

Partnership for a Drug-Free NC, Inc.

NOTICE OF PRIVACY PRACTICES

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.

This agency must collect information about you to provide quality services. The agency knows that information we collect about you and your health is private. The agency is required to protect this information by Federal and State law. We call this information "protected health information," whether in oral, written, or electronic format.

The Notice of Privacy Practices tells you how the agency may use or disclose information about you. As required by law, only the minimum necessary information will be used and disclosed. **Not all situations are described.** The agency is required to give you a notice of our privacy practices for the information we collect and keep about you. The agency is required to follow the terms of the notice currently in effect. We reserve the right to revise the terms of this notice.

This Agency May Use and Disclose Information Without Your Authorization

For Treatment: The agency may use or disclose protected health information with health care providers who are involved in your health care. For example, protected health information may be shared to create and carry out a plan for your treatment.

For Payment: The agency may use or disclose protected health information in order to get payment or to pay for the health care services you receive. For example, your protected health information may be used within the agency for preparing billing and managing accounts.

For Health Care Operations: The agency may use or disclose protected health information in order to manage its programs and activities. For example, the agency may use protected health information to review the quality of services you receive and for resolving complaints, grievances, and appeals.

Appointments: The agency may contact you for reminders for appointments.

Public Health Activities: The agency will report suspected communicable diseases as required by law.

For Health Oversight Activities: The agency may use or disclose protected health information to inspect or investigate health care providers.

As Required By Law and For Law Enforcement: The agency will use and disclose protected health information when required or permitted by Federal or State law or by a court order.

For Abuse Reports and Investigation: The agency is required by law to report any suspected abuse, neglect, or exploitation.

For Government Programs: The agency may use and disclose protected health information for public benefits under other government programs. For example, the agency may disclose protected health information for the determination of Supplemental Security Income (SSI) benefits.

To Avoid Harm: The agency may disclose protected health information in order to avoid a serious threat to the health and safety of a person or the public.

Emergency Disclosures: The agency may disclose protected health information in emergency situations such as medical/psychiatric emergencies or criminal behavior.

Minors: If the consumer is a minor, we may disclose protected health information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances.

**665 West Fourth Street ♦ Winston-Salem, NC 27101
1.800.758.6077 ♦ 336.725.8389 ♦ Fax: 336.725.6628**

Partnership for a Drug-Free NC, Inc.

Persons Involved in Your Care: We may disclose protected health information about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care **except as mandated by State and Federal regulations**. We may use or disclose protected health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as Red Cross), if we need to notify someone about your location or condition. You may ask us not to disclose protected health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the consumer is a minor. If the consumer is a minor, we may or may not be able to agree with your request.

Other Uses and Disclosures Require Your Written Authorization

For other situations, the agency will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. The agency cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect Protected Health Information: The agency, as a mental health agency, abides by applicable laws that govern protected health information related to you. (G.S. 122-C; 42 C.F.R. Part 2; 45 C.F.R. Parts 160 and 164; N. C. Division of MH/DD/SA Services Confidentiality Rules APSM 45-1)

Your Privacy Rights

Right To Request Restrictions On Uses And Disclosures: You have the right to request that we limit the use and disclosure of health care information about you for treatment, payment, and health care operations. We are not required to agree to your request. If we do agree to your request, we must follow the restrictions (except when the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right To Request An Alternative Method of Contact: You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

Right To See and Get Copies Of Your Records: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

Right To Request To Correct Or Update Your Records: You may ask the agency to change or add missing information to your records, if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

Right To Get A List Of Disclosures: You have the right to ask the agency for a list of certain disclosures made on or after November 1, 2003. You must make the request in writing. The list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

Right To Receive A Copy Of The Notice Of Privacy Practices And Any Revisions Thereafter: You have the right to receive a copy of the agency's Notice of Privacy Practices and any revisions made thereafter. The terms of this notice may be changed in the future, and these changes will be posted in the waiting room and posted on the agency website (located at www.drugfreenc.org). You may also request a copy of the new Notice by contacting the Privacy Officer at 336-725-8389.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a complaint with the agency, you may bring your complaint to any agency location or you may contact the Privacy Officer at: Partnership for a Drug-Free NC, Inc., 665 West Fourth Street, Winston-Salem, NC 27101. Phone: 336-725-8389, Fax: 336-725-6628.

To file a complaint with the federal government, you may send a written complaint to: Region IV, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909. You may call 1-404-562-7886.

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The Rehabilitation
Accreditation
Commission



An Accredited United Way Agency