

## NOTICE OF PRIVACY PRACTICES

Caswell Developmental Center

Effective Date: October 1, 2016

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

**PLEASE REVIEW CAREFULLY.**

### **Responsibilities of Caswell Developmental Center**

Caswell Developmental Center is required to abide by the terms of the notice currently in effect and is required by law to maintain the privacy of protected health information and to provide clients/guardians with notice of our legal duties and privacy practices with respect to protected health information. This health information includes mental health, developmental disability and/or substance abuse services provided to clients, payment for those health care services, or other health care operations provided on the client's behalf.

Caswell Developmental Center is required by law to inform clients/guardians of our legal duties and privacy practices with respect to the client's health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share a client'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 the terms of our notice and to make new notice provisions effective for all protected health information maintained. Any changes to this *Notice* will be posted in our facility and on our facility's web site at [www.caswellcenter.org](http://www.caswellcenter.org). Copies of any revised *Notice* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about Caswell Developmental Center's privacy policies, procedures and practices, you may contact our Privacy Official at 252-208-3988.

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

Caswell Developmental Center performs some functions through contracts with other agencies and through private contractors and business associates. When services are contracted, Caswell must share enough information about a client with its contractors and business associates so that the private contractors and business associates can perform the job that Caswell has asked them to do.

To protect a client's health information further, Caswell will only disclose a client's health information after making sure, in writing, that its contractors or business associates will safeguard the client's information the same as Caswell does. They agree to use the client's information appropriately and are required by law to do so. Caswell Developmental Center may use or disclose a client's protected health information to provide services to the clients for treatment, payment and healthcare operations.

**Treatment:** Caswell Developmental Center may use a client's health information, as needed, in order to provide, coordinate or manage their health care and related services. This includes sharing health information with other health care providers within Caswell, including contract providers. (**Example:** A client's treatment/habilitation team, composed of staff such as doctors, nurses, and teachers, will need to review the client's treatment and discuss plans for their continued care and/or discharge.)

We will disclose a client's health information outside of Caswell for treatment purposes only with your consent or when otherwise allowed under state or federal law. (**Example:** We may disclose a client's health information to other mental health facilities or professionals (e.g. Managed Care Organization's Intellectual Developmental Disability Director) in order to coordinate their care. **Example:** We may share health information with a health care provider for emergency services (e.g. staff with the local ambulance service).

**Payment for Services:** The treatment provided to a client will be shared with Caswell's billing department so a bill can be prepared for services rendered. We may also share health information with Caswell staff who review services provided to our clients to make certain they have received appropriate care and treatment. We will not disclose a client's health information outside of this agency for billing purposes (e.g., bill an insurance company) without your consent except in certain situations when we need to determine if the client is eligible for benefits such as Medicaid, Medicare or Social Security. (**Example:** A Patient Relations Representative may contact the local Department of Social Services to determine if a client is currently eligible for Medicaid or if they 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:** Caswell Developmental Center may use or disclose a client'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 health information for health care operations are:

- Review the care clients receive and evaluate the performance of their treatment/habilitation team to ensure the client has received quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of clients.

- Provide training programs for Caswell staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care clients receive.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow Caswell's attorney to use a client's health information when representing Caswell in legal matters.
- Resolve grievances within Caswell.
- Provide information to an internal client advocate who is available to represent a client's interests upon their request.

**More Stringent Laws:** Caswell Developmental Center will evaluate whether a client's protected health information is governed by more stringent laws or regulations prior to our use or disclosure. There are other more stringent laws and rules, such as the NC mental health confidentiality statute(s) and the NC public health confidentiality provisions, which may affect how we handle your information.

**Other Circumstances:** Caswell Developmental Center may disclose a client's health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing this health information, each request will be evaluated to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. (**Example:** Health information may be disclosed to public health authorities if a client 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 the client's noncompliance with their treatment plan. If a client suffers from a communicable disease such as tuberculosis or HIV/AIDS, information about the disease will be treated as confidential. Other than circumstances described in other sections of this *Notice*, we will not release any information about a client'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 to the extent provided by law to an authority, social service agency or protective service agency if we reasonably believe the client has been a victim of abuse, neglect or domestic violence;
- For health oversight activities such as audits, inspections or certification for Medicaid;
- For law enforcement purposes, pursuant to legal process and as otherwise required by law, purposes of identification and location, in response to request for information about an individual suspected to be a victim of a crime; and about an individual who has died if there is suspicion that the death resulted from criminal conduct;
- For court proceedings such as adjudication of incompetence;
- Related to death, such as when a coroner or medical examiner needs to determine the cause of death, or when

information is given to a funeral director in order for them to carry out their duties as authorized by law;

- For donation of tissue or organs to an organization that procures, banks, or transports organs for the purpose of an organ, eye or tissue donation and transplantation;
- 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, (intelligence, counterintelligence and other national security activities authorized by law), protection to the President, or special investigations;
- To correctional institutions or other law enforcement officials when the client is in their custody;
- To the client's guardian, upon their request;
- For contracts with our Business Associates, since they are performing services for us or on our behalf; and
- For medical research, when research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the client's health information.

