



YOUR RIGHTS AND RESPONSIBILITIES AS A RECIPIENT OF CHILD SUPPORT SERVICES

Attorney–Client Relationship

The Family Support Division (FSD) may use an attorney to establish, modify or enforce a child support order. The attorney represents the interests of FSD, and an attorney–client relationship or privilege does not exist between you and a prosecutor, an assistant attorney general or any other attorney working for FSD. This means that any information you provide to an attorney working for FSD can be used against you if, for any reason, FSD must file a claim against you.

You have the right to have an attorney represent you personally at any time. You should notify FSD staff if you choose to use the services of a private attorney for child support purposes.

Decisions regarding legal action, which may be taken in your case, shall be made by FSD. FSD staff review the case and take whatever action believed to be appropriate, regardless of who applied for services.

Confidentiality

FSD will release information in your case record necessary in the administration of the child support program. Staff may release information when taking action to establish, enforce or modify a support order. FSD staff may also release case record information to the other parent and/or his/her attorney. The information released may include, but is not limited to, copies of the support order, correspondence used to establish or enforce the support order and your home address. If you have any questions about this policy or believe that your address should not be released, contact FSD.

Cooperation

When you apply for services, you agree to cooperate with FSD staff in establishing and/or enforcing a support order for your child. When applicable, you must cooperate by:

- Naming the child's parent and providing information you have about him/her that may assist FSD in establishing, modifying or enforcing a support order.
- Keeping scheduled appointments for you and your child to have paternity testing.
- Completing all documents needed by FSD staff or any attorney working for FSD.
- Attending court and administrative hearings.
- Notifying FSD of any orders entered for the support of you or your child and any changes made to those orders.
- Completing an affidavit that verifies support payments you have received.

Reporting Changes and Other Information

You must notify FSD if:

- You change your name, address or telephone number (home, cell or work).
- Your child moves out of your home or into your home.
- Your child resides with the noncustodial parent for more than 30 days.
- Your child is adopted, marries, joins the armed forces or turns 18 and is not attending school.
- You use a private attorney or private collection agency for child support purposes.
- You receive support directly from the noncustodial parent or a state other than Missouri (not through the Missouri Family Support Payment Center).
- You pay support directly to the custodian or a state other than Missouri (not through the Missouri Family Support Payment Center).
- You file for divorce against the other parent or are served with divorce papers.
- The court enters a support or custody order for the child in your custody.
- You learn that the other parent changed his/her address, telephone number, employment or health insurance coverage for the child.

Collection and Distribution of Support

Federal law allows FSD to intercept tax refunds to pay past-due support. If the noncustodial parent owes past-due support that meets the rules for tax refund intercept, FSD notifies the Internal Revenue Service to withhold up to the past-due amount from the noncustodial parent's refund.

FSD applies federal income tax intercept collections to past-due support owed the state (if any) before paying past-due support owed the custodian.

FSD may hold the tax refund intercept for six months if the noncustodial parent filed a joint income tax return, and the noncustodial parent's spouse did not claim his/her portion of the refund before the intercept occurred.

The IRS may adjust the amount of the tax refund. If the custodian received a payment from an income tax refund that is later adjusted, (s)he may have to return some or all of the money.

For support payments collected from sources other than federal income tax refund intercept, the amount due for the current month (known as current support) is paid first. After current support is paid for the month, payments are applied to past-due support (arrearages). There are several categories of arrearages. The order in which arrearages are paid depends on the family's public assistance history.

Fees

Noncustodial parents are charged an annual fee of \$25 on cases that have payments totaling \$500 or more during a federal fiscal year (October 1 to September 30) if the family never received Temporary Assistance.

Additional Information

The noncustodial parent must make all support payments on a Missouri support order to the Family Support Payment Center, PO Box 109002, Jefferson City, MO 65110-9002.

If you receive any money in error, you must return it. If you refuse to return it or fail to agree to a repayment plan, FSD may take legal action against you.

FSD can enforce support orders through actions including, but not limited to, income withholding, liens on real and personal property, federal and state income tax refund intercepts, license suspension, passport denial, contempt and criminal nonsupport actions and referrals to other states' child support enforcement agencies (if the noncustodial parent lives or works outside of Missouri).

