

CENTERPOINT HUMAN SERVICES NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU

CenterPoint Human Services is required by law to protect the privacy of Health Care Information about you and Health Care Information that will identify you. The Health Care Information may be about health care provided to you or payment for health care provided to you. It may be information about past, present or future conditions.

CenterPoint Human Services as a Local Management Entity does not provide health care services so you must contact the provider giving you services for current medical record information.

Providers are required by law to provide you with a **Notice of Privacy Practices** upon your request; explaining your provider's legal duties and privacy practices with respect to your Health Care Information. Providers are legally required to follow the terms of their Notice of Privacy Practices. Your Health Care Information can be disclosed only in the manner described in the Notice of Privacy Practices.

CenterPoint Human Services reserves the right to make changes and make the revised Notice of Privacy Practices effective for all current, previous and future Health Care Information we maintain. If changes are made to this Notice of Privacy Practices, we will:

- Make the revised Notice of Privacy Practices available in our waiting areas
- Have copies of the revised Notice of Privacy Practices available upon request.

The rest of this Notice of Privacy Practices will:

- Discuss how your Health Care Information may be used and disclosed.
- Explain your rights with respect to Health Care Information about you
- Describe how and where you may file a privacy related complaint

If at any time you have questions about information in this CenterPoint Human Services Notice of Privacy Practices please contact the CenterPoint Human Services privacy officer @ 336-714-9175 or 336-714-9161.

HEALTH CARE INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED IN SEVERAL CIRCUMSTANCES

Billing related Health Care Information is used and disclosed in many instances. This section of the Notice of Privacy Practices explains in some detail how your billing related Health Care Information may be disclosed in order to provide health care, obtain payment for the care, and operate the business(s) efficiently. This section briefly mentions other circumstances in which your Health Care Information may be used or disclosed. For more information about health care uses and disclosures, or about any privacy policies, procedures or practices, please contact the provider who previously provided you services or is giving you services now.

For questions regarding CenterPoint Human Services privacy policies contact our privacy officer at (336) 714-9175 or (336) 714-9161

Treatment

Health Care Information about you may be disclosed to provide treatment to you and to coordinate or manage your health care and related services. This may include communicating with other health care providers.

Payment

Health Care Information about you may be used or disclosed to obtain payment for health care services you receive. This means that within the provider agency(s) health care information about you may be used or disclosed to arrange for payment functions such as preparing bills and managing accounts. Health care information about you may also be used or disclosed to others in order to receive payment for your health care services, such as insurers, third party payers, collection agencies and consumer reporting agencies. In some instances Health Care Information about you may be disclosed to your insurance company before you receive certain health care services to determine if your insurance plan will pay for the services.

Health Care Operations

Health care information about you may be used and disclosed in performing a variety of business activities called "health care operations." These "health care operations" activities improve the quality of care provided and reduce health care costs. Health care information about you may be used or disclosed for the following activities:

- Reviewing and evaluating the skills, qualifications and performance of health care providers caring for you.
- Provide training programs for students, trainees, health care providers or non-health care professionals to help improve their work skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers and provide staff or facilities in particular fields or specialties.
- Reviewing and improving the quality, efficiency and cost of care provided to you.
- Improving health care and decreasing costs for groups of people who have similar health issues and help manage and coordinate care for all clients.
- Cooperating with outside organizations that assess the quality of care, including government agencies and private organizations
- Planning agency(s) operations
- Resolving grievances within providers
- Reviewing activities and using and disclosing Health Care Information in the event that control of providers changes
- Working with others, such as lawyers, accountants and other providers to ensure compliance of this Notice of Privacy Practices

Others involved in your care

With your written permission billing related Health Care Information about you may be disclosed to a relative or another person if that person is involved in your treatment and is relevant to your care. If the patient is a minor, health care information may be disclosed to the parent or legal guardian except in limited circumstances. If you would like additional information regarding the privacy of minors, please contact our Privacy Officer at 336-714-9175 or 336-714-9161.

Health Care Information about you will not be disclosed to any persons involved in your treatment ***without your written permission*** except in limited circumstance such as emergencies, unless the patient is a minor.

