



## **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.**

**Effective Date: January 1, 2004**

### **Understanding Your Medical Record / Health Information**

Each time you visit a healthcare provider; a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnosis, treatment plan, and treatment recommendations. This health information, often referred to as your medical record, serves as a basis for planning your treatment and a means to communicate between service providers involved in your care. It also serves as a legal document that assures you and/or a third party payer that the services billed were provided. It can also be used as a source of data to assure that we are continuously monitoring the quality of services and measuring outcomes. Understanding what is in your medical record and how, when and why we use the information helps you make informed decisions when authorizing disclosure to others.

### **Our Responsibilities**

We are required to protect the privacy of health information about you and that identifies you, which we call Protected Health Information (PHI), and provide you with a Notice of our legal duties and privacy practices associated with your health information. We must protect health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose health information in the manner described in this Notice. We will provide you a paper copy of this Notice prior to or the first time you receive a service from us. We reserve the right to revise or change the terms of this Notice at any time and to make the new revisions effective for all health information we maintain. We will provide you a copy of this Notice whenever there are changes to this Notice by:

- Posting the revised notice in our offices;
- Making copies of the revised Notice available upon request (either at our offices or through the Consumer Advocate listed in this Notice); and
- Posting the revised Notice at our website.

### **How We May Use and Disclose Health Information About You**

#### **1. To Provide Health Care Treatment**

We may use and disclose health information about you to provide, coordinate, and/or manage your health care and related services. This may include communicating with other health care providers internally, or externally, regarding your treatment. For example, we may share health information about you when you need a prescription filled, or when we consult with another health care provider about your care, or to emergency treatment providers when you need emergency services.

#### **2. To Obtain Payment for Services**

Before providing treatment or services, we may share details with your health plan(s) and utilization management companies who authorize your services that you are scheduled to receive. This allows us to ask for approval or authorization before we provide the services. We will request that you sign a Financial Agreement or authorization, giving us permission to give health information to your insurance company so that we can bill and collect payment for the treatment and services provided to you. The information on or accompanying the bill may include information that identifies you as well as your diagnosis and treatment plan.

If you refuse to sign the Financial Agreement allowing us to release health information for the purpose of billing and receiving payment from your insurance company, you will be personally responsible for paying the same amount that your insurance company would have paid us for your services.

### 3. To Perform Business Health Care Operations

We may use and disclose health information in performing our business activities called “health care operations.” These health care operations allow us to improve the quality of care we provide and reduce health care costs. For example, we may share health information in the following health care operations:

- **Training programs** for students, health care providers, or non-health care professionals (any trainee) to help them practice or improve their skills, such as a medication training for nurses on how to give medications or a billing process training for billing clerks and assistants. Trainees are not allowed to release any information obtained from their training.
- **Internal Quality Review** to assess and evaluate the skills, qualifications, and performance of health care providers taking care of you. This may involve review of your health information by our Quality Improvement Staff or the Supervisor of your provider to assess the overall care provided and progress in treatment. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.
- **External Quality Review** by cooperation and participation in evaluations of our health care providers, staff or facilities by outside organization to assess the quality of care we provide. We may share health information to a government agency, such as Medicare and Medicaid, or to a national accrediting organization, such as the Division of Facility Services.
- **Other Reviews** to assist various external individuals or internal staff who review our activities. For example, health information may be reviewed by accountants and lawyers who make certain that we comply with various laws; to appropriate staff to plan for the future, to determine the best way to limit costs, or to audit your file to make sure that no information about you was given to someone in a way that violates this Notice.
- To communicate with other Service Providers who have **Business Contracts** with DAYMARK Recovery Services. These include therapeutic foster families, residential group homes, and community based service providers. When these services are contracted, we may disclose your health information to our business associates so that they can provide you services and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- We may use your health information for **research purposes**. For example: We may disclose information to researchers but only when an Institutional Review Board has reviewed the research proposal and have approved their research. The researchers must have established protocols to ensure the privacy of your health information.
- To non-professional staff who **need to know** your health information to perform their duties.
- To remind you about an **appointment** you have for treatment or medical care.

### Additional Use and Disclosure of Health Information without your Authorization

State and Federal laws **require or allow** that we share your health information with others in specific situations in which you do not have to give consent, authorize or have the opportunity to agree or object to the use and disclosure. These situations include, but are not limited to the following.

