



3707 Latrobe Drive, Suite 460, Charlotte, NC 28211 • Phone 704-366-6522 • Fax 704-366-6529

NOTICE OF PRIVACY PRACTICES

HeartSpring, Inc. must collect timely and accurate confidential information about you and make that information available to members of your direct care team in this agency, so that they can accurately provide you with the care you need. There may also be times when your confidential information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of HeartSpring, Inc. to protect your confidential information from unauthorized use or disclosure while providing services, or obtaining payment for services and for other reasons.

The purpose of this *Notice of Privacy Practices* is to inform you about how your confidential information may be used within HeartSpring, Inc., as well as reasons why your confidential information could be sent to other service providers outside of this agency.

This *Notice* describes your rights in regard to the protection of your confidential information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures HeartSpring, Inc. uses to protect the privacy of your confidential information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.



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NOTICE OF PRIVACY PRACTICES

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

Responsibilities of HeartSpring, Inc.

HeartSpring, Inc., is required by state and federal law to protect the privacy of your confidential information that may identify you. This information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those services, or other operations provided on your behalf. Release/Disclosure of information may only occur with consent except in emergency situations or as detailed below according to the general Statutes or in 45 CFR 164.512 of HIPAA. This agency is required by law to inform you of our legal duties and privacy practices with respect to your confidential information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future confidential information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all confidential information we maintain. Any changes to this *Notice* will be posted in our agency offices. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our agency's President at 704-771-9300.

Use and Disclosure of Confidential Information without Your Authorization

Treatment HeartSpring, Inc. may use your confidential information, as needed, in order to provide, coordinate or manage your related services. This includes sharing your confidential information with direct care providers within this agency.

Example: Your treatment/habilitation team, composed of staff such as doctors, nurses, and social workers, will need to review your treatment and discuss plans for your discharge. We will disclose your confidential information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law.

Example: We may disclose your confidential information to other mental health, developmental disabilities facilities or professionals (i.e., community based area mental health, developmental disabilities and substance abuse services program or psychiatric service at UNC Hospitals) in order to coordinate your care. Example: *We may share your health information with a health care provider for emergency services.*

Payment for Services The services provided to you will be shared with our agency's billing department so a bill can be prepared for services rendered. We may also share your confidential information with agency staff who review services provided to you to make certain you have received appropriate services. Other than to directly bill Medicaid for Community Alternatives Program services for persons with Mental Retardation and Developmental Disabilities (CAP-MR/DD) rendered, we will not disclose your confidential information outside of this agency for billing purposes (i.e., bill your insurance company) without your consent except in certain situations when we need to determine if you are eligible for benefits such as Medicaid, Medicare or Social Security. Example: *A Social Worker may contact your local Department of Social Services to determine if you are currently eligible for Medicaid or if you would qualify for Medicaid.*

Direct Care Operations HeartSpring, Inc. may use or disclose your confidential information in performing a variety of business activities that we call "direct care operations". Some examples of how we may use or disclose your health information for direct care operations are:

- Review the care you receive here and evaluating the performance of your person-centered planning team to ensure you have received quality services.
- Review and evaluate the skills, qualifications and performance of direct care providers who are providing services to you.
- Provide training programs for agency staff, students and volunteers when applicable.
- Cooperate with outside organizations that review and determine the quality of services that you receive.
- Provide information to professional organizations that evaluate, certify or license CAP-MR/DD agencies, staff or facilities.
- Allow our agency attorney to use your confidential information when representing this agency in legal matters.
- Resolve grievances within our agency.
- Provide information to your internal client advocate who is available to represent your interests upon your request.

Other Circumstances HeartSpring, Inc. may disclose your confidential information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your confidential information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director;
- Regarding abuse, neglect or domestic violence;
- For law enforcement purposes unless otherwise prohibited by state or federal law; [*Not applicable to substance abuse providers – for substance abuse providers say, "If you request treatment and rehabilitation for drug dependence, we will not disclose your name to any police officer or other law-enforcement officer unless you authorize such disclosure; except that if you later commit a crime or threaten to commit a crime on the premises of this agency or against program personnel, law enforcement may be notified."*]
- For court proceedings such as court orders to appear in court;
- Related to death such as disclosure to a funeral director;
- Related to donation of organs or tissue;
- To avert a serious threat to the health or safety of a person or the public;
- Related to a physician or other health care provider who is providing emergency medical services. Disclosure is limited to that necessary to meet the emergency as determined by the professional;
- To the referring physician or psychologist;
- When there is a reason to believe that the individual is eligible for financial benefits through a facility in order to establish financial benefits. After receiving benefits, the consent of the individual or legally responsible person is required for further release of confidential information;
- For the purposes or activities for which confidential information may be disclosed include but are not limited to quality assessment and improvement activities, provider accreditation and staff credentialing, developing contracts and negotiating rates, investigating and responding to grievances and complaints lodged by individuals receiving services, evaluating practitioner and provider performance, auditing functions, on-site monitoring, conducting satisfaction studies and collecting and analyzing performance data.
- Related to specialized government activities such as national security;
- To correctional institutions or other law enforcement officials when you are in their custody;
- For Worker's Compensation in cases pending before the Industrial Commission;
- To your next of kin or other person involved in your services upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request; and
- Related to medical research.