FSD does not calculate interest owed on delinquent payments. FSD will, however, collect interest judgments included on the circuit clerk record as provided by law.

Support payments you receive from the Family Support Payment Center or the State of Missouri will be issued on a prepaid card. The prepaid card is loaded with your support payments. It is not a credit card. The prepaid card provides a safe and convenient way to receive your support payments. If you prefer to have your support payments directly deposited into your bank account, call 800-859-7999 or link to the Internet at dss.mo.gov/cse.

To obtain payment information, call 800-225-0530 or link to the Internet at dss.mo.gov/cse.

To have support payments you pay automatically withdrawn from your bank account, call 800-859-7999 or link to the Internet at dss.mo.gov/cse.

For more information, contact FSD or call 800-859-7999; TTD: 800-735-2966; VOICE: (toll-free) 800-735-2466 or link to the Internet at dss.mo.gov/cse.

Please keep this flyer for future reference.



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

Dear Parent,

Have you had problems with your current or past spouse or significant other? Are you afraid that person will hurt you or your children if you receive services from the Family Support Division (FSD)?

If the answer to one of the above questions is "Yes," FSD may have information that will help you.

If you would like more information about domestic violence services, please check the appropriate box(es) below and return this form with your completed application for services or contact your local FSD office.

It is safe for you to call me during the day at:

_____.

You can leave a message for me at:

_____.

It is not safe for you to call me. I will contact you within **seven** days.

I understand that if I do not contact you within seven days, you will enter the address shown on the *Referral/Information for Services* into your system and use it as my contact address. However, FSD will also take action to prevent this address from being released to the other parent.

Other: _____

My name is (please print) _____

My Social Security Number is _____

We need your Social Security number in order to identify you properly in our records. You do not have to provide this information, but failure to do so may prevent us from promptly or properly identifying you.

If domestic violence is not an issue for you and/or your child(ren), do not return this form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
APPLICATION FOR CHILD SUPPORT SERVICES

IV-D CASE NUMBER (TO BE COMPLETED BY FSD STAFF)

Instructions: Please complete every item on this form, even if you have given the information before. This form requests information needed to take action on your child support case. If you are a custodial parent or custodian of the child(ren), you must complete an application for each noncustodial parent of the child(ren) for whom you are applying for services. If you are the noncustodial parent or an alleged father, you must complete an application for each custodial parent of the child(ren) for whom you are applying for services. **About our request for Social Security number (SSN) information:** We need *your* SSN and that of your *child(ren)*. Disclosure of SSNs is mandatory per section 466(a)(13) of the Social Security Act. We also ask that you provide the *noncustodial parent's or alleged father's* SSN if you know it. We need this information to identify the other parent, to establish paternity and to establish, modify and enforce support obligations. Failure to provide this information may cause delays in delivering appropriate services to you. You must sign and date this form in order for the Family Support Division (FSD) to open your child support case.

THE APPLICANT IS ► CUSTODIAL PARENT CUSTODIAN NONCUSTODIAL PARENT ALLEGED FATHER

CUSTODIAL PARENT/CUSTODIAN INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	DATE OF BIRTH
ADDRESS (NUMBER AND STREET)			(CITY)	(STATE)
PHONE NUMBER – HOME (INCLUDE AREA CODE)		PHONE NUMBER – WORK (INCLUDE AREA CODE)	SOCIAL SECURITY NUMBER	RACE
SEX				

NONCUSTODIAL PARENT/ALLEGED FATHER INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	ALIAS
ADDRESS (CURRENT OR LAST KNOWN)			(CITY)	(STATE)
DATE ADDRESS LAST KNOWN	PHONE NUMBER (INCLUDE AREA CODE)	DATE OF BIRTH	BIRTHPLACE (CITY AND STATE)	
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR
EYE COLOR		SOCIAL SECURITY NUMBER		

CHILDREN OF THE CUSTODIAL PARENT AND NONCUSTODIAL PARENT/ALLEGED FATHER

CHILD'S DCN OR SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX

IF THE CHILD(REN) WERE BORN OUT OF STATE, ATTACH A COPY OF THE BIRTH CERTIFICATE, IF AVAILABLE.

