

Serenity Therapeutic Services Privacy Notice

404 Harris Ave, Raeford, NC 28376

WWW.SERENITYTS.COM

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU

We are required by law to protect the privacy of health care information about you and that identifies you. This may be information about health care services that we provided to you. It may also be information about your past, present, or future health care condition.

We are also required by law to provide you with this Privacy Notice explaining our legal duties and privacy practices with respect to health care information. We are legally bound to follow the terms of this Notice. In other words, we are only allowed to use and disclose health care information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health care information that we maintain.

If we make changes to the Notice, we will: • Post the new Notice in our waiting area • Have copies of the new Notice available upon request • Post the new Notice on our website located at:

www.serenityts.com

Understanding Your Health Record and Information

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information, which is often referred to as your health or medical record, serves as a basis for planning your care as well as a legal document describing the care you received.

Authorization-As a general rule, Serenity Therapeutic Services will not disclose healthcare information about you outside our organization without authorization (signed permission) from you or your legally responsible person/personal representative unless otherwise permitted/required by state and federal confidentiality/privacy laws. If you sign an authorization allowing us to disclose healthcare information about you, you may later revoke or cancel it (except in very limited circumstances related to insurance coverage). If you would like to revoke your authorization, you may do so orally to a Release of Information Clerk or Medical Record Manager or in writing by filling out a revocation form. You may obtain these forms from the receptionist at Serenity Therapeutic Services. When an authorization is revoked, Serenity Therapeutic Services will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

How We May Use and Disclose Your Healthcare Information.

We use and disclose healthcare information about clients every day. This section of the notice explains in some detail how we may use and disclose healthcare information about you in order to provide healthcare, obtain payment for healthcare and operate our business efficiently. As stated above, as a general rule, Serenity Therapeutic Services will not use/disclose healthcare information about you outside our organization without authorization from you unless otherwise permitted or required by state and federal confidentiality/privacy laws. The following offers more description and some examples of our potential uses/disclosures of your healthcare information.

IF YOU ARE BEING SEEN FOR A SUBSTANCE ABUSE PROBLEM, THIS USES/DISCLOSURE SECTION OF THE PRIVACY NOTICE DOES NOT APPLY TO YOU. PLEASE READ THE SUBSTANCE ABUSE USES AND DISCLOSURES SECTION. NOTE: THE REST OF THE SECTIONS OF THIS NOTICE DO APPLY TO YOU – RIGHTS AND HOW TO FILE A COMPLAINT.

Treatment: We will use your health information for treatment. For example, information obtained about you by a therapist, psychiatrist, case manager, nurse or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will also record goals that you established and the interventions used to help you reach your goals. Your psychiatrist will also record information about medications they have prescribed for you as well as your response to these medications. We may disclose information to other treatment providers that contract with us.

Payment: We will use your health information for payment. For example, a bill will be sent to you. Information on the bill may include information that identifies you, as well as your diagnosis, your treating clinician and type of services you have received.

Healthcare Operations: We will use your health information for healthcare operations. For example, members of the treatment team and quality improvement staff may use information in your record to assess the care and outcomes in your case. This information will be used in an effort to continually improve the quality and effectiveness of the services we provide. We may also contact you via email or phone to provide you appointment reminders or information about treatment choices and services that may be of interest to you.

Persons Involved in Your Care: We are required by state law to disclose limited information about you that is relevant to your care to: your next of kin or other family member involved in your care or other person designated by you. Some of the disclosures require your written or oral authorization; some require only that we notify you of the request.

We may use/disclose certain healthcare information about you without your written authorization in limited circumstances such as: those required by law; public health activities; health oversight activities; disclosures about abuse, neglect or domestic violence; judicial and administrative proceedings; law enforcement purposes; and certain government functions. Please note this list is NOT an exhaustive list and is not limited to the examples listed below.

