



NOTICE OF
PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

**Responsibilities of Julian F. Keith Alcohol & Drug Abuse
Treatment Center**

JFK-ADATC is required to abide by the terms of the notice currently in effect and is required by state and federal law to protect the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to your protected health information. This health information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your 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 our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted at our facility and on our agency web site at jfkadtc.net. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our agency Privacy Official at (828)257-6211.

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

JFK ADATC performs some functions through contracts with other agencies and through private contractors and business associates. When services are contracted, JFK ADATC must share enough information about you with its contractors and business associates so that the private contractors and business associates can perform the job JFK ADATC has asked them to do. To protect your health information, JFK ADATC will only disclose your health information after making sure in writing that its contractors and business associates will safeguard your information the same way that JFK ADATC does. They agree to use information appropriately and are required by law to do so. JFK ADATC may use or disclose your protected health information to provide services to you for treatment, payment and healthcare operations.

Treatment: JFK-ADATC may use your health information, as needed, in order to provide, coordinate, or manage your health care and related services. This includes sharing your health information with other health care providers within this agency. (**Example:** Your treatment team, composed of staff such as doctors, nurses, psychologists, counselors, social workers, recreational therapists, educators will be involved in your treatment planning and discharge planning.)

We will disclose your health information outside of this agency only with your consent or when otherwise allowed under state or federal law. (**Example:** We may disclose your health information to other community based mental health facilities or professionals in order to coordinate your care.) We will not refer you to another person for treatment and rehabilitation without your authorization. (**Example:** We may share your health information with a health care provider for emergency services or we may disclose your health information to independent laboratories for completion of testing [i.e., x-rays, urine or blood analysis, etc] not available at our facility.)

Payment for Services: The treatment provided to you will be shared with our agency's billing department so a bill can be prepared for services rendered. We may also share your health information with agency staff who review services provided to you to make certain you have received appropriate care and treatment. We will not disclose your health information outside of this agency for billing purposes without your consent. (**Example:** Our billing department will collect insurance and other financial information from you at the time of admission along with written consent from you to file for insurance benefits.)

Health Care Operations: JFK-ADATC may use or disclose your health information in performing a variety of business activities that we call "health care operations". Some examples of how we may use or disclose your health information for health care operations include the following:

- Reviewing the care you receive here and evaluating the performance of your treatment team to ensure you have received quality care.
- Reviewing and evaluating the skills, qualifications and performance of health care providers who are taking care of you.
- Providing training programs for agency staff, student interns and volunteers.

- Cooperating with outside organizations that review and determine the quality of care that you receive.
- Providing information to professional organizations that evaluate, certify or license health care providers, staff or facilities, such as the Division of Facility Services.
- Allowing our agency attorney to use your health information when representing this agency in legal matters.
- Resolving grievances within our agency.
- Providing information to your internal client advocate who is available to represent your interests.

More Stringent Laws: JFK ADATC will evaluate whether your protected health information is governed by more stringent laws and rules such as NC mental health confidentiality laws and federal confidentiality statutes such as though governing the sharing of substance abuse evaluation and treatment information.

Other Circumstances: JFK ADATC may disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. (**Example:** we may disclose health information to public health authorities if you have 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 your noncompliance with your treatment plan.) If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this *Notice*, we will not release any information about your 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 child 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 you or your minor dependents have been a victim of abuse, neglect or domestic violence.
- For health oversight activities such as audits, inspection investigations, surveys of the Joint Commission and CMS accreditation;
- For court proceedings such as court orders to appear in court
- For Audit and Evaluation. To conduct outcome studies, utilizing the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) tool, for monitoring and planning for improved patient services.
- Relating to death such as disclosure to a funeral director;
- Relating to donation of organs or tissue;
- To avert a serious threat to the health or safety of a person or the public;

- Relating to specialized government activities such as national security;
- When a crime has been committed on our premises or against our personnel;
- To correctional institutions or other law enforcement officials when you are in their custody;
- For Workers Compensation in cases pending before the Industrial Commission;
- For contracts with our Business Associates as they are performing services for us on your behalf, and
- Related to medical research when research has been approved by an institutional review board that has established protocols to ensure privacy of your health information

Contacting You

JFK ADATC may use your health information to contact you for the following reasons.

- To gather feedback regarding your ongoing recovery efforts. (**Example:** We may contact you through a telephone call about whether you kept your aftercare appointments.)

Disclosure of Your Health Information That Allows You An Opportunity To Object

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

- Disclosure to public or private agencies providing disaster relief. (**Example:** We may share your health information with the American Red Cross following a major disaster such as a flood.)

If you would like to object to our disclosure about your health information in the situation listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

Disclosure of Your Health Information That Requires Your Authorization

JFK ADATC will not disclose your 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 allowing us to share or request your 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 our agency Privacy Official that you do not want any additional health information about you 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.

JFK ADATC does NOT participate in the following:

- Sale of client specific information
- Use of client specific information for marketing or fundraising purposes
- Use of genetic information for underwriting purposes

Your Rights Regarding Your Health Information

You have the following rights regarding your health information as created and maintained by this agency.

Right to receive a copy of this *Notice*:

You have the right to receive a copy of JFK-ADATC's *Notice of Privacy Practices*. At your first treatment encounter with this agency, you will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it. 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 this agency, as well as on the JFK-ADATC web site at jfkadatc.net. You have the right to request a paper copy of this *Notice* at any time from our admissions staff or our agency Privacy Official.

Right to receive notice of *Breach*:

You have a right to be notified when a breach of your unsecured protected health information has occurred.

Right to request different ways to communicate with you or your personal representative:

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 this agency 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 agency Privacy Official.

Right to request to see and copy your health information:

Whether you are a competent adult or incompetent adult, you have the right to request to see and receive a copy of your health information in medical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our agency Privacy Official. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of the copy. Instead of providing you with a full copy of your health information record, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by your physician or a professional designated by our agency director under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our agency Privacy Official to request that a copy of your health

information be sent to a physician or psychologist of your choice.

Whenever you have a personal representative who consented to your treatment, the personal representative has the same rights to request to see and copy your health information.

Right to request amendment of your health information:

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

We may deny your request if:

- The information was not created by this agency (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 you;
- 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 your health information, we will explain to you in writing the reasons 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 your 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 your 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. This agency is not required to include the following on the list of disclosures:

- Disclosure for your treatment;
- Disclosure for billing and collection of payment for your treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to individuals involved in your 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 your health information:

You have the right to request that we limit our use and disclosure of your 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 you to your next of kin or someone involved in your care. (Example: you could ask that we not disclose information about your 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 restrictions at any time and we will ask that your request be in writing.

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 services out of pocket, in full.

Violations/Complaints

If you believe we have violated your privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our facility Privacy Official. Information is as follows:

HIM Manager
201 Tabernacle Road
Black Mountain, NC 28711
Phone: (828) 257-6211
Fax: (828) 257-6343

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
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

If you file a complaint, we will not take any action against you or change our treatment of you 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).

NC Administrative Code – 10 NCAC 18 D (Confidentiality Rules)