



# New Leaf Behavioral Health

## 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.

If you have any questions about this Notice, please contact our Privacy Officer at the mailing address, telephone number, or email address listed below.

This Notice was created as a result of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). New Leaf Behavioral Health ("NLBH") is dedicated to maintaining the privacy of your Protected Health Information ("PHI"). In conducting its business, NLBH ("we," "us," or "our") will create records based upon your treatment and services provided to you.

We are required by law to maintain the privacy of PHI about you, to give you this Notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of this Notice of Privacy Practices that are currently in effect. We may change the terms of our Notice, at any time. The new Notice will be effective for all PHI that we maintain at that time. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request to our Privacy Officer.

In some situations, federal and state laws may provide special protections for certain types of PHI. Before we can share this type of PHI, we may require written permission from you. Examples of PHI that are sometimes specially protected include PHI involving mental health, HIV/AIDS, reproductive health, or chemical dependency. We may refuse to share these special types of PHI or we may contact you if written permission is needed to share it.

### I. USES AND DISCLOSURES OF PHI

#### A. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your PHI may be used and disclosed by your health care provider, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice. Following are examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but rather, to describe the types of uses and disclosures that may be made by our practice.

**Treatment:** This may include communicating with other health care providers regarding your treatment. For example, we may use and disclose PHI when you need a referral for other health care services, or to receive authorization to begin services.

**Payment:** Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. For example, before you receive scheduled services, we may share information about these services with your insurer to assure that services are covered.

**Health Care Operations:** We may use and disclose information about you in performing certain business activities, which are called "health care operations." These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the ways we may use or disclose information about you for "health care operations" include the following:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to you
- Cooperating with outside organizations that assess the quality of the care we provide. These organizations might include the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Area Mental Health Authorities; or the North Carolina Council of Community Programs.
- Resolving grievances.

**Communications from Our Office:** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### B. Other Permitted and Required Uses and Disclosures That May Be Made without Your Authorization or Opportunity to Agree or Object

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company as required by the Food and Drug Administration ("FDA") for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities, including: (1) to report adverse events, product defects or problems, or biologic product deviations, (2) to track products, (3) to enable produce recalls, (4) to make repairs or replacements, or (5) to conduct post-marketing surveillance.

**Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may also disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.



**To Avert a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States or others legally authorized.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your health care provider created or received your PHI in the course of providing care to you.

**Disclosures Required by HIPAA:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with HIPAA.

**Incidental Use or Disclosure:** We may use or disclose PHI incident to a use or disclosure permitted by HIPAA so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

**Limited Data Set:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for purposes of research, public health, or health care operations. The person receiving the information must sign an agreement to protect the information.

**Business Associates:** We may share PHI with people called "business associates" who provide services on our behalf. These business associates must sign contracts that require them to protect PHI about you.

### C. Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest.

**Others Involved in Your Health Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death.

**Disaster Relief:** We may use or disclose your PHI to an authorized public or private entity (for example, the Red Cross) to assist in disaster relief efforts.

### D. Uses and Disclosures of PHI Based upon Your Written Authorization

All other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization, except to the extent we have taken action based on the authorization.

## II. YOUR RIGHTS REGARDING PHI

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of PHI about you for so long as we maintain the PHI. You may obtain your medical record that contains medical and billing records and any other records that your health care provider and our practice use for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: (1) psychotherapy notes, (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and (3) laboratory results that are subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

*We are not required to agree to the requested restriction.* If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your health care provider. To request restrictions, you must make your request in writing to our Privacy Officer.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your PHI amended.** This means you may request an amendment of PHI about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided under HIPAA) or correctional facilities, or as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this Notice from us.** You are entitled to a paper copy of this Notice, upon request, even if you have agreed to accept this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer listed below.

## III. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer at the mailing address, telephone number, or email address listed below. We will not retaliate or take action against you for filing a complaint. Alliance Behavioral Healthcare, an entity that manages Medicaid and Healthchoice services, may also be contacted at 1-800-510-9132.

## IV. PRIVACY OFFICER CONTACT INFORMATION

You may contact our Privacy Officer, Patrick Malloy, at the following mailing address, telephone number, or email address: 3725 National Drive, Suite 220, Raleigh, NC 27612 / (919) 781-8370 / pmalloy@nlbh.org.

## V. EFFECTIVE DATE

This Notice was first published and become effective on January 1<sup>st</sup>, 2012. This Notice was last revised on December 29, 2011.