

**Whitaker PRTF
NOTICE OF
PRIVACY PRACTICES**

**Effective Date: September 9, 2010
NC DMH/DD/SAS**

**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 Whitaker PRTF

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

Whitaker PRTF is required by law to inform you of our legal duties and privacy practices with respect to your child's health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your child's 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 Whitaker PRTF's main waiting room. 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 at (919) 575-7927.

**Use and Disclosure of Health Information Without
Your Authorization**

Treatment:

Whitaker PRTF may use your child's health information, as needed, in order to provide, coordinate or manage your child's health care and related services. This includes sharing your child's health information with other health care providers within this agency. (**Example:** Your child's treatment team, composed of staff such as clinical coordinators, teacher/counselors, and social workers, will need to review your child's treatment and discuss plans for your child's discharge.)

We will disclose your child's health information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law (**Example:** We may disclose your child's 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 child's care. (**Example:** We may share your child's health information with a health care provider for emergency services.)

Payment for Services:

The treatment provided to your child will be shared with our agency's billing department so a bill can be prepared for services rendered. We may also share your child's health information with agency staff who review services provided to your child to make certain your child has received appropriate care and treatment. We will not disclose your child's health information outside of this agency for billing purposes (i.e., bill your insurance company) without your authorization except in certain situations when we need to determine if your child is eligible for benefits such as Medicaid, Medicare or Social Security. (**Example:** A Social Worker may contact your local Department of Social Services to determine if your child is currently eligible for Medicaid or if your child would qualify for Medicaid. **Example:** Our billing department will collect insurance and other financial information from you at the time of admission.)

Health Care Operations:

Whitaker PRTF may use or disclose your child's 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 child's health information for health care operations include the following:

- Review the care your child receives here and evaluate the performance of your child's treatment/ habilitation team to ensure your child has received quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of your child.
- Provide training programs for agency staff, residents and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that your child receives.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our agency attorney to use your child's health information when representing this agency in legal matters.
- Resolve grievances within our agency.

- Provide information to your child's internal client advocate who is available to represent your child's interests upon your request.

Other Circumstances:

Whitaker PRTF may disclose your child's health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your child's 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. (**Example:** we may disclose health information to public health authorities if your child has 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 child's noncompliance with his/her treatment plan.) If your child suffers from a communicable disease such as tuberculosis or HIV/AIDS, information about your child's 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 child's 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 your child is 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 child's 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.

Contacting You

Whitaker PRTF may use your child's health information to contact you for the following reasons.

- To remind you of upcoming appointments (**Example:** This agency may send an appointment reminder on a

folded postcard to your home to remind you of a scheduled appointment. **Example:** This agency may contact you through a telephone call about an appointment your child has for treatment.);

- Make you aware of alternative treatment, services, products or health care providers that may be of interest to you (**Example:** If your child is receiving treatment for a particular condition and your health care team learns of new or alternative treatments, we may contact you to inform you of such possibilities.);

Disclosure of Your Child's Health Information That Allows You An Opportunity To Object

There are certain circumstances where we may disclose your child's health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for your child's care may disclose your child's admission to or discharge from this agency to your next of kin
- Disclosure to public or private agencies providing disaster relief. (**Example:** We may share your child's health information with the American Red Cross following a major disaster such as a flood.)

If you would like to object to our disclosure about your child's health information in either of the situations listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

Disclosure of Your Child's Health Information That Requires Your Authorization

Whitaker PRTF will not disclose your child's 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 allowing us to share or request your child's 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 your child 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.

Your Rights Regarding Your Child's Health Information

You have the following rights regarding your child's 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 Whitaker PRTF's *Notice of Privacy Practices*. At your child's first treatment encounter with Whitaker PRTF, 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, copies of this *Notice* have been posted in several public areas throughout this agency. You have the right to request a paper copy of this *Notice* at any time from our agency Admissions Officer or our agency 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 child's health information

Your child has the right to request to see and receive a copy of their health information in medical, billing and other records that are used to make decisions about your child. Such request must be in writing and forwarded to our agency Privacy Official. Your child can expect a response to their request within 30 days. If your child's request is approved, you may be charged a fee to cover the cost of the copy.

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

Your child's request may be denied by a physician or a professional designated by our agency director under certain circumstances. If we do deny your child's request, we will explain our reason for doing so in writing and describe any rights your child may have to request a review of our denial. In addition, your child has the right to contact our agency Privacy Official to request that a copy of their health information be sent to a physician or psychologist of their choice.

You, as the personal representative of your child who consented to your child's treatment, have the same rights to request to see and copy your child's health information.

Right to request amendment of your health information

You have the right to request changes in your child's health information in medical, billing and other records used to make decisions about your child. 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 30 days of receiving your request. If we accept your request to change your child's 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 child's health information and who need the changes.

We may deny your request if:

- The information was not created by this agency (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 your child;
- 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 child's 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 child's 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 child's 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 child's treatment;
- Disclosure for billing and collection of payment for your child's treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when your child is in their custody; or
- Disclosures made to individuals involved in your child's 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 child's health information

You have the right to request that we limit our use and disclosure of your child's 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 your child to your next of kin or someone who is involved in your child's care. (Example: you could ask that we not disclose information about your child's 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 child's privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our agency. Contact information is as follows:

Whitaker PRTF Director
1003 12th Street, Butner, NC 27509
Phone: (919) 575-7927; Fax: (919) 575-7895

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
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone: (404) 562-7886
FAX: (404) 562-7881 **TDD:** (404) 562-7884

If you file a complaint, we will not take any action against you or your child or change our treatment of your child in any way.

Legal References

Primary Federal and State laws and regulations that protect the privacy of your child's 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 Rule)

