

Notice of Privacy Practices

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.



Your Rights

When it comes to your protected health information, known as PHI throughout this notice, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record, excluding psychotherapy notes, information compiled for legal proceedings, and PHI maintained by us that is prohibited by law to be accessed by you.
- Your request must be in writing and you may fill out a 'Person's Access to Medical Record' form available at the clinic's front desk.
- If we provide a copy or summary of your PHI, usually within 30 days of your request, we may charge a reasonable, cost-based fee. If your request is denied, you will be notified in writing the reason why.

Ask us to correct your medical record

- You can ask us to correct (amend) your PHI if you think it is incorrect or incomplete by filling out a 'Request for Amendment' form available at the clinic's front desk. We may correct or supplement the information to indicate the problem and notify others who have copies of the incorrect or incomplete information.
- We may deny your request in certain circumstances, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will agree to any reasonable request for alternative methods of contact and your request must be in writing.

Ask us to limit what we use or share

- You can ask us not to use or share certain PHI for treatment, payment, or our operations, or limit disclosures to family or other persons involved in your care. We will make every attempt to honor your request but we may say "no" if it would affect your care. If we do agree, we must follow your restrictions unless the information is necessary for emergency treatment.
- Your request must be in writing and specify the restriction requested and to whom you want the restriction to apply. You may cancel the restrictions in writing at any time.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time from any clinic's front desk staff or our Privacy Official.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your PHI for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and our operations, and certain other disclosures. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Your request for an accounting of disclosures must be in writing and you may fill out a 'Request for an Accounting of Disclosures' form available at the clinic's front desk.
- If we use electronic health records (EHR) for your PHI, you can have disclosures including for payment, treatment and our operations that occurred over the past 3 years.

File a complaint if you feel your rights are violated

- If you believe your privacy rights have been violated and want to file a complaint with us regarding our privacy practices, you may send a letter to the Privacy Official at PORT Health Services, 154 Beacon Drive, Suite I, Winterville, NC 28590, call 252-353-1114, or visit <https://www.porthhealth.org/quality-improvement/grievance>.
- You may also send a complaint to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- If you file a complaint, we will not take any action against you and will continue to make all efforts to constantly improve the quality of treatment and services we provide.

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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- If patient is a minor, we may disclose the minor's PHI to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact the Privacy Official listed in this notice.
- Share information in a disaster relief situation to notify someone about your location or condition.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most uses and disclosures of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again by submitting a written request to the Privacy Official listed in this notice.

Our Uses & Disclosures

How do we typically use or disclose your health information? We typically use or disclose your health information in the following ways:

Treat you

- We may use or disclose your PHI to provide health care treatment to you and to manage and coordinate your health care with other professionals.
- Example: Jane is a patient at PORT Health Services. The nurse practitioner will likely use Jane's PHI when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use Jane's PHI when processing or reviewing her blood test results.

Run our organization

We may use or disclose information in order to manage our programs and activities.

Examples:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- We may use your PHI to send you reminders about your appointment.

Bill for your services

- We may use or disclose information so that we can bill for services you receive from us and can collect payment from you, an insurance plan, or a third party. We also may disclose your PHI to others (such as collection agencies and consumer reporting agencies).
- Example: Jane has private insurance. During her appointment with the physician, the billing clerk will use Jane's PHI to prepare a bill for services provided. Jane's PHI will be disclosed to her insurance company for payment.

How else can we use or share your health information? We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

In the case of business associates:

- We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if PHI is necessary for those functions or services. For example, we may use an outside lab service. All of our business associates are obligated, under contract with PORT Health, to protect the privacy and ensure the security of your PHI.

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NC Treatment Outcomes & Program Performance System (NC-TOPPS)

- We may disclose your PHI to NC-TOPPS which is the program by which NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) measures the quality of substance abuse and mental health services and their impact on an individual's life.

Health Information Exchange (HIE) for our Medicaid and State funded patients

- We participate in the NC HIE and may electronically share your health information with other health care providers, as permitted by law. For example, your medical conditions, medications and other information about you can be available to us, your primary care physician, or other health care providers if they also participate in the NC HIE. The exchange of your health information can provide better coordination of care and assist the providers in making more informed decisions concerning your care.

Help with public health and safety issues

We can share PHI about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We may use or disclose your PHI to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.

Comply with the law

- We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

Respond to organ and tissue donation requests

- We may disclose your PHI to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.

Address workers' compensation, law enforcement, & other government requests

- We can use or share PHI about you:
- For workers' compensation claims in accordance with workers' compensation laws

- For law enforcement purposes or with a law enforcement official
- To a health oversight agency responsible for overseeing a health care system or certain government programs
- For special government functions such as military and veterans' activities and national security and intelligence activities. We may also use or disclose your PHI to a correctional institution in some circumstances.

Respond to lawsuits and legal actions

- We may disclose your PHI to a court or an officer of the court (such as an attorney) when we get a court order, warrant, subpoena or other legal process.

Other uses and disclosure of PHI not described in this notice will be made only with your written authorization or the written authorization of your personal representative.

Revocation:

If you sign a written authorization allowing us to disclose your PHI, you may later revoke or cancel your authorization in writing by filling out an 'Authorization Revocation' form available at the clinic's front desk at all PORT locations. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- Following the discovery of a breach of unsecured PHI, we are required to notify you if we reasonably believe that your PHI has been accessed, acquired, used, or disclosed as a result of such breach.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

Each PORT Health Services program must comply with a variety of State and Federal laws, some of which will be more restrictive than HIPAA. In those cases, the program would generally comply with the most restrictive law.

Changes to the Terms of this Notice:

- We reserve the right to change the terms of this Notice in the future and make the new notice effective for all PHI we maintain. A copy of our Notice is posted on our website at www.porthealth.org/hippa, is available at your request, and is posted in the waiting areas of our clinics.

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CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

(42 CFR Part 2, 82 FR 6115, 1/18/17)

The confidentiality of substance use disorder patient records maintained by the program in which the patient will be admitted is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug user unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations:

Office of the United States Attorney
310 New Bern Avenue, Federal Building, Suite 800,
Raleigh, NC 27602-1461
Phone: 919-856-4530

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

This notice applies to all PORT Health Services locations.

PORT Health Services-Corporate Office
4300-110 Sapphire Court
Greenville, NC 27834
252-830-7540

PORT Privacy Official
154 Beacon Drive, Suite I
Winterville, NC 28590
252-353-1114

Effective Date of this Notice: 7/18/04
(Revised: 10/9/07, 8/15/08, 4/19/12, 9/23/13, 11/26/13, 7/6/17, 9/10/18)