Required by law

Health Care Information about you will be disclosed whenever required by law. State and Federal laws exist that require Health Care Information about you to be disclosed without your consent. For example, State and Federal Law requires that known, or suspected child abuse or neglect be reported to the Department of Social Services.

National priority uses and disclosures

When permitted by law, Health Care Information about you may be used or disclosed without your permission for various activities that are recognized as “national priorities.” The government has determined that under certain circumstances Health Care Information about you may be disclosed. Health Care Information about you will only be disclosed for “national priorities” in the following circumstances when permitted to do so by law.

Below are brief descriptions of the “national priorities” activities recognized by law:

- **Threat to health or safety:**
Health Care Information about you may be used or disclosed if it is believed to be necessary to prevent or lessen serious health and or safety threats.
- **Public health activities:**
Health Care Information about you may be used or disclosed for public health activities. Public Health issues require the use of Health Care Information for various situations, including but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work related illnesses or injury. For example, if you have been exposed to a communicable or sexually transmitted disease, we may report it to the State and take actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:**
Health Care Information about you may be used or disclosed to a government authority such as the Department of Social Services if we believe that you may be a victim of abuse, neglect or domestic violence.
- **Health Oversight Committee:**
Health Care Information about you may be disclosed to a Health Oversight Committee, which is basically an agency responsible for overseeing the health care system or certain government programs. One example is a government agency that would request Health Care Information to investigate insurance fraud.
- **Court Proceedings:**
Health Care Information about you may be disclosed to a court or an officer of the court such as an attorney. Health Care Information about you must be disclosed to a court if a judge orders it to be done.
- **Law Enforcement:**
Limited Health Care Information about you may be disclosed to law enforcement officials in extreme cases that could constitute harmful situations to you or others.
- **Workman’s Compensation:**
Health Care Information about you may be disclosed in order to comply with Workman’s Compensation Laws.

- **Authorizations**

Other than the uses described in this Notice of Privacy Practices regarding disclosure, Health Care Information about you will not be used or disclosed **without** an authorization/consent signed by you or your legal guardian. If you sign a written authorization/consent allowing disclosure of Health Care Information about you, you may revoke or cancel the authorization/consent in writing except in very limited circumstances related to obtaining insurance coverage. If you would like to revoke or cancel your authorization/consent, you must notify your provider in writing. If you revoke or cancel your authorization/consent your instructions will be followed with the exception of Health Care Information disclosed prior to the date you revoked your authorization/consent.

If you need further information regarding this process, please contact the provider that previously provided you services or is giving you services now. You may contact the CenterPoint Human Services Privacy Officer at 336-714-9175 or 336-714-9161.

YOUR' RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU

You have rights with respect to Health Care Information about you. This section of the Notice of Privacy Practices will briefly explain each of these rights. If you would like to know more about your rights, please contact the provider giving you services or our Privacy Officer at 336-714-9175 or 336-714-9161.

Right to receive a copy of this Notice of Privacy Practices

You have a right to request a paper copy of the **Notice of Privacy Practices** at any time. In addition, copies of the Notice of Privacy Practices will be placed in our front waiting areas. If you would like to receive a copy of our Notice of Privacy Practices, please ask the front desk receptionist or contact the provider giving you services or our Privacy Officer at (336) 714-9161 or (336)714-9175.

1. Right of access to review

You have the right to review and receive a copy of Health Care Information about you that is maintained in certain records. If you would like to review or receive a copy of Health Care Information about you, make a request in writing to the provider that previously provided services to you or the provider giving you services now. The request should be processed in a timely manner but no later than **(30)** days from the written request date and no more than **(60)** days if the information is off site. All CenterPoint medical records are stored off site.

Additional procedures apply regarding consumer access to their medical record information. If your request for access is approved to review or to receive copies of Health Care Information about you CenterPoint Human Services requires a CenterPoint clinical staff member to review your medical record information before it can be released directly to you. CenterPoint Human Services also requires that a CenterPoint clinical staff member sit with you if you review your medical information so they can answer any questions you may have.

Your request may be denied in certain circumstances. If your request is denied, you will receive a letter from the provider that previously provided services to you, the provider that gives you services now or CenterPoint Human Services explaining the reason for the denial. You will also be informed in writing your right to have the decision reviewed by clinical staff member at the provider.