Contacting You HeartSpring, Inc. may use your confidential information to contact you to:

- Remind you of upcoming meetings;

Example: This agency may send a meeting reminder on a folded postcard to your home to remind you of a scheduled meeting.

Example: This agency may send a letter to your home concerning the need for follow up care of medical conditions.

- Make you aware of alternative treatment, services, products or service providers that may be of interest to you;

Example: If you are receiving services for a particular reason and your person-centered planning team learns of new or alternative services, we may contact you to inform you of such possibilities.

Disclosure of Your Health Information That Allows You An Opportunity To Object There are certain circumstances where we may disclose your confidential information and you have an opportunity to object. Such circumstances include:

- The person responsible for providing your direct care may disclose your admission to or discharge from this agency to your next of kin
- Disclosure to public or private agencies providing disaster relief.

Example: We may share your confidential information with the American Red Cross following a major disaster such as a flood.

If you would like to object to our disclosure about your confidential information in either of the situations listed above, please contact our agency President listed in this *Notice* for consideration of your objection.

Disclosure of Your Health Information That Requires Your Authorization HeartSpring, Inc. will not disclose your confidential information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your confidential information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing our agency President that you do not want any additional confidential information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

Disclosure of confidential information to external client advocates will require authorization by you and your personal representative if one has been designated.

Your Rights Regarding Your Health Information You have the following rights regarding your confidential information as created and maintained by this agency.

Right to receive a copy of this *Notice*

You have the right to receive a copy of HeartSpring, Inc.'s *Notice of Privacy Practices*. At admission to this agency, you will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been provided. In addition, a copy of this *Notice* has been posted in the agency offices. You have the right to request a paper copy of this *Notice* at any time from our agency President.

Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this agency be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our agency President.

Right to request to see and copy your confidential information

Whether you are a minor, incompetent adult or competent adult, you have the right to request to see and receive a copy of your confidential information in your records that are used to make decisions about you. Your request must be in writing and forwarded to our agency President. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of your confidential information record, we may give you a summary or explanation of your confidential information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied a professional designated by our agency President under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our agency President to request that a copy of your confidential information be sent to a physician or psychologist of your choice.

Whenever you have a personal representative who consented to your services, the personal representative has the same rights to request to see and copy your confidential information.

Right to request amendment of your confidential information

You have the right to request changes in your confidential information in billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency President and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change your confidential information, we will add your amendment but will not destroy the original record. In addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received your confidential information and who need the changes.

We may deny your request if:

- The information was not created by this agency (unless you prove the creator of the information is no longer available to change the information);
- The information is not part of the records used to make decisions about you;
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change your confidential information, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of your record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

Right to request a listing of disclosures we have made

You have a right to a written list of disclosures of your confidential information. The list will be maintained for at least six years for any disclosures made after April 14, 2003. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This agency is not required to include the following on the list of disclosures:

- Disclosure for your services;
- Disclosure for billing and collection of payment for your provision of services;
- Disclosures related to our direct care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to individuals involved in your provision of services.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to request restrictions on uses and disclosures of your confidential information

You have the right to request that we limit our use and disclosure of your confidential information for provision of services, payment and direct care operations. You also have the right to request a limit on the confidential information we disclose about you to your next of kin or someone who is involved in your care. [Example: you could ask that we not disclose information about your family history of heart disease.] We will provide you with a form to document your request.

We will make every attempt to honor your request but are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time and we will ask that your request be in writing. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

Violations/Complaints If you believe we have violated your privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our agency President.. Contact information is as follows:

HeartSpring, Inc. President/CEO
6701 Pleasant Drive
Charlotte, NC 28211-4733
704-771-9300
FAX 704-770-0788
HeartSpring@carolina.rr.com

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has been designated to receive and document complaints and concerns regarding your privacy. Contact information is as follows:

CARE-LINE
2012 Mail Service Center
Raleigh, NC 27699-2012

Voice Phone (English and Spanish):
1-800-662-7030 (Toll Free)
(919) 733-4261 (Triangle Area and Out of State)
FAX: (919) 715-8174
TTY: 1-877-452-2514 (TTY Dedicated)
(919) 733-4851 (TTY Dedicated for local or out of state calls)

Email: care.line@ncmail.net

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights

U.S. Department of Health and Human Services

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, S.W.

Atlanta, GA 30303-8909

Voice Phone: (404) 562-7886

FAX: (404) 562-7881

TDD: (404) 331-2867

If you file a complaint, we will not take any action against you or change the quality of services we provide to you in any way.

Legal References Primary Federal and State laws and regulations that protect the privacy of your confidential information are listed below.

Confidentiality of Alcohol and Drug Abuse Patient Records - 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information - 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.

NC General Statutes - Chapter 122C, Article 3 (Client's Rights and Advance Instruction), Part 1 (Client's Rights). Chapter 90 (Medicine and Allied Occupations), Article 1 (Practice of Medicine).

NC Administrative Code - 10 NCAC 18 D (Confidentiality Rules).

PROHIBITION AGAINST REDISCLOSURE (10ANCAC 26B.0304(a)) Agencies disclosing confidential information pursuant to G.S. 122C-52 through G.S. 122C-56 shall inform the recipient that redisclosure of such information is prohibited without client consent. 10A NCAC 26B .0304(b) A Stamp may be used to fulfill this requirement.