DID THE CHILD(REN) RECEIVE TEMPORARY ASSISTANCE IN A STATE OTHER THAN MISSOURI? YES NO

IF YES	► COUNTY/ STATE	FROM (DATE)	TO (DATE)
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MARITAL STATUS AND COURT INFORMATION

ARE THE PARENTS OF THE CHILD(REN) MARRIED? NEVER MARRIED? SEPARATED? DIVORCED?

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION	► DATE	LOCATION (CITY, COUNTY AND STATE)
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IF THE PARENTS ARE DIVORCED, PROVIDE DATE AND LOCATION	► DATE	LOCATION (CITY, COUNTY AND STATE)
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DID THE PARENTS OF THE CHILD(REN) LIVE IN MISSOURI AT ANY TIME WHILE THEY WERE MARRIED?
 YES NO UNKNOWN

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES	▶	WHERE (CITY, COUNTY AND STATE)		WHEN	
HAVE THE PARENTS OF THE CHILD(REN) FILED FOR A DIVORCE?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES	▶	WHERE (CITY, COUNTY AND STATE)			
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW MARRIED TO SOMEONE ELSE?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES, GIVE NAME	▶	SPOUSE'S NAME			
WAS THE MOTHER MARRIED TO A MAN OTHER THAN THE NONCUSTODIAL PARENT/ALLEGED FATHER WHEN SHE BECAME PREGNANT OR WHEN THE CHILD(REN) WAS/WERE BORN?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES, GIVE NAME	▶	NAME			
HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT?				<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> YES (ATTACH A COPY OF THE ORIGINAL COURT ORDER AND ANY MODIFICATIONS)					
IF YES, COMPLETE COURT INFORMATION	▶	COUNTY AND STATE OF COURT ORDER			DATE OF ORDER
		ORDER NUMBER	AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)	
HOW OFTEN DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER PAY CHILD SUPPORT?				<input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER <input type="checkbox"/> ALWAYS PAID REGULARLY UNTIL _____ (DATE)	
IF THE NCP PAYS	▶	AMOUNT \$	PER (WEEK, MONTH)		
DO YOU HAVE LEGAL CUSTODY OF THE CHILDREN?				<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, JOINT CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHO DOES	▶	NAME	LEGAL CUSTODIAN'S RELATIONSHIP TO CHILDREN		
		ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)		
DO ALL OF THE CHILDREN ON THIS APPLICATION LIVE WITH YOU NOW?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, AND YOU ARE NOT THE CHILD(REN)'S PARENT, ON WHAT DATE DID THE CHILD(REN) BEGIN LIVING WITH YOU?				DATE	
COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN					
HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT?				<input type="checkbox"/> YES (ATTACH A COPY OF THE COURT ORDER) <input type="checkbox"/> NO	
IF YES, COMPLETE COURT INFORMATION	▶	COUNTY AND STATE OF COURT ORDER	DATE OF ORDER	ORDER NUMBER	
IF NO, HAS THE ALLEGED FATHER EVER CLAIMED THE CHILD(REN) AS HIS?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, TO WHOM	▶	NAME	ADDRESS		
		NAME	ADDRESS		
HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)?				<input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) <input type="checkbox"/> NO	
HAS A GENETIC TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)?				<input type="checkbox"/> YES (ATTACH A COPY OF THE RESULTS) <input type="checkbox"/> NO	
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? (ATTACH ADDITIONAL SHEET IF NECESSARY)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES	▶	NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	
		NAME	ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	
WAS THE CHILD(REN)'S MOTHER IN MISSOURI WHEN SHE BECAME PREGNANT?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF NO	▶	WHERE (CITY, COUNTY AND STATE)			

