

**THE BEACON CENTER
NOTICE OF PRIVACY PRACTICES**

This Notice is effective on April 14, 2003

**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 provide to you or payment for health care 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 Notice of Privacy Practices 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 (you may also contact our Privacy Official at (252) 937-8141 to obtain a copy of the current Notice.)

**WHAT IS A MEDICAL RECORD?
WHAT INFORMATION IS IN THE MEDICAL RECORD?**

Each time you receive a service from THE BEACON CENTER, a record of that contact is made. This information is collected and maintained in what is referred to as your Medical Record. Your Medical Record may contain information about your mental health history, your physical health, symptoms, assessments, test results, diagnosis, treatment, medications, legal history, demographic information, financial information, family history, your progress, and a plan for your current and future treatment.

Authorization

THE BEACON CENTER 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 the authorization. If you would like to revoke your authorization, you may do so orally to your therapist or by completing the revocation section on the authorization form. Your revocation will be honored except for information already disclosed.

How we May Use and Disclose Your Healthcare Information

We use and disclose information in order to provide healthcare services, obtain payment for those services, and operate our business efficiently. The following offers more description and some examples of our potential uses/disclosures of your healthcare information.

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.

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 improve the quality and effectiveness of the services we provide. We may also contact you via mail or phone to provide you appointment reminders or information about treatment choices and services that may be of interest to you.

THE INFORMATION ON THIS PAGE APPLIES ONLY TO PERSONS WHO ARE RECEIVING SERVICES FOR SUBSTANCE ABUSE,

Federal law 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, the 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 and to agencies or individuals that help us carry out our responsibilities in serving you which may include auditors, evaluators and for research. NC-TOPPS falls under the “audit or evaluation exception” and allows collection and sharing of PHI with state and local government agencies for the purpose of oversight and evaluation of the quality and effectiveness of services. 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 Officials about the crime or threat.

THE NEXT PAGE OF THE PRIVACY NOTICE DOES NOT APPLY TO PERSONS WHO ARE RECEIVING SERVICES FOR SUBSTANCE ABUSE.

(SKIP DOWN TO THE RIGHTS SECTION ON PAGE 5.)

**** Information on this page is for persons who are not receiving substance abuse services**

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, family member or another person involved in your care or other person designated by you with your written or oral consent, except in emergency situations or the limited circumstances noted below. We may also use or disclose health care information about you to a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

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; research; evaluation and certain government functions. The North Carolina-Treatment Outcomes and Program Performance System (NC-TOPPS) falls under the “audit or evaluation exception” that allows the collection and sharing of PHI with state and local government agencies for the purpose of oversight and evaluation of quality and effectiveness of services.

Please note this is NOT a complete list and is not limited to the examples listed below.

Examples of Uses/Disclosures Required by Law: We will use/disclose healthcare information about you whenever we are required by law. There are many federal and state laws that require us to use/disclose healthcare information. For example, state law requires us to report any known or suspected child abuse or neglect.

Examples of Uses/Disclosures for Public Health Activities: We may disclose healthcare information when required by law about you for public health activities. For example, activities related to investigating exposure to tuberculosis or sexually transmitted diseases.

Examples of Uses/Disclosures for Health Oversight: We may disclose healthcare information about you to a health oversight agency- which is basically an agency responsible for overseeing the health care system or certain governmental program. For example, a government agency may request information from us while they are investigating the appropriate billing of services.

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 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 limited healthcare information about you to law enforcement for specific law enforcement purposes. For example, we may disclose limited health information about you to a police officer for clients who are being transported for involuntary commitment to a hospital.

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 for national security.

<p style="text-align: center;">ALL CLIENTS HAVE RIGHTS WITH RESPECT TO THEIR HEALTH CARE INFORMATION</p>

This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Official at (252-937-8141).

Right to a copy of this Notice: You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Official.

Right of access to review and to obtain a copy: In most cases, you have the right to review and to receive a copy of health care information about you. You must request access in writing by filling out an Access Request Form. Access request forms are available through your therapist or the Privacy Official. Our agency must act on this request no later than 30 days after receipt of the request.

We may deny your request in certain circumstances. If we deny your request, you will be notified in writing of the reason for denial and your right to request review of the denial.

If you would like a copy of the information, we may charge you a fee to cover the costs of the copy. A fee of \$10.00 for the first 25 pages and 50 cents for each following page will be charged.

Right to have health care information amended: You have the right to request that your health care information be corrected when you feel information is not correct or not complete. This request must be made in writing on the Amendment Request form, which is available from your therapist or the Privacy Official. We may deny your request (in writing) if the information was not created by this agency or if we believe the information is accurate. You may then file a statement of disagreement that will be included in any future disclosures if you request it. Our agency must act on this request no later than 60 days after receipt of the request.

Right to an accounting of disclosures we have made: You have the right to receive a written listing of certain disclosures of your protected health information made after April 14, 2003. Exceptions from this list include those disclosures regarding treatment, payment and health care operations or disclosures allowed by certain laws or disclosures authorized by you. If you would like to receive an accounting, you may fill out an Accounting Request Form, which is available from your therapist or the Privacy Official. Our agency must act on this request no later than 60 days after receipt of the request.

If you request an accounting of disclosures, THE BEACON CENTER will provide the first accounting in any 12 month period without charge. For any following requests within this 12 month period, we will charge you \$5.00 for the accounting.

Right to request restrictions on uses and disclosures: You have the right to request limitations on the information that we use and disclosure about you. We are not required to agree to your requested restriction, but will attempt to accommodate your request. If we do agree to your request, we must follow your restrictions (except as information is necessary for emergency treatment). You may cancel the restrictions at any time. 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 alternative method of contact: You have the right to be contacted at a different location or by a different method, if the request is reasonable. For example, you may prefer to have all written information mailed to your work address rather than your home address. You must provide us with a request in writing by filling out an Alternative Contact Request Form, which is available from your therapist or the Privacy Official.

<p style="text-align: center;">YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES</p>
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If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the mental health center, you may bring your complaint to your therapist, his/ her supervisor, the Privacy Official or you may mail it to the following address:

Privacy Official
THE BEACON CENTER
500 Nash Medical Arts Mall
Rocky Mount, North Carolina 27804
Phone: (252) 937-8141

To file a complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW.
Atlanta, GA 30303-8909
Voice Phone (404) 562-7886
FAX (404) 562-7881
TDD (404) 331-2867

THE BEACON CENTER

North Carolina Division of Mental Health
Developmental Disabilities and
Substances Abuse Services

CLIENT NAME	CHART NUMBER
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NOTICE OF RECEIPT OF PRIVACY PRACTICES

- I acknowledge that I have been informed about the Notice of Privacy Practices for THE BEACON CENTER.
- I understand that the Notice of Privacy Practices discusses how my personal health care information may be used and/or disclosed, my rights with respect to health care information, including how and where I may file a privacy-related complaint.
- I may review a copy of this Notice in the waiting room of the agency.
- I may obtain another copy of this Notice by requesting one from the receptionist in the waiting area and/ or the agency's Privacy Official (252-937-8141)
- I understand that the terms of this Notice may be changed in the future, and these changes will be posted in the waiting room of the agency. I may also request a copy of the new Notice by contacting the Privacy Official at 252-937-8141.

Client / Legally Responsible Person Signature

Date

FORM NO. AP 01-10-03 Effective Date: 4/14/2003

Original (white) = Service Record Copy (yellow) = Client