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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice takes effect on May 6, 2010, and remains in effect until we replace it.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand your medical information is personal and we are committed to protecting it. The identifying information about you and the information that relates to your past, present or future physical or mental health/condition and health care services are referred to as Protected Health Information (“PHI”). We create a record of the care and services you receive at Chrysalis Center in order to provide you with quality care and to comply with certain legal and ethical requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

The law requires us to keep your medical information private; provide you with this notice describing our legal duties, privacy practices, and your rights regarding your medical information; and to follow the terms of the current notice. We have a right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. We have a right to make any changes and the new terms of our notice effective for all medical information we keep, including information previously created or received before the changes. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment. We are required to release the minimum necessary information in any of the following situations.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. A bill may be sent to you or a third party payer, and the information on the bill may include your medical information. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, training or teaching, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services), provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. We may send you information regarding treatment options in the course of our marketing activities. You have the right to opt out of such communications as is marked on the Acknowledgement of Receipt.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment *based on your consent or as necessary to prevent serious harm*. We may notify a family member, personal representative, or other person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will attempt to get your permission prior. If you are unable or refuse to grant permission, we will give the minimum necessary information according to our professional judgment.

Victims of Abuse, Neglect, or Domestic Violence. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health and safety of others.

Appointment Reminders. We may disclose and use medical information for purposes of reminding you of appointments via phone or through other communication methods.

Alternative or Additional Medical Services. We may use and disclose medical information to furnish you with information about health related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar process. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody. We may share limited information with law enforcement officials concerning medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share medical information of an inmate or other person in lawful custody with law enforcement official or correctional institution under certain circumstances.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate. We may share information with a funeral director, coroner, organ procurement organization, or medical examiner to help them carry out their duties.

Medical Emergencies. We may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practical after the resolution of the emergency.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, licensure, disciplinary action, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the

program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control. We are required to disclose PHI to the federal Department of Health and Human Services as part of audit and quality control mandates.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Workers Compensation. We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Disaster Relief. We may share medical information with a public or private organization or person who can legally assist with disaster relief efforts.

Research. We may use PHI for research purposes in the course of treating you. This information will not be disclosed to outside entities, rather used for statistical analysis of our practices and procedures, client demographics, etc. Other research may be conducted in limited circumstances where the research has been approved by a review board and established protocols to ensure the privacy of medical information.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Kendra Wilson, LCSW, at Chrysalis Center:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. It does not include Psychotherapy Notes, which are protected separately under the law. They will only be released if ordered by the courts or if deemed clinically

appropriate, and require individual authorization. Your right to inspect and copy the majority of your PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may ask your clinician or administrative staff for access to your records at any time, and that request will be evaluated by your clinician and/or the compliance officer as necessary.

- **Right to Timely Access.** You have a right to timely access to your PHI, for yourself or for a third party that you identify in your Release of Information. All such requests will be reviewed and the information sent within 30 business days of receiving your request. Every effort will be made to provide you the information in a format that you request (paper, fax, or email), though Chrysalis Center will not provide PHI electronically in an unsecured format and a password may be required to access the information electronically. In the case of large requests for information, a case management fee may be assessed depending on the volume and technology needed to fulfill the request. All access requests are reviewed by the relevant clinicians and/or the compliance officer.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. You may ask for this accounting at any time from the administrative staff.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are required to agree to your request unless the request is contrary to legal or ethical requirements. We cannot restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations; if the PHI pertains to a health care item or service that you paid for out of pocket, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice. You may keep the paper copy given to you at time of intake or request one at any time from the front desk staff. It is also available on our web site.
- **Right to Complain or Object.** If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Kendra Wilson, LCSW at Chrysalis Center, 3240 Burnt Mill Drive, Wilmington, NC 28403, Tel: 910-790-9500 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201, Tel: 202-619-0257. **We will not retaliate against you for filing a complaint.**
- **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Please sign our Acknowledgement and Notice of Privacy Practices as well as you Rights and Consent forms to complete your intake.