



**SANDHILLS CENTER MH/DD/SAS
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW
HEALTH INFORMATION
ABOUT YOU MAY BE USED & DISCLOSED
AND HOW YOU CAN GET ACCESS
TO THIS INFORMATION**

PLEASE REVIEW IT CAREFULLY

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

Effective Date: April 14, 2003
Revised: April 21, 2016

We are required by law to protect the privacy of health information¹ about you and health information that individually identifies you.² This may be information about health care services that we have provided to you or payment for health care provided to you. It may also be information about your past, present, or future health care condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health information. Sandhills Center for MH/DD/SAS is legally bound to follow the terms of this Notice.

There may be other entities with whom we have executed a Business Associate Agreement which for the purpose of treatment and operations we may be required to disclose individually identifiable health information, except when prohibited pursuant to State and Federal laws. We may disclose to these Business Associate entities information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a Business Associate Agreement in place. In connection with our Business Associates, they have an independent responsibility to comply with all HIPAA Privacy regulations as they relate to disclosure of protected health information. In other words, we are only allowed to use and disclose health information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice on our website
- Have copies of the new Notice available upon request (Please contact our Privacy Officer at 910-673-9111 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose health information about you
- Explain your rights with respect to health information
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may contact our Privacy Officer at 910-673-9111.

¹ "Health information" means any information, whether oral or recorded in any form or medium, that (A) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house; and (B) relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

² "Individually identifiable health information" is information health information as defined above, including demographic information collected from an individual, and (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual that identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual.

WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose health information about members every day. This section of our Notice explains in some detail how we may use and disclose health information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, you may contact our Privacy Officer at 910-673-9111.

1. Treatment

Sandhills Center for MH/DD/SAS or its Business Associates may use and disclose health information about you to provide health care treatment to you except as prohibited by State and Federal law. In other words, we may use and disclose health information about you to provide, coordinate or manage your health care and related services. This use may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

We will use your health information for treatment.

Example: John calls the Sandhills Center Health Call Center and indicates he is depressed. The Health Call Center licensed clinical staff completes a Screening, Triage and Referral (STR) and an appointment is provided to John to see a provider of his choice within the Sandhills Center provider network. The STR documentation is forwarded to the provider of choice so information is available at the time of the appointment.

2. Payment

Sandhills Center for MH/DD/SAS or its Business Associates, except as prohibited by State and Federal law, may use and disclose health information about you to obtain payment for health care services that you received. This means that, within Sandhills Center or the contracted agency, we may use health information about you to arrange for payment (such as preparing billing and managing accounts). We also may disclose health information about you to others (such as insurers, collection agencies, and/or consumer reporting agencies), except as prohibited by State and Federal regulations. In some instances, we may disclose health information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service. ***We will use your health information for payment.***

Information on or accompanying the bill may include information that identifies you as well as your diagnosis, your treating clinician and the type of services you have received.

3. Health Care Operations

Sandhills Center for MH/DD/SAS or its Business Associates, except as prohibited by State and Federal law, may use and disclose health information about you in performing a variety of business activities that we call “health care operations.” These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you;
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills;
- Cooperating with outside organizations that evaluate, certify, or license health care providers, staff, or facilities in a particular field or specialty;
- Reviewing and improving the quality, efficiency and cost of care that is provided to you and our other members, including but not limited to reducing fraud, waste and abuse;
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people;
- Cooperating with outside organizations that assess the quality of the care provided, including government agencies and private organizations;
- Planning for our organization's future operations;
- Resolving complaints, grievances, and appeals within our organization and/or contract agencies;
- Reviewing our activities and using or disclosing health information in the event that control of our organization significantly changes;
- Working with others (such as lawyers, accountants, or other providers) who assist us to comply with this Notice and other applicable laws;
- Submitting NCTOPPS (North Carolina Treatment Outcomes and Program Performances System) to the Division of MH/DD/SA for quality purposes to improve the delivery of services. Aggregate information will be sent back to the LME and providers involved in your care.

We will use your health information for health care operations.

Example: Members of the Quality Improvement staff may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. We will use your health information to enter data for billing and documentation purposes.

4. Persons Involved in Your Care

Sandhills Center for MH/DD/SAS or its Business Associates, except as prohibited by State and Federal law, may disclose 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. If the consumer is a minor, we may disclose health information about the minor to a parent, guardian or other person responsible for the minor, except in

limited circumstances. For more information on the privacy of minor's information, please contact our Privacy Officer at 910-673-9111.

