



THE CHILDREN'S HOME, INC.
1001 Reynolda Road
Winston-Salem, NC 27104
(336) 721-7600

NOTICE OF INFORMATION PRACTICES
EFFECTIVE APRIL 14, 2003

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

Understanding Your Counseling or Mental Healthcare Record Information

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your counseling or mental health history, current symptoms, examination and test results, assessment and evaluation, diagnosis, treatment, and a plan for future care or treatment results. **This information, often referred to as your medical or clinical record, serves as the:**

- basis for planning your care and treatment.
- means of communication among the many health care professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or a third-party payer can verify that you actually received the services billed for.
- tool in medical or counseling education.
- source of information for public health or mental health officials charged with improving the counseling services or mental health of the regions they serve.
- tool to assess the appropriateness and quality of care you receive through clinical supervision and peer review.
- tool to improve the quality of healthcare/mental health care and achieve better patient outcomes.

Understanding what is in your counseling or mental health records and how your mental health information is used will help you to:

- ensure its accuracy and completeness.
- understand who, what, where, why, and how others may access your health/mental health information.
- make informed decision about authorizing disclosure to others.
- better understand the counseling or mental health information rights detailed below.

Your Rights Under the Federal Privacy Standard

Although your counseling or mental health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained in it. **You have the right to:**

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review.
- You may also ask us to communicate with you by other means and, if the method of communication is reasonable, we must grant the alternate communication request.
- Receive and keep a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility, you also have a right to a hard copy on request. The law requires us to ask you to acknowledge receipt of your copy.
- Inspect and copy your health care information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. **You do not have a right of access to the following:**

- Psychotherapy notes. Such notes comprise those that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. **These reviewable grounds for denial may include:**

- When a licensed healthcare professional has determined, in the exercise of professional judgment, that access is reasonably likely to endanger the life or physical safety of the individual or another person.
- When the personal healthcare information makes reference to another person (other than the healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. **We have the right to charge a reasonable, cost based fee for making copies.**

➤ Request amendment/correction of your health information. **We do not have to grant the request if:**

- We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not.

Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.

- The records are not available to you as discussed immediately above.
- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our complaint official (privacy officer) or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

➤ Obtain an accounting of the non-routine uses and disclosures, those other than for treatment, payment, and healthcare operations, or of protected health information about them. **We do not need to provide an accounting for:**

- Disclosure to you.

- Disclosures authorized by you.
- Disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations).
- Facility directory or to persons involved in your care or for other notification purposes provided in 45 C.F.R. § 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, or general health.)
- For national security or intelligence purposes under 45 C.F.R. § 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object).
- Disclosures that occurred before April 14, 2003.

We must provide the accounting within 60 days. **The accounting must include:**

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administration, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.

We will not use or disclose your health information without your consent of authorization, except as described in this notice or otherwise required by law.

HOW TO GET MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and/or would like additional information, you may contact the Clinical Director at 336-721-7664 or the Director of Quality Improvement, who is the Privacy Officer, at 336-721-7618.

Potential Uses and Disclosures Other than for Treatment, Payment, or Health Care Operations

Business Associates: We provide some services through contracts with business associates such as a psychiatrist and psychologist. When we use such services, we may disclose your health information to the business associate so they can perform the functions(s) we have contracted with them to do and bill your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with Family: With your permission, or in the case of a minor, the permission of the legal guardian, we may disclose health or mental health information.

Research: We may disclose information 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 health care information.

Continuity Of Care: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Marketing/Fund-raising: We may contact you as a part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.

Food Administration: We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health/mental health information to the extent authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents of the institution health information for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health/mental health information for purposes as required by law or in response to a valid subpoena.

Health Oversight Agencies and Public Health Authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional clinical standards and are potentially endangering one or more clients, workers or the public, they may disclose your health/mental health information to the appropriate authorities, such as the Department of Health or Mental Health regulatory agencies.

The Federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health/mental health information to DHHS as necessary for them to determine our compliance with those standards.

THE CHILDREN'S HOME, INC.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF INFORMATION PRACTICES**

EFFECTIVE APRIL 14, 2003

This is to acknowledge that we have received and had opportunity to review and ask questions about **The Notice of Information Practices** related to services at The Children's Home/Family Restoration Program.

Client Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

I have reviewed The Notice of Information Practices with this family.

The Children's Home Staff Signature

Date