivingmo.org. You should request an Access Request Form. When completing the form, your request should state the specific requested information and the time period to which it relates. Should you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request.

We will ordinarily respond to your request within 30 days. Should we need additional time to respond, we will notify you to explain the reason for the delay and to provide a time frame for when you can expect an answer to your request.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your information, for example, during your participation in a research study. If we deny your request, we will provide a written denial notice that identifies our reasons for the denial, explains your rights to have that decision reviewed and how you can exercise those rights, and includes information on how to file a complaint about these issues with us or with the United States Department of Health and Human Services.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information as long as the information is kept in our records. To request an amendment, please write to *Community Living at 1040 St. Peters Howell Road, St. Peters, MO 63376* or email recordsdepartment@communitylivingmo.org. You should request an Amendment Form. When completing the form, you should include the reasons why you think we should make the amendment.

Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request.

Should we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision to deny an amendment, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the United States Department of Health and Human Services.

3. Right to an Accounting of Disclosures, Breaches of Health Information

We will notify you following any breaches of your unsecured protected health information. However, you also have a right to request and receive an accounting of disclosures of your protected health information in the six years prior to the date on which the accounting is requested. The accounting will identify certain other persons or organizations to whom we have disclosed your health information. Any accounting includes only disclosures, and will not include uses of your information. In addition, an accounting of disclosures does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made after obtaining your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made from the patient directory;
- Disclosures made to persons involved in your care or payment for your care, or for other notification purposes;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures for purposes of research, public health or our business operations where your protected health information has been partially de-identified so that it does not directly identify you;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officers about individuals in their lawful custody;

- Disclosures made before April 14, 2003; or
- Disclosures for certain research purposes as permitted by law.

To request an accounting of disclosures, please write to *Community Living at 1040 St. Peters Howell Road, St. Peters, MO 63376* or email recordsdepartment@communitylivingmo.org. You should request an Accounting Request Form. When completing the form, your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period at no cost. However, we may charge you for the cost of providing any additional accountings.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. We may delay providing you with an accounting without notifying you if a law enforcement official or government agency asks us to do so.

4. Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our or another health care entities business operations. You may also request that we limit how we disclose information about you to persons involved in your care. To request restrictions, please write to *Community Living at 1040 St. Peters Howell Road, St. Peters, MO 63376* or email recordsdepartment@communitylivingmo.org. Your request should include (1) a description of the information to which you want to restrict access; (2) whether you want to limit how we use the information, how we disclose it to others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, except we will comply with your requested restriction relating to disclosure of your protected health information to your health insurance or similar payor for the purposes of payment or health care operations that have already been paid out-of-pocket in full by you or by someone else on your behalf. Further, in some cases, the restriction you request may not be permitted under law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction. We will notify you when doing so.

5. Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. We will accommodate reasonable requests. It is critical, however, that we have the ability to reach you by telephone. You may request a confidential communication at your next visit, or you may make your request in writing to *Community Living at 1040 St. Peters Howell Road, St. Peters, MO 63376* or email recordsdepartment@communitylivingmo.org. Please specify in your request how or where you wish to be contacted and how payment for your health care will be handled if we communicate with you through this alternative method or location.