Examples of Uses/Disclosures Required by Law: We will disclose healthcare information about you whenever we are required by law to do so. There are many federal and state laws that require us to use/disclose healthcare information. For example, state law requires us to report certain types of wounds we think were caused by a criminal or violent act.

Examples of Uses/Disclosures for Public Health Activities: We may disclose healthcare information about you when required by law for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities relating to investigating diseases, reporting child abuse and neglect, etc. For example, if you have been exposed to a communicable disease (such as sexually transmitted disease) we may report it to the Health Department.

Examples of Uses/Disclosures for Health Oversight: We may disclose healthcare information about you to a health oversight agency which is an agency responsible for overseeing the healthcare system or government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

Examples of Uses/Disclosures for Judicial/Administrative Proceedings: We may disclose information about you in a judicial proceeding. For example, we must disclose your healthcare information when we are presented with a valid court order requiring disclosure.

Examples of Uses/Disclosures for Research: On rare occasions Serenity Therapeutic Services may determine that information may be released for research studies. Stringent guidelines would be met prior to such a disclosure.

The NC-TOPPS is a questionnaire which the state requires to show how you are doing in treatment. It is completed for those ages 6 and over with Mental Health and Substance Abuse diagnoses, and falls under the research exception of Federal and North Carolina laws. This means that your personal identifying information may be disclosed without consent to the State and its evaluation contractors. The contractors may re-disclose information only to your service provider(s) and Serenity Therapeutic Services.

Examples of Uses/Disclosures About Abuse/Neglect: We may disclose healthcare information about you to a governmental authority that is authorized by law to conduct an investigation regarding abuse and/or neglect. For example, if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.

Examples of Uses/Disclosures for Law Enforcement: We may disclose healthcare information about you for law enforcement purposes. For example, if a law enforcement officer has a magistrate order to take you into custody for an involuntary commitment exam, we are permitted to disclose to the officer information about your mental state when necessary to assure your health and safety and the health and safety of the officer transporting you.

Examples of Uses/Disclosures for Governmental Purposes: We may use or disclose healthcare information about you for certain governmental functions. For example, we may disclose information to the Department of Correction if you are an inmate and need treatment.

THIS SECTION IS FOR USES/DISCLOSURES RELATING TO SUBSTANCE ABUSE:

Federal law, 42 CFR Part 2, restricts the use and disclosure of patient information that is received by an alcohol or drug abuse treatment program. Generally, substance abuse information that we obtain for the purpose of providing you substance abuse treatment, diagnosis, or referral for treatment must not be disclosed without your written authorization. For example, we would need your written authorization before we could disclose substance abuse information to your insurance provider for the purpose of obtaining reimbursement for the cost of services provided to you. The federal law protecting substance abuse treatment information applies only to information that would identify a substance abuse patient, directly or indirectly, as an alcohol or drug abuser or a recipient of alcohol or drug services. In addition to restricting disclosure, federal law places restrictions on the use of information to initiate or substantiate any criminal charges against a patient or to conduct a criminal investigation of a patient.

As stated above, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient of substance abuse services. But, there are some important exceptions to this requirement. We can disclose information within our program to members of our workforce as needed to coordinate your care. For example, information obtained about you by a therapist, psychiatrist, nurse or other member of our healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may also disclose your information to agencies that help us carry out our responsibilities in serving you with whom we have a Qualified Service Organization or Business Associate Agreement. We may disclose your information within our program to carry out our healthcare operations. For example, members of the treatment team and quality improvement staff may use information in your record to assess the care and outcomes in your case. We may disclose information to medical personnel in a medical emergency. If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services, and we may disclose substance abuse treatment information when making the report. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, on the premises of our program or against our program personnel, we may disclose information about you to talk to law enforcement officers about the crime or threat. We also may disclose information for research, audit or evaluations. The NC-TOPPS is a questionnaire which the state requires to show how you are doing in treatment. It is completed for those ages 6 and over with Mental Health and Substance Abuse diagnoses, and falls under the research exception of Federal and North Carolina laws. This means that your personal identifying information may be disclosed without consent to the State and its evaluation contractors. The contractors may re-disclose information only to your service provider(s) and Serenity Therapeutic Services.

