

NOTICE OF PRIVACY PRACTICES SUPPORT, INCORPORATED

Effective Date: April 14, 2003

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.

Responsibilities of Support, Incorporated

Support, Incorporated is required by state and federal law to protect the privacy of your health information that may identify you. This health information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted in our agency offices and on our agency web site at www.supportinc.org. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our agency Privacy Official, Greg Pringle at (704) 865-3525.

Use and Disclosure of Health Information

Treatment

Support, Incorporated may use your health information, as needed, in order to provide, coordinate or manage your health care and related services. This includes sharing your health information with other health care providers within this agency.

Example: Your treatment/habilitation team, composed of staff such as doctors, nurses, and social workers, will need to review your treatment and discuss plans for your discharge.

We will disclose your health information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law. [*The following is based upon State law (GS 90-109.1) and applies to substance abuse providers, "If you request treatment and*

rehabilitation for drug dependence, your request will be treated as confidential. We will not refer you to another person for treatment and rehabilitation without your authorization.”]

Example: We may disclose your health information to other mental health facilities or professionals (i.e., community based area mental health, developmental disabilities and substance abuse services program or psychiatric service at UNC Hospitals) in order to coordinate your care.

Example: We may share your health information with a health care provider for emergency services.

Payment for Services

The treatment provided to you will be shared with our agency’s billing department so a bill can be prepared for services rendered. We may also share your health information with agency staff who review services provided to you to make certain you have received appropriate care and treatment. We will not disclose your health information outside of this agency for billing purposes (i.e., bill your insurance company) without your written consent, except in certain situations when we need to determine if you are eligible for benefits such as Medicaid, Medicare or Social Security.

Example: A Social Worker/Case Manager may contact your local Department of Social Services to determine if you are currently eligible for Medicaid or if you would qualify for Medicaid. (*Example not applicable for substance abuse providers*)

Example: Our billing department will collect insurance and other financial information from you at the time of admission.

Health Care Operations

Support, Incorporated may use or disclose your health information in performing a variety of business activities that we call “health care operations”. Some examples of how we may use or disclose your health information for health care operations are:

- Review the care you receive here and evaluating the performance of your treatment/habilitation team to ensure you have received quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of you.
- Provide training programs for agency staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that you receive.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our agency attorney to use your health information when representing this agency in legal matters.
- Resolve grievances within our agency.
- Provide information to your internal client advocate who is available to represent your interests upon your request.

Other Circumstances

Support, Incorporated may disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director;
- Regarding abuse, neglect or domestic violence;
- For health oversight activities such as licensing of nursing homes;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For court proceedings such as court orders to appear in court;
- Related to death such as disclosure to a funeral director;
- Related to donation of organs or tissue;
- To avert a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- To correctional institutions or other law enforcement officials when you are in their custody;
- For Worker's Compensation in cases pending before the Industrial Commission;
- To your next of kin or other person involved in your care upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request and
- Related to medical research.

Disclosure of Your Health Information That Requires Your Authorization

Support Inc. will not disclose your health information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing our agency Privacy Official that you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information. Disclosure of health information to external client advocates will require authorization by you and your personal representative if one has been designated.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information as created and maintained by this agency.

Right to receive a copy of this *Notice*

You have the right to receive a copy of Support, Incorporated's *Notice of Privacy Practices*. At your first treatment encounter with this agency, you will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been provided.

In addition, a copy of this *Notice* has been posted in a public areas throughout this agency, as well as on the Support, Incorporated's Internet web site at www.supportinc.org You have the right to request a paper copy of this *Notice* at any time from our Privacy Official.

Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this agency be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our agency Privacy Official.

Right to request to see and copy your health information

Whether you are a minor, incompetent adult or competent adult, you have the right to request to see and receive a copy of your health information in medical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our agency Privacy Official. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of copying and postage.

Instead of providing you with a full copy of your health information record, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by your physician or a licensed healthcare professional designated by our agency director under certain circumstances. If we do deny your

request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our agency Privacy Official to request that a copy of your health information be sent to a physician, psychologist or accredited agency of your choice.

Whenever you have a personal representative or legally responsible person who consented to your treatment, that person has the same rights to request to see and copy your health information.

Right to request amendment of your health information

You have the right to request changes in your health information in medical, billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency Privacy Official and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request. If we accept your request to change your health information, we will add your amendment but will not destroy the original record. In addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

We may deny your request if:

- The information was not created by Support, Incorporated (unless you prove the creator of the information is no longer available to change the information);
- The information is not part of the records used to make decisions about you (i.e., your medical record);
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change your health information, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of your record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

Right to request a listing of disclosures we have made

You have a right to a written list of disclosures of your health information. The list will be maintained for at least six years for any disclosures made after April 14, 2003. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This agency is not required to include the following on the list of disclosures:

- Disclosure for your treatment;
- Disclosure for billing and collection of payment for your treatment;

- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to individuals involved in your care.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to request restrictions on uses and disclosures of your health information

You have the right to request that we limit our use and disclosure of your health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about you to your next of kin or someone who is involved in your care. (Example: you could ask that we not disclose information about your family history of heart disease.) We will provide you with a form to document your request.

We will make every attempt to honor your request but are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time and we will ask that your request be in writing. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

Violations/Complaints

If you believe we have violated your privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our agency Privacy Official. Contact information is as follows:

Support, Incorporated

Greg Pringle
PO Box 4003
Gastonia, NC 28054
704-865-3525
704-865-3520
greg@supportinc.org

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has

been designated to receive and document complaints and concerns regarding your privacy. Contact information is as follows:

CARE-LINE

2012 Mail Service Center
Raleigh, NC 27699-2012

Voice Phone (English and Spanish):

1-800-662-7030 (Toll Free)

(919) 733-4261 (Triangle Area and Out of State)

FAX: (919) 715-8174

TTY: 1-877-452-2514 (TTY Dedicated)

(919) 733-4851 (TTY Dedicated for local or out of state calls)

Email: care.line@ncmail.net

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

Voice Phone: (404) 562-7886

FAX: (404) 562-7881

TDD: (404) 331-2867

If you file a complaint, we will not take any action against you or change the quality of health care services we provide to you in any way.

Legal References

Primary Federal and State laws and regulations that protect the privacy of your health information are listed below.

Confidentiality of Alcohol and Drug Abuse Patient Records – 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information – 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.

NC General Statutes – Chapter 122C, Article 3 (Client’s Rights and Advance Instruction), Part 1 (Client’s Rights). Chapter 90 (Medicine and Allied Occupations), Article 1 (Practice of Medicine).

NC Administrative Code – 10 NCAC 18 D (Confidentiality Rules).