If you receive copies of Health Care Information about you, a fee may be charged by the provider to cover the costs of copying.

Please contact the provider that previously provide services to you or the provider that gives you services now. You may also contact our Privacy Officer at (336) 714-9175 or (336) 714-9161 for more information regarding right of access and review of Health Care Information about you.

CenterPoint Human Services will charge a fee to cover record management and copying expenses. The fee(s) are:

\$3.00 Record Retrieval
\$3.00 Record Re-file
\$.25 Cents for each page copied

2. Right to have Health Care Information amended

You have the right to request the provider that previously provided services to you or gives you services now to amend (correct or add) Health Care Information about you that is maintained in certain provider records. If you believe the provider has information that is inaccurate or incomplete, the information may be amended in a separate document to indicate the problem and to notify others who have copies of the inaccurate or incomplete information. Amendments shall not be made in original documents. If you need to amend information you must make a request in writing to the provider that previously provided services to you or gives you services now.

Your request to amend your Health Care Information may be denied in certain circumstances. If your request is denied you will receive a letter from the provider explaining the reason for the denial. You will have the opportunity to send a statement in writing to the provider if you disagree with the decision to deny the amendment request; your statement will be filed in your medical record and shared whenever Health Care Information about you is disclosed in the future, with the exception of Health Care Information about you that has been disclosed prior to your disagreement statement.

3. Right to accounting of disclosure

You have the right to request and receive an accounting of disclosure. The accounting of disclosure is a list of disclosures made regarding Health Care Information about you for the past six- (6) years. If you would like to receive an accounting of disclosure, you must request the accounting of disclosure in writing. If you need more information regarding the accounting of disclosure, please contact the provider that previously provided services to you or is giving you services now.

If you request an accounting of disclosure more then once every twelve- (12) months, the provider may charge a fee to cover the cost of preparing the accounting of disclosure form. (See fee schedule on page 4)

4. Right to restrictions on uses and disclosures

You have the right to request that the use and disclosure of Health Care Information about you is limited for treatment, payment and health care operations.

The provider that gives you services is not required to comply with your request. The provider must explain in writing the reason for not complying with your request.

If the provider that gives you services does comply with your request, they must follow your restrictions, except if Health Care Information about you is necessary for emergency treatment. You may cancel the restrictions at any time. In addition your provider may cancel a restriction at any time as long they notify you in writing of the

cancellation and continue to apply the restriction to Health Care Information collected before the date of the restriction cancellation. You must make a request to restrict your Health Care Information in writing to the provider that gives you services.

5. Right to request an alternative method of contact

You have the right to request to be contacted by the provider that gives you services at a different location or by a different method. For example you may prefer to have all written information mailed to a work address rather than your home.

The provider that gives you services will agree to any reasonable request for an alternative method of contact. If you would like to request an alternative method of contact, notify the provider that gives you services.

**YOUR RIGHTS TO FILE A COMPLAINT
ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated or if you are dissatisfied with your provider's privacy policies, you may file a written complaint with the Federal Government or the provider that previously provided services to you or gives you services now. No action will be taken against you or change your treatment in any way, if you file a complaint.

To file a written complaint with CenterPoint Human Services, you may bring your written complaint to our center at 4045 University Parkway or you may mail it to the following address:

CenterPoint Human Services
4045 University Parkway
Winston-Salem, North Carolina 27106
Attention: **HIPAA Privacy Officer**
Phone: **336-714-9161 or 336-714-9175**

To file a verbal complaint call the CenterPoint Human Services Privacy Officer at 336-714-9175 or 336-714-9161.

If you file a complaint with a provider who previously provided services to you or the provider giving you services now you may deliver or mail the written complaint to the provider who previously provided services to you or the provider that gives you services now.

To file a verbal complaint contact the contact the provider that previously provided services to you or the provider that gives you services now.

To file a complaint with the Office for Civil Rights you may mail it to the following address:

**Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201**

**Phone: 866-627-7748
TTY: 886-788-4989
Email: ocrprivacy@hhs.gov**

