

StATUSA's Privacy Practices

This notice describes how community support, mental health, and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Uses and Disclosures for Treatment and Health Care Operations

StATUSA may use or disclose your protected health information (PHI) for treatment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

“PHI” refers to information in your health record that could identify you.

“Treatment and Health Care Operations”

- Treatment is when StATUSA provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when StATUSA consults with another health care provider.
- Health Care Operations are activities that relate to the performance and operation of StATUSA's programs. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies only to activities within the StATUSA organization, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of StATUSA's programs, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

StATUSA may use or disclose PHI for purposes outside of community support, mental health services, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when StATUSA is asked for information for purposes outside of community support, mental health services, and health care operations, StATUSA will obtain an authorization from you before releasing this information. StATUSA will also need to obtain an authorization before releasing your StATUSA program notes. “Program Notes” are notes that StATUSA Human Advocates have made about conversations during a private, group, joint, or family session, which StATUSA's staff have kept separate from the rest of your medical record. StATUSA will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice. You may revoke all such authorizations (of PHI or program notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) you have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

StATUSA may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse:

If you give us information which leads StATUSA to suspect child abuse, neglect, or death due to maltreatment, StATUSA must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, StATUSA must do so.

Adult and Domestic Abuse:

If information you give StATUSA gives StATUSA reasonable cause to believe that a disabled adult is in need of protective services, StATUSA must report this to the Director of Social Services.

Health Oversight:

The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should StATUSA be the focus of an inquiry.

Judicial or Administrative Proceedings:

If you are involved in a court proceeding, and a request is made for information about the professional services that StATUSA has provided you and/or the records thereof, such information is privileged under state law, and StATUSA must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety:

StATUSA may disclose your confidential information to protect you or others from a serious threat of harm by you.

Worker's Compensation:

If you file a workers' compensation claim, StATUSA is required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission. When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law.

This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. There may be additional disclosures of PHI that StATUSA is required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Consumer Rights and Human Advocate's Duties

Consumer Rights:

Right to Request Restrictions—You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, StATUSA is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations—You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, StATUSA will send your bills to another address.)

Right to Inspect and Copy—You have the right to inspect or obtain a copy (or both) of PHI in StATUSA's program and billing records used to make decisions about you for as long as the PHI is maintained in the record. StATUSA may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, StATUSA will discuss with you the details of the request and denial process.

Right to Amend—You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. StATUSA may deny your request. On your request, StATUSA will discuss with you the details of the amendment process.

Right to an Accounting—You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, StATUSA will discuss with you the details of the accounting process.

Right to a Paper Copy—You have the right to obtain a paper copy of the notice from StATUSA upon request, even if you have agreed to receive the notice electronically.

Right to Restrict Disclosures— When You Have Paid for Your Care Out-Of-Pocket.

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for StATUSA services.

Right to be Notified if There is a Breach of Your Unsecured PHI. You have the right to be notified if:

- 1) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; 2) that PHI has not been encrypted to government standards; and
- 3) StATUSA's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

StATUSA's Duties:

StATUSA is required by law to maintain the privacy of PHI and to provide you with a notice of our organization's legal duties and privacy practices with respect to PHI.

StATUSA reserves the right to change the privacy policies and practices described in this notice. Unless StATUSA notifies you of such changes, however, StATUSA is required to abide by the terms currently in effect. If StATUSA revises its policies and procedures, StATUSA will provide you with a copy of the revised Notice at your next Community Support session.

V. Questions and Complaints

- If you have questions about this notice, disagree with a decision that StATUSA makes about access to your records, or have other concerns about your privacy rights, you may contact StATUSA's Chief Operating Officer directly at: allysa@statusa.org
- If you believe that your privacy rights have been violated and wish to file a complaint with StATUSA, you may send your written complaint to StATUSA's Executive Director, Allysa McKenzie at **StATUSA PO Box 2434 Shallotte, NC 28459**
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. StATUSA will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2016.

SiATUSA reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by posting it in my office waiting area and providing you with a copy of the revised Notice at your next Human Advocate Program session.