OCCUPATIONAL AND SOCIAL INFORMATION			
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER ATTEND SCHOOL NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	SCHOOL NAME AND LOCATION	
IF NOT IN SCHOOL NOW, WHAT HIGH SCHOOL OR COLLEGE DID THE NONCUSTODIAL PARENT/ALLEGED FATHER LAST ATTEND?			
IF YES	<input type="checkbox"/>	SCHOOL NAME AND LOCATION	
WHAT IS THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S USUAL OCCUPATION?			
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER BELONG TO A UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	UNION NAME, LOCAL NUMBER AND LOCATION	
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	NAME OF EMPLOYER	PHONE NUMBER (INCLUDE AREA CODE)
		ADDRESS	WORK HOURS
		FROM	TO
NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PAST EMPLOYMENT INFORMATION			
NAME	ADDRESS	DATES WORKED (FROM/TO)	
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER OWN ANY REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, LOCATION OF PROPERTY	<input type="checkbox"/>	CITY	COUNTY
			STATE
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER OWN ANY PERSONAL PROPERTY (CAR, BOAT, LIVESTOCK, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	LIST SPECIAL ITEM(S) OF PERSONAL PROPERTY OWNED	
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER HAVE ANY OTHER INCOME OR RECEIVE ANY BENEFIT OR PENSIONS? (FOR EXAMPLE, UNEMPLOYMENT, SOCIAL SECURITY, SSI, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	SOURCE	AMOUNT
		SOURCE	HOW OFTEN PAID
DO THE CHILD(REN) RECEIVE SOCIAL SECURITY BENEFITS BECAUSE OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	AMOUNT \$	DATE BENEFITS BEGAN (APPROXIMATELY)
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	BRANCH OF SERVICE	LAST KNOWN STATION (LOCATION)
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER IN JAIL OR PRISON NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	JAIL OR PRISON NAME	DATE IMPRISONED
			EXPECTED RELEASE DATE
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER ON PAROLE NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	NAME OF PAROLE OFFICER	ADDRESS
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER HAVE AN ACCOUNT AT A FINANCIAL INSTITUTION (BANK, CREDIT UNION, SAVINGS AND LOAN)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	<input type="checkbox"/>	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
		ADDRESS	

ARE THE CHILDREN COVERED BY HEALTH INSURANCE OTHER THAN MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
IF YES	▶	INSURANCE COMPANY NAME AND ADDRESS	CHILD(REN) COVERED	POLICY NUMBER	COST PER MONTH
WHO PROVIDES THE HEALTH INSURANCE, IF ANY?					
<input type="checkbox"/> THE CUSTODIAL PARENT/CUSTODIAN <input type="checkbox"/> THE NONCUSTODIAL PARENT/ALLEGED FATHER <input type="checkbox"/> THE CUSTODIAL PARENT'S/CUSTODIAN'S SPOUSE _____ (NAME OF SPOUSE) <input type="checkbox"/> THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S SPOUSE _____ (NAME OF SPOUSE)					
WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?					
FATHER'S NAME			FATHER'S ADDRESS		
MOTHER'S NAME		(MAIDEN NAME)	MOTHER'S ADDRESS		
IF YOU HAVE ANY OTHER INFORMATION ABOUT THE NONCUSTODIAL PARENT/ALLEGED FATHER, ENTER IT BELOW. ATTACH ADDITIONAL PAGES IF NECESSARY.					
Please read the explanation of the available child support services and check the box next to the service(s) you are requesting.					
<input type="checkbox"/> <u>ESTABLISHMENT AND/OR ENFORCEMENT OF CHILD AND MEDICAL SUPPORT</u> — FSD will try to establish paternity and a child and/or medical support order for your child(ren), if necessary; and/or enforce a child and medical support obligation for your child(ren).					
<input type="checkbox"/> <u>ESTABLISHMENT AND/OR ENFORCEMENT OF MEDICAL SUPPORT</u> — FSD will try to establish paternity and a medical support order for your child(ren), if necessary; and/or enforce a medical support obligation for your child(ren).					
<input type="checkbox"/> <u>REVIEW AND MODIFICATION</u> — FSD will review your existing support order and proceed with a modification, if appropriate . This includes modifying the order to include a provision for medical support for your child(ren). FSD will also provide services shown under ESTABLISHMENT AND/OR ENFORCEMENT OF CHILD AND MEDICAL SUPPORT.					
Any support payments you may receive from the Family Support Payment Center or the State of Missouri will be issued on a prepaid card. The prepaid card is loaded with your support payments. It is not a credit card. The prepaid card provides a safe and convenient way to receive your support payments. If you prefer to have your support payments directly deposited into your bank account, call (toll-free) 800-859-7999 or logon at dss.mo.gov/cse .					
I read the explanation of the available child support services. I checked the services for which I am applying. I understand that I may withdraw this application for services at any time by sending a written request to FSD.					
I certify that all information I gave on this form is true and complete to the best of my knowledge.					
I authorize FSD to obtain information contained in my child(ren)'s birth certificate file or record. This includes, if applicable, a copy of an acknowledgement of paternity completed by the parents. I authorize the release of my Social Security number and the above child(ren)'s Social Security number(s) when necessary to allow the establishment and enforcement of child support and medical support orders.					
APPLICANT SIGNATURE			DATE	RELATIONSHIP TO CHILD(REN)	
Return the completed application to: Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.					