THE REST OF THIS THE SECTION APPLIES TO ALL CLIENTS:

Rights: This section of the notice will briefly mention your privacy rights. If you would like to know more about these rights, please contact the Client Advocate at (800) 821-6922 or the Privacy Officer at (910) 259-0238.

Right to a Copy of Notice: You have a right to receive a paper copy of our Notice at any time. In addition, a copy of this notice will always be posted in our waiting area and on Serenity Therapeutic Services website: www.serenityts.com

Right to inspect and request copy of record: In most cases, you have the right to look at or get copies of your records. You must make the request by writing a letter to the Privacy Officer or filling out an Access Request Form. You may obtain these forms from the receptionist at Serenity Therapeutic Services. We will respond to your request within 30 days. In some cases we may deny your request. If we deny you access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your record, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Right to Request Amendment to Record: If you believe that your health information is wrong or some information is missing in your record, you must request, in writing, that we correct or add to the record by writing a letter to the Privacy Officer or filling out the Amendment Request Form. You may obtain these forms from the receptionist at SERENITY THERAPEUTIC SERVICES. Serenity Therapeutic Services will respond within 60 days of receiving your request. We may deny the request if we determine that the information is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed, i.e. information compiled in anticipation of a civil proceeding. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, added to your health information. If we approve the request for amendment, we will change the information in your record, inform you, and tell others who need to know about the change.

Right to Request an Accounting of Certain Disclosures: You have the right to request an accounting (which means a detailed listing) of disclosures that we have made for the previous year (beginning January 1, 2010). If you would like to receive an accounting, you may send a letter requesting an accounting to the Privacy Officer or fill out an Accounting Request Form. You may obtain these forms from the receptionist at Serenity Therapeutic Services.

Our agency must act on this request no later than 60 days after receipt of the request. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to January 1, 2010. If you request an accounting more than once every 12 months, we may charge you a fee to cover the costs of preparing the accounting.

Right to Request a Restriction of Uses or Disclosures: You have the right to ask that we limit how we use or disclose your healthcare information. You may make requests in writing by filling out a Restriction Request Form. You may obtain these forms from the receptionist at SERENITY THERAPEUTIC SERVICES. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our uses/disclosure of your information, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. In order to cancel the restrictions, you must submit a request in writing. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right to Request an Alternate Method of Contact: You have the right to ask that we send your healthcare or billing information to or contact you at an address or phone number that is different than your home. We must agree to your request as long as it is reasonably easy for us to do so. You must make this request in writing by filling out an Alternate Contact Request Form. You may obtain these forms from the receptionist at Serenity Therapeutic Services. You do not have to explain the reason for your request. Please be aware that if you are using a cell phone or mobile phone, your conversations may be picked up by other cell/mobile phone users.

Filing a Complaint How to File a Complaint or Report a Problem: If you believe your privacy rights have been violated or you are dissatisfied with our privacy policies, procedures or practice, you can file a complaint or grievance in person or in writing with/to any appropriate staff person, the Client Advocate or Privacy Officer. You may obtain a complaint form from the receptionist at Serenity Therapeutic Services. Also, you may file a written complaint, either on paper or electronically, with the

Secretary of the U.S. Department of

Health & Human Services (DHHS) as follows:

Region IV, Office for Civil Rights US Dept. of Health and Human Services

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, SW Atlanta, GA 30303-8909

Phone: (404) 562-7886

Fax: (404) 562-7881

TDD: (404) 331-2867 E-Mail: OCRComplaint@hhs.gov

Complaints must be filed with US DHHS within 180 days of when you knew or should have known that the act had occurred. The Secretary may waive this 180 day time limit if good cause is shown. There will be no retaliation against you for filing a complaint. For More Information: If you have questions or would like additional information, you may speak to your clinician or contact the Client Advocate at (800) 821-6922.