

LIVING WELL BEHAVIORAL HEALTH, INC.

NOTICE OF PRIVACY PRACTICES

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

Effective Date: **January 10, 2013; Rev. October 1, 2014**

If you have any questions about this notice, please contact the Living Well Behavioral Health Privacy Officer at (910) 748-0261.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Living Well Behavioral Health, Inc.
- Any health care professional authorized to enter information into your or your child's medical record maintained by Living Well Behavioral Health, Inc.
- Any persons or companies with whom Living Well Behavioral Health, Inc. contracts for services to help operate our practice and who have access to your or your child's medical information.
- All these person, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you or your child and your or your child's health is personal. Living Well Behavioral Health, Inc. is committed to protecting medical information about you or your child (children). We create a medical record of the care and services you or your child receives from Living Well Behavioral Health, Inc. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your or your child's care and billing for that care that are generated or maintained by Living Well Behavioral Health, Inc., whether made by Living Well's personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your or your child's medical information that is created in their offices or at locations other than Living Well.

This notice will tell you about the ways in which we may use and disclose medical information about you or your child. We also describe your rights and certain obligations we have regarding the use and disclosure of your or your child's medical information.

We are required by law to:

- Make sure that medical information that identifies you or your child is kept private;
- Give you this notice of our legal duties and privacy practices at Living Well, and your legal rights, with respect to medical information about you or your child; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- ❖ **For Treatment.** We may use medical information about you or your child to provide you or your child with medical treatment or services. We may disclose medical information about you or your child to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in taking care of you or your child at Living Well. For example, a doctor treating you or your child for bi-polar disorder may need to know if you or your child has any other medical conditions that may alter the effectiveness of medication prescribed for bi-polar disorder. We also may disclose medical information about you or your child to people outside Living Well who may be involved in your or your child's medical care after you or your child has been treated by Living Well, such as family members, specialists, or employees or medical staff members of any hospital to which you or your child is transferred or subsequently admitted.
- ❖ **For Payment.** We may use and disclose medical information about you or your child so that the treatment and services you receive from Living Well may be billed by Living Well and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your or your child's health plan information about treatment you or your child received from Living Well so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you or your child to another health care provider, such as a specialist or hospital to which you or your child is admitted, for their payment activities concerning you or your child.
- ❖ **For Health Care Operations.** We and our business associates may use and disclose medical information about you or your child for health care operations. These uses and disclosures are necessary to run Living Well ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the additional services Living Well should offer, and which services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with Living Well for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you or your child from this set of medical information so others also may disclose information about you or your child to another health care provider for its health care operations.
- ❖ **Appointment Reminders/Follow-up Calls.** We may use your or your child's information to contact you as a reminder that you or your child has an appointment for treatment or to follow-up regarding medical care.
- ❖ **Treatment Alternatives.** We may use and disclose medical information to inform you about or recommend different ways to treat your child.
- ❖ **As Required or Permitted By Law.** We may disclose medical information about you or your child when required or permitted to do so by federal, state, or local law.
- ❖ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you or your child when it appears necessary to prevent a serious threat to your or your child's health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- ❖ **Minors.** In most cases, we may release your child's medical information to you or another parent or guardian. However, minor children have the right to consent to and receive health care and medical information about the diagnosis or outpatient treatment of emotional illness or substance abuse, pregnancy (not including abortion), and sexually transmitted diseases. In these instances, we are unable to release your child's information unless your child agrees. However, if the physician believes that notifying you is essential to the life or health of your child, or if you or another parent or guardian contacts us about such treatment or services, we may give information.

- ❖ **Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to his/her commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

- ❖ **Worker's Compensation.** In accordance with state law, we may release without your consent medical information about you or your child's treatment for a work-related injury or illness or for which you or your child claims workers' compensation to his/her employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

- ❖ **Public Health Risks.** We may disclose without your consent medical information about you or your child for public health activities. These activities generally include but are not limited to the following:
 - To report, prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To report suspected abuse or neglect as required by law.

- ❖ **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.

- ❖ **Lawsuits and Disputes.** If you or your child is involved in a lawsuit or a dispute, we must disclose medical information about you or your child in response to a court or administrative order. We also may disclose medical information about you or your child in response to a subpoena or other lawful process from someone involved in a civil dispute.

- ❖ **Law Enforcement.** We may release without your consent medical information to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process;
 - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
 - In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
 - To report a death or injury we believe may be the result of criminal conduct; and
 - To report suspected criminal conduct committed at Living Well Behavioral Health facilities.