- A. When receiving substance abuse services, Federal law **requires** disclosure in the following situations:
- To report abuse, neglect or domestic violence,
  - To respond to a court order and subpoena,
  - To qualified personnel for research, audit, and program evaluation,
  - To a health care provider who is providing emergency medical services,
  - If we believe that you are likely to commit a crime at the program or against program personnel,
  - For the purpose of internal communications, as outlined above, and
  - To qualified service organization agencies when appropriate. (These agencies agree to abide by the Federal law.)
- B. When receiving services other than substance abuse, State law **requires** disclosure in specific situations that include, but are not limited to:
- To report certain type of wounds or other physical injuries,
  - To report a communicable disease or risk of contracting or spreading a disease or condition,
  - To the Department of Corrections,

- To response to a court order and subpoena,
- To report suspected child abuse / neglect or disabled adult abuse / neglect,
- If the client is a minor, the parents may be notified if the physician determines it is essential to the life or health of a minor, or if the parents contact the physician,
- To your attorney, the attorney representing the state, and the court when you are facing district court hearing(s) and rehearing(s), and
- Upon request of the next of kin or other family member who has a legitimate role in therapeutic services offered or other person designated by the client/legally responsible person, the responsible treatment provider shall release the following information **after the client is notified that the request has been made:**
  1. notification of the client's admission to this agency,
  2. transfer to another facility,
  3. decision to leave this agency against medical advice,
  4. discharge from this agency, and
  5. referral and appointment information after discharge.

C. When receiving services other than substance abuse, State law **allows** disclosure in specific situations that include, but is not limited to:

- To communicate the fact of your admission or discharge to your **next of kin** if it is determined to be in your best interest in accordance with State law,
- To DAYMARK Recovery Services' attorney,
- For the purpose of filing a petition for involuntary commitment or adjudication of incompetency,
- To the extent necessary to fulfill responsibilities when a client is examined or committed for outpatient treatment,
- When there is imminent danger to the health or safety of the client or another individual; or when there is likelihood of the commission of a felony or violent misdemeanor.

### **Your Rights**

1. Other than the uses and disclosures described in this Notice, we will not use or disclose your health information without your authorization.
2. Although your health information is the physical property of DAYMARK Recovery Services, the information belongs to you. You have the right to request, in writing, certain uses and disclosures of your health information.
3. If you sign a written authorization allowing us to use and disclose your health information in a specific situation other than this Notice, you may, at any time, revoke or cancel your authorization in writing, and we will stop any use and disclosure of your health information which would occur after we receive your written cancellation. But we cannot cancel any disclosures that were made before we received your written cancellation.
4. You may request restrictions on the use and disclosure of your health information outlined in this Notice, however, we are not required to comply with your request.
5. You have the right to request, in writing, to review and receive copies of your health information. There may be a charge for making copies of your requested health information. There are certain situations where we will be unable to grant your request to review records.
6. You have the right to request, in writing, to amend existing information that is part of your health information. There are certain situations where we will be unable to grant your request to amend the health information.
7. You have the right to request, in writing, a list of disclosures we have made regarding your health information. There are certain exceptions that apply.
8. You have a right to request, in writing, to be contacted at a different address or phone number or other appropriate ways about your health information or bills. We will grant your request if reasonable.

### **How To Complain About Our Privacy Practices**

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures; or if you have questions and would like additional information, you may write or call our Consumer Advocate at:

DAYMARK Recovery Services  
1305 So. Cannon Blvd.  
Kannapolis, NC 28083  
(704) 939-1168

You may also file a written complaint, by mail or fax, to the Secretary of the Department of Health and Human Services (DHHS) at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
61 Forsyth Street, SW – Suite 3B70  
Atlanta, GA 30323  
404-562-7858  
404-562-7884 (TDD)  
404-562-7881 (FAX)

- The complaint to the Secretary must be filed in writing, either on paper or electronically.
- The complaint must include the name “DAYMARK Recovery Services”, and describe the acts or omissions believed to be in violation of the Privacy Rules.
- The complaint must be filed within 180 days of when you knew or should have known that the act or omission occurred.
- We will provide you with assistance and/or a form to file the complaint.

There will be no retaliation for filing a complaint with our Consumer Advocate or the Secretary of DHHS.