NOTICE OF PRIVACY PRACTICES REGARDING YOUR PROTECTED HEALTH INFORMATION

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.

Your health information is private. The Missouri Department of Social Services (DSS) understands that the information it collects about you and your health is personal. DSS is required by state and federal law to protect your health information from being improperly used or released. This notice will tell you what DSS may legally do with your protected health information. It will also tell you your rights about such information kept by DSS.

DSS is required to provide you this notice regarding your protected health information. DSS will follow the requirements described in this notice. DSS reserves the right to change this notice. All changes to this notice will apply to all of your protected health information. If this notice is changed, the new notice will be available on the DSS' website, in your local DSS office or it will be mailed to you upon request.

Information Handling

In our normal business operations, DSS may receive protected health information, which is information identifying you and which includes some indication of your medical condition. This information may be about you or your family members and the law requires that it be protected. DSS is allowed to use this information and share it with others, if the protected health information is being used for your treatment, the payment of your medical expenses, or for health care operations. Examples of this include:

- to medical professionals and health information networks about Medicaid eligibility as part of health care operations; or
- to insurance companies and health care providers about paying claims; and/or
- to hospitals, medical professionals, and health information networks for your treatment.

A health information network is a group of hospitals and caregivers who share health information. DSS is part of the network.

DSS follows the laws that tell us when we *must* share health information and when we can share health information, without your permission. DSS will share information:

- as required by law, subject to limited restrictions
- to public health authorities to report such things as contagious diseases and for birth, death and immunizations records
- to the police or military as required by law
- for court and administrative proceedings
- to health oversight authorities to see that government programs are being run properly
- to the federal government to protect the country, the president, government workers, and for other government programs
- to funeral directors or coroners
- for organ donation purposes or research involving a DSS program
- to family, relatives or others who help in your care

Sometimes, health information that can normally be released cannot be released. For example, if state law says the information will not be released and federal law allows it to be released, it will not be released. The same is true if federal law says the information cannot be released, but state law allows it to be released. Whichever law is more restrictive is the one that will apply.

Other than the examples listed, DSS may not share any of your information without your written permission. You can authorize DSS to share as much of your information as you wish. You can also cancel your permission for DSS to share that information.

(Over)

Your Rights

1. You have the right to request that DSS limit the information it shares about you, but DSS does not have to agree to such requests.
 2. You have the right to receive your information from DSS privately. DSS will provide it to whatever address you choose and in the form you choose. DSS will charge for providing a copy of your records unless it is being sent to an exempt organization or an organization that does not charge DSS for records. No charge will be imposed on requests by foster children for a copy of their foster care records.
 3. You have the right to inspect and copy your information that DSS has. This right may be limited if the information contains notes taken by a mental health provider during treatment sessions.
 4. You have the right to ask that the information in DSS' file be changed. However, there are limits regarding what may be changed.
 5. You have the right to receive a list of the parties outside DSS that have received your information.
 6. If an unauthorized disclosure of DSS records containing your PHI occurs and it is deemed a breach because there is a possibility the disclosure might lead to harm, you have the right to be notified by DSS and informed of what happened and how best to protect yourself.
 7. You also have the right to request this notice on paper, electronically or both.
- These protections and rights became effective April 14, 2003. Electronic copies of this notice are available at <http://www.dss.mo.gov/hipaa/hprivacy.pdf>. If you have questions or complaints, or want to make a request, contact:

DSS Privacy Officer
Division of Legal Services
P.O. Box 1527
Jefferson City, MO 65102
Telephone: (573) 751-3229
Voice: (800) 735-2466
TDD: (800) 735-2966

Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street, Room 248
Kansas City, MO 64106
Voice: (816) 426-7277
TDD: (816) 426-7065

Your health care services will not be affected by any complaint made to DSS or the offices listed above.