

ABC OF NC CHILD DEVELOPMENT CENTER NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2021

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

This Notice describes how our privacy practices use and disclose as they relate to your health information, how you can get access to this information and how you can complain if you believe we have violated your privacy rights. We are committed to treating and using health information responsibly as required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") to maintain the privacy and security of your health information. Protected Health Information or "PHI" is information about you or your minor child, including demographic data such as name, address, phone numbers, etc., that may identify you or your minor child and that related to you or your minor child's past, present, or future physical or mental health and related healthcare services, about your symptoms, test results, diagnosis, and treatment and payment, billing, and insurance information. Federal law requires us to provide notice and to maintain the privacy of PHI.

1. How We May Use and Disclose Your Health Information: We may use and disclose your PHI for a variety of important purposes described below. We may use and disclose your PHI without your authorization for the following purposes:

Treatment: We may use and disclose your PHI to provide you with health care and related services. For example, the psychologist, the clinician, and any other member of your treatment team will record information in your medical record and use it to determine the most appropriate course of care. We may also disclose your health information to other health care providers who are taking part in your treatment and a pharmacist filling your prescriptions.

Payment: We may use and disclose your PHI for payment. Before you receive scheduled services, we may need to share information about these services with your health plan (s). Sharing information allows us to ask for coverage under your plan or policy and approval of payment before we provide the services. For example, we may disclose your PHI to obtain payment from your insurance company for your care.

Health Care Operations: We may use and disclose your PHI to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

Required by Law: We may use or disclose your PHI when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of the law.

Public Health Activities: We may disclose your PHI, including, but not limited to, vital statistics (including births and deaths), disease-related data, and information related to recalls of dangerous products, to public health authorities for public health activities.

Abuse, Neglect or Domestic Violence: We must disclose PHI about you to government authorities that are authorized by law to receive reports of suspected abuse, neglect, or domestic violence.

Health Oversight: We may use or disclose your PHI to a health oversight agency for oversight activities allowed by law. For example, we may disclose your PHI to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.

Judicial and Administrative Proceedings: We may disclose your PHI in response to an appropriate subpoena or other lawful requests for information in legal proceedings, or under a court order.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose your PHI to law enforcement officials. For example, we may disclose your health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.

Coroners/Medical Examiners: We may disclose your PHI to a coroner or medical examiner to identify a decedent, determining the cause of death, or for others to enable these parties to perform their duties. Also, we may disclose your health information to a funeral director as necessary to carry out his/her duties.

Organ Donation: We may use or disclose your PHI to organ procurement organizations when the use or the disclosure relates to organ, eye, or tissue donation and transplantation.

Research: Subject to certain restrictions, we may use or disclose your PHI for medical research upon approval, and the research proposal and established protocols ensure the privacy of your PHI.

Serious Threat to Health or Safety: We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, it may only be to someone able to help prevent the threat.

Military and Special Government Functions: If you are a member or a veteran of the armed forces, we may use or disclose your health information as required by military command authorities. We may also disclose your health information for national security, intelligence, or similar purposes.

Inmates: If you are an inmate of a correctional institution or otherwise, in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.

Workers Compensation: We may disclose your PHI to comply with the worker's compensation laws or similar programs providing benefits for work-related injuries or illness.

Limited Marketing: We will not, without your advance authorization, use and/or disclose PHI about you to engage in a marketing activity for which we receive financial compensation, nor will we sell your PHI.

Fundraising: We may use and/or disclose certain PHI about you, including disclosure to one of our foundations and contact you to raise money for our services and operations. You may opt-out of receiving these communications. If you do not want us to use your PHI to contact you for fundraising efforts, please call the number or write to the address listed on the last page of this Notice.

Appointment Reminders: We may use your PHI to contact you with appointment reminders. We may also use your health information to provide information to you about treatment alternatives or other health-related benefits and services that may interest you.

Business Associates: We may use or disclose your health information when the use or disclosure is necessary for our business associates, such as consultants, lawyers, liability insurance carriers, and billing companies, to provide services to, or provide business functions for, ABC of NC Child Development Center. To protect your health information, we require a business associate's agreement, subscription and license agreement, and/or specialized agreements designed to safeguard their procedures for privacy and security of the PHI entrusted to them under their contract with us.

2. We may use and disclose your health information for the following purposes only after allowing you to agree or to object to the use or disclosure and you have either agreed or not objected to the use or disclosure:

Involvement in Care: We may disclose your PHI to family members, other relatives, or your friends if the information is directly relevant to the family's or a friend's involvement in your care or payment for that care, and you have either agreed to the disclosure or allowed to have an objection, and have not objected to the registration clerk or the Privacy Officer at/or before your first visit. If you are not present or able to agree or object, or if there is an emergency, we may disclose your health information to your family or friends if we determine the disclosure is in your best interest. We may also disclose your health information to notify, or assist in the notification of, a family member, relative, friend or other person identified by you of your location, general condition or death.

Disaster Relief: We may share your health information with a public or private agency (e.g., American Red Cross) for disaster relief purposes. Even if you object, we may still share your health information in emergency circumstances.

3. In any situation other than those described above, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to allow us to use and disclose your health information, you can later revoke that authorization to stop any future uses and disclosures by contacting the Privacy Officer. However, you cannot revoke your authorization for uses and disclosures that we have made in reliance upon such authorization.