We may also use or disclose health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross), if we need to notify someone about your location or condition.

You may ask us at any time not to disclose 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.

5. Required by Law

We will use and disclose health information about you whenever we are required by law to do so. There are many State and Federal laws that require us to use and disclose health information. For example, State law requires us to report suspected communicable disease to the health department and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those State laws and with other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose health information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health information that it is acceptable to disclose without the individual's permission. We will only disclose health information about you in the following circumstances when we are permitted to do so by law. For more information on these types of disclosures, please contact our Privacy Officer at 910-673-9111.

- **Threat to Health or Safety:** We may use or disclose health information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public Health Activities:** We may use or disclose health information about you for public health activities. Public health activities require the use of health information for various activities 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 injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of disease.
- **Abuse, Neglect or Domestic Violence:** We may disclose health information about you to a governmental authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health Oversight Activities:** We may disclose health information about you to a health oversight agency, which is basically an agency responsible for overseeing the health care system or certain governmental programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

- Court Proceedings: We may disclose health information about you to a court or an officer of the court (such as an attorney) with an appropriate order from a judge. For example, we would disclose health information about you to a court if a judge orders us to do so.
- Law Enforcement: We may disclose health information about you to law enforcement officials for specific law enforcement purposes. For example, we may disclose limited health information about you to the police officer if the officer needs the information to help find or identify a missing person.
- Coroners and others: We may disclose health information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.
- Worker's compensation: We may disclose health information about you in order to comply with workers' compensation law.
- Certain government functions: We may use or disclose health information about you for certain government functions, including but not limited to military and veteran's activities and national security and intelligence activities. We may also use or disclose health information about you to a correctional institution in some circumstances.

Other uses and disclosures of protected health information not described in the Notice of Privacy Practices will be made only with an authorization from the individual.

7. Authorization

Other than the uses and disclosures described above (#1-6), we will not use or disclose health information about you without the "authorization" by you or your legally responsible person. In some instances, we may wish or be requested to use or disclose health information about you, and we may contact you to ask you to sign an authorization form.

Some specific examples requiring your authorization are: use and disclosure of psychotherapy notes, use and disclosure of protected health information for marketing purposes, and use and disclosure of protected health information that constitutes the sale of protected health information. You may contact us to ask us to disclose health information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose health information about you, you may later revoke (or cancel) your authorization in writing (except information which has already been released, or in very limited circumstances, related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form.

Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions, except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at 910-673-9111.

1. Right to a Copy of this Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted on our website. If you would like to have a copy of our Notice, please contact our Privacy Officer at 910-673-9111.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and to receive a copy (paper/electronic) of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health information about you, you must provide us with a request in writing. You must complete an Access Request Form. Access Request Forms are available from our Privacy Officer at 910-673-9111. Our agency must act on this request no later than 30 days after receipt of the request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of the information, we may charge you a fee to cover the costs of the copy.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to have Health Information Amended

You have the right to have us amend (which means correct or add) health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and make reasonable efforts to notify others who have copies of the inaccurate or incomplete information. You may request an amendment by completing the Amendment Request Form. Amendment Request Forms are available from our Privacy Officer. Our agency must act on this request no later than 60 days after receipt of the request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request, and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years (beginning April 14, 2003). If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer. Our agency must act on this request no later than 60 days after receipt of the request.

The accounting will not include several types of disclosures, including disclosures for treatment, payment, or health care operations. It will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosures of health information about you for treatment, payment, and health operations. We are not required to agree to all requests for restrictions. If we do agree to your request, we must follow your restrictions (except if the information is necessary for an emergency situation or unless it is a situation with mandates by State and Federal law). 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.

6. 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. You may complete an Alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer.

7. Right to not Participate in Fundraising Communications

You have the right not to participate in fundraising communications.

8. Right to be Notified of a Breach of Unsecured Protected Health Information

You have the right to be notified of a breach of unsecured protected health information in the event you may be affected.

9. Right to Choose Someone to Act for You

If you have a medical power of attorney or a legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has authority and can act for you before we take any action.

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 or 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 written complaint, you may contact the Privacy Officer at 910-673-9111, or the Customer Services Director at 1-800-256-2452, or you may mail it to the following address:

ATTN:
Chief Executive Officer, Sandhills Center
Post Office Box 9, West End, North Carolina 27376

To file a complaint with the Federal government, you may send your complaint to the following address:
Office of Civil Rights - US Department of Health & Human Services
200 Independence Avenue, SW - Room 509 F, HHH Building
Washington, DC 20201