#### **Contacting You**

Caswell Developmental Center may use a client's health information to contact a guardian or next of kin to:

- Make them aware of changes in the client's medical condition (**Example:** A nurse may call a guardian at home to let them know the client has been discharged from Delta Acute Care or has been started on a new treatment.); or
- Participate in raising funds for "Operation Santa." If you object to being contacted in this way for fund-raising efforts, you must notify our Privacy Official listed in this *Notice*. (**Example:** Volunteer Services may send information to your home announcing what "Operation Santa" needs.)

#### **Disclosure of Health Information That Allows You an Opportunity to Object**

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

- The professional responsible for the client's care may disclose their admission to or discharge from Caswell Developmental Center to the client's next of kin.
- Disclosure to public or private agencies providing disaster relief. (**Example:** We may share a client'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 of the health information in either of the situations listed above, please contact Caswell's Privacy Official listed in this *Notice* for consideration of your objection.

#### **Disclosure of Health Information That Requires Your Authorization**

Other uses and disclosures will be made only with your written authorizations and you may revoke such authorization as provided by § 164.508(b)(5).

Caswell Developmental Center will not disclose a client'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 that allows us to share or request the client'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 the client's Home Manager that you do not want any additional health information 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.

Caswell Developmental Center does NOT participate in the following at this time. If, at any time, we begin any of these activities, we will not disclose client-specific, protected health information without your authorization.

- Sale of client-specific information;
- Use of client-specific information for marketing purposes;
- Use of client-specific information for fundraising purposes; NOTE: If Caswell Developmental Center or The Caswell Center Foundation ever decides to use client-specific information for fundraising purposes, you will be given the opportunity to opt out of receiving such communications;
- Use of genetic information for underwriting purposes; or
- Maintenance of psychotherapy notes.

### **Your Rights Regarding Client Health Information**

You have the following rights regarding a client's health information as created and maintained by Caswell Developmental Center.

#### **Right to receive a copy of this Notice**

You have the right to receive a copy of the Caswell Developmental Center *Notice of Privacy Practices*. During the client's first treatment encounter with Caswell, you will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it. If you are not with the client at the time of admission then this *Notice* will be mailed to you and we will request that you return the signed acknowledgement to Caswell Developmental Center. 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 Caswell Developmental Center, as well as on Caswell's Internet web site at [www.caswellcenter.org](http://www.caswellcenter.org). You have the right to request a paper copy of this *Notice* at any time from Specialized Services (252-208-3766) or our Privacy Official.

#### **Right to receive notice of a Breach**

You have a right to be notified when a breach of the client's unsecured, protected health information has occurred.

#### **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 Caswell 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 Privacy Official.

#### **Right to request to see and copy a client's health information**

All clients residing at Caswell Developmental Center, whether a minor, incompetent adult or competent adult and their guardian (Personal Representative), have the right to request to see and receive a copy of the client's health information in medical, billing and other records that are used to make decisions about the client. The request must be in writing and forwarded to our Privacy Official. We must reply to your request within 30 days. If your request is approved, we may charge a fee to cover the cost of the copy.

Instead of providing a full copy of the client's health information record, we may provide a summary or explanation of the health information, if you agree in advance to that format and to the cost of preparing such information.

The request may be denied by the client's physician or a professional designated by the Director of Caswell Developmental Center under certain circumstances. If we do deny the request, we will explain our reason(s) for doing so in writing and describe any rights you or the client may have to request a review of our denial. In addition, you have the right to contact our Privacy Official to request that a copy of the client's health information be sent to a physician or psychologist of your choice.

The guardian (Personal Representative) has the same rights to request to see and copy a client's health information as does the client.

#### **Right to request amendment of health information**

You have the right to request changes in a client's health information in medical, billing and other records used to make decisions about them. If you believe we have information that is either inaccurate or incomplete, you may submit a request in writing to our 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 the 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 the health information and who need the changes.

We may deny your request if:

- The information was not created by Caswell Developmental Center (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 the client;

- 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 the health information, we will explain to you in writing the reason(s) 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 the client'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 the client'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.

Caswell Developmental Center is not required to include the following on the list of disclosures:

- Disclosure for client treatment;
- Disclosure for billing and collection of payment for treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when the client is in their custody; or
- Disclosures made to individuals involved in the client'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 health information**

You have the right to request that we limit our use and disclosure of the client'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 the client to their next of kin or someone who is involved in the client's care. (**Example:** You could ask that we not disclose information about a 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, Caswell may cancel a restriction at any time, as long as we notify you of the cancellation.

#### **Right to request restriction of protected health information to a Health Plan**

You have the right to request a restriction of the disclosure of your health information to a health plan when you pay for service out of pocket, in full.

#### **Violations/Complaints:**

If you believe we have violated a client's privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our Privacy Official. Contact information is as follows:

Caswell Developmental Center Privacy Official  
2415 West Vernon Avenue  
Kinston, NC 28504

Voice Phone: (252) 208-3988  
FAX: (252) 208-4010  
V/TDD: (252) 208-4000

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

Customer Response Center (800) 368-1019  
FAX (202)619-3818  
TDD (800) 537-7697

If you file a complaint, we will not take any action against you or the client nor will we change the quality of health care services we provide to the client in any way.

#### **Legal References**

Primary Federal and State laws and regulations that protect the privacy of your 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 Rules).