HIPAA specifically requires that we get your authorization for the following uses and disclosures.

Psychotherapy Notes: We must get your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations as permitted under HIPAA or use or disclosure that is otherwise required or permitted by HIPAA.

Marketing: We must get your authorization for any use or disclosure of your health information for marketing, except if the marketing communication is in the form of face-to-face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.

Sale of Health Information: We must get your authorization for any disclosure of your health information that is a sale of health information. If we get your authorization for this purpose, the authorization must state that the disclosure will cause remuneration to us.

If North Carolina law or another federal law requires us to give more protection to your health information than stated in this Notice or required by HIPAA, we provide that additional protection. For example, we will comply with North Carolina law relating to communicable diseases such as HIV and AIDS. We will also comply with North Carolina law and federal law relating to treatment for mental health and substance abuse issues.

Minor Rights: Under North Carolina law, minors, with or without the consent of a parent or guardian may consent to services under certain conditions. Please refer to NC law 10A NCAC 26B .0203 for more details. This information will remain confidential unless your doctor determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment.

Individual Rights: Your health record is the physical property of ABC of NC Child Development Center, but you have the following rights concerning your health information. Please contact the Privacy Officer at the phone number or address at the end of the notice of privacy practices to get the forms for exercising these rights:

Request Restrictions: You may request restrictions on uses and disclosures of your health information to carry out treatment, payment or healthcare operations described above or to persons involved in your care or for notification. We are not required to agree to most requested restrictions, but if we agree, we must abide by those restrictions. If you request that your health information not be disclosed to a health plan, we must agree to that restriction if the disclosure is for payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid us in full.

Confidential Communications: You make a reasonable request to have confidential communications of PHI about you sent to you by alternative means or at alternative locations.

Amend Information: If you believe that health information in your record is incorrect, or if important health information is missing, you may request that we correct the existing information or add the missing information. If we deny your request for an amendment, correction, or update, we will explain our denial and allow you to submit a written statement disagreeing with the denial.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you during the previous six years. The list will not include certain disclosures including, but not limited to, disclosures for treatment, payment, or health care operations, disclosures under an authorization, or disclosures for the facility's directory or to persons involved in your care.

Copy of Notice: You may request a paper copy and/or electronic copy of this Notice by contacting the Privacy Officer at 336-251-1180 ext.105 or ext. 135. We will post a copy of this Notice of Privacy Practices in the school & clinic lobbies and on our website of www.abcofnc.org.

Personal Representatives: If you have given someone medical power of attorney or if someone is otherwise authorized to act on your behalf, that person can exercise your rights and make choices about your health information. We will make reasonable efforts to ensure that any person acting on your behalf has the authority to do so.

Our Legal Duty: We are required by law to protect and maintain the privacy of your health information and it requires us to notify you of any breach of your unsecured health information that may compromise the privacy or security of your health information. Law requires us to provide this Notice about our legal duties and privacy practices regarding your health information and to abide by the terms of the Notice in effect.

Health Information Exchange (HIE): An HIE is an electronic system that allows other health care providers treating you to access and share your medical information if they also take part in the HIE. ABC of NC may take part in one or more HIEs, will share your PHI with the HIEs, and may use the HIEs to access your PHI to help provide health care to you.

Disclosure to Health Information Exchanges: We take part in the North Carolina Health Information Exchange Network called NC HealthConnex, operated by the NC Health Information Exchange Authority (NCHIEA). We will share your PHI with the NC HIEA and may use NC HealthConnex to access your PHI to assist us in providing health care to you. Law requires us to submit clinical and demographic data about services paid for with funds from NC programs like Medicaid and State Health Plan. We may also share other patient data with NC HealthConnex not paid for with state funds. If you do not want NC HealthConnex to share your PHI with other health care providers who are taking part in NC HealthConnex, you must opt-out by submitting a form directly to the NC HIEA; however, this does not apply to funded State Plans. The NC HIEA may exchange or use your patient data for public health or research purposes as permitted or required by law. For more information on NC HealthConnex, please visit NCHIEAhealthConnex.gov/patients.

Inspect and Obtain Copies: You have a right to a copy of such records in their original electronic version, or if this is not possible, in another mutually agreeable electronic form to you and us. We may charge you related fees. Under certain circumstances, we may deny this request.

Changes in Privacy Practices: We reserve the right to change our privacy policies and the terms of this Notice and to make the new policies and provisions effective for all health information that we maintain. You may get a revised Notice by contacting the Privacy Officer or visiting our facilities.

For more information about our privacy practices, contact our Privacy Officer at 336-251-1180, ext. 105 or ext. 135, or write to:

ABC of NC Child Development Center
Attn: Privacy Officer
905 Friedberg Church Road
Winston-Salem, NC 27127

COMPLAINTS: If you have concerns, we have violated your privacy rights, or if you disagree with a decision, we made about your records, you may contact our Privacy Officer at the address and/or phone number above. You also may send a written complaint to the U.S. Department of Health and Human Services (HHS):

Region IV, Office for Civil Rights
Timothy Noonan, Regional Manager
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Phone: 800-368-1019
Fax: 202-619-3818
Website: www.hhs.gov/ocr/privacy/hipaa/complaints

There will be no retaliation and it will not penalize you, for filing a complaint with ABC of NC Child Development Center or HHS.