- ❖ **Coroners and Medical Examiners.** We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of Living Well Behavioral Health to funeral directors to carry out their duties.

- ❖ **National Security and Intelligence Activities.** We may release without your consent medical information about you or your child as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.
- ❖ **Protective Services for the President and Others.** We may disclose medical information about you or your child to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- ❖ **Psychotherapy and Psychiatric Notes.** Regardless of the other parts of this Notice, psychotherapy and/or psychiatric notes will not be disclosed outside Living Well except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy and/or psychiatric notes about you or your child will not be disclosed to personnel working within Living Well Behavioral Health except for training purposes or to defend a legal action brought against Living Well Behavioral Health, unless you have properly authorized such disclosure in writing.
- ❖ **Inmates.** If you or your child is an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you or your child to the correctional institution or law enforcement official who has custody of you or your child, if the correctional institution or law enforcement official represents to Living Well Behavioral Health that such medical information is necessary; (1) to provide you or your child with health care; (2) to protect your or your child's health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you or your child; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you or your child. If you or your child is in the custody of the North Carolina Department of Corrections ("DOC") and the DOC requests your or your child's medical records, we are required to provide the DOC with access to your or your child's records.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD

You have the following rights regarding medical information we maintain about you or your child:

- ❖ **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your or your child's medical record. An exception to obtaining your child's record is when your child's attending physician determines that information in that record, if disclosed to you, would be harmful to your child's mental or physical health. If we deny your request to inspect and receive a copy of your child's medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Living Well Behavioral Health will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will accept the decision of the current reviewer. If we have all or any portion of your or your child's medical information in an electronic format, you may request an electronic copy of those records or request we send an electronic copy to any person or entity you designate in writing.

Your and your child's medical information is contained in records that are the property of Living Well Behavioral Health. To inspect or receive a copy of medical information, you must submit your request in writing to Living Well Behavioral Health's Privacy Officer. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you.

- ❖ **Right to Amend.** If you feel that medical information we have about you or your child in your records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Living Well Behavioral Health.

To request an amendment, make your request in writing to Living Well Behavioral Health's Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for Living Well Behavioral Health;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your or your child's medical record.

- ❖ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you or your child during the past six years.

To request this list or accounting of disclosures, submit your request in writing to Living Well Behavioral Health's Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be at no charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- ❖ **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you or your child. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your or your child's medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you or your child with emergency treatment.

To request restrictions, make your request in writing to Living Well Behavioral Health's Privacy Officer. In your request, you must tell us (1) what information you would like to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you would like the limits to apply.

You may request that we not disclose your or your child's medical information to your health insurance plan for some or all of the services you or your child receives during a visit to Living Well Behavioral Health. If you pay the charges for those services you do not want disclosed ***in full at the time of such services***, we are required to agree to your request. "In full" means the amount we charge for the services, not your co-pay, coinsurance, or deductible responsibility when your insurer pays for your or your child's care. Please note that once information about a service has been submitted to your or your child's health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of you or your child's medical information for a certain service, please let us know as early in your or your child's visit as possible. *If Living Well Behavioral Health refers you or your child to another physician or initiates services for you or your child with a third party provider (lab services, psychotherapy, etc.), it is your responsibility to contact that other provider to request restrictions on disclosures to your or your child's health plan from that provider.*

- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To request an inspection, a correction/amendment, or a listing of disclosures, you must submit a request in writing to our Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you or your child as well as any information we receive in the future. We will post a copy of the current notice in the waiting area of Living Well Behavioral Health. The notice will contain the effective date on the first page, in the top right-hand corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your or your child's medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect you or your child from potential harm resulting from the breach.

COMPLAINTS

If you believe your or your child's privacy rights have been violated, you may file a complaint with Living Well Behavioral Health or with the Secretary of the United States Department of Health and Human Services. ***All complaints must be submitted in writing. You will not be penalized for filing a complaint.***

To file a complaint with Living Well Behavioral Health, please submit your complaint in writing to the following Privacy Officer:

Living Well Behavioral Health, Inc.
ATTN: HIPAA Privacy Officer
2350 Bentrige Lane, Suite 301A
Fayetteville, NC 28304-0590
(910) 748-0261

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. **You may obtain a copy of our medical records release form from our office.** If you authorize us to use or disclose medical information about you or your child, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Living Well Behavioral Health's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you or your child for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you or your child.