



Notice of Privacy Practices

1. ABC of NC is committed to treating and using health information about its clients responsibly, and we are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”) to maintain the privacy and security of client health information.
2. All clients receive written notification and must sign acknowledgement of receipt of ABC of NC confidentiality, privacy, and HIPAA practices, including, but not limited to:
 - a. How ABC of NC may use and disclose health information
 - b. Individual rights regarding the client’s health record
 - c. ABC of NC’s legal duty regarding the client’s health record
 - d. Contact information for the ABC of NC privacy officer
 - e. Complaint information regarding confidentiality/privacy violations
3. ABC of NC’s Notice of Privacy Practices applies to all protected health information as defined by federal law, and includes, among other things, information about symptoms, test results, diagnosis, and treatment as well as payment, billing, and insurance information. This Notice tells clients how The Autism Clinic may use and disclose health information, client rights as they relate to health information, and how to file a complaint if a client believes her/his privacy rights have been violated. For your convenience, the Notice of Privacy Practices is located in the School Lobby, Clinic Lobby and the Psychology suite lobby for your review. If you prefer your own copy, please request a copy from the Clinical Receptionist.
4. ABC of NC may use and disclose client health information for a variety of important purposes:
 - a. We may use and disclose client health information without client authorization for the following purposes:
 - i. Treatment: We may use and disclose client health information to provide the client with medical treatment or services. For example, psychologists, therapists, and other members of the treatment team will record information in the medical record and use it to determine the most appropriate course of care. We may also disclose health information to other health care providers who are participating in the client’s treatment and to pharmacists filling prescriptions.
 - ii. Payment: We may use and disclose client health information for payment purposes. For example, we may disclose health information to obtain payment from the client’s insurance company for the client’s care.
 - iii. Health care operations: We may use and disclose client health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of client cases.
 - iv. Research and planning: The Secretary of DHHS may require information that does not identify clients from state and area facilities for purposes of preparing statistical reports of activities and services. The Secretary may have access to confidential information from

private or public agencies for purposes of research and evaluation; no confidential information shall be further disclosed. A facility may disclose confidential information to persons responsible for conducting general research or clinical, financial, or administrative audits if there is a justifiable documented need for this information. A person receiving this information may not directly or indirectly identify any client in any report of the research or audit or otherwise disclose client identity in any way.

- v. Required by law: We may use or disclose client health information when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- vi. Public health activities: We may disclose client health information, including, but not limited to, vital statistics (including births and deaths), disease-related data, and information related to recalls of dangerous products, to public health authorities for public health activities.
- vii. Abuse, neglect or domestic violence: We may disclose client health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.
- viii. Internal client advocate (a client advocate who is employed by the facility or has a written contractual agreement with DHHS or with the facility to provide monitoring and advocacy services to clients in the facility in which the client is receiving services):
 - 1. We may give access to routine reports and other confidential information necessary to fulfill the advocate's monitoring and advocacy functions. In this role, the advocate may disclose confidential information received to the client involved, to the legally responsible person, to the director of the facility or a designee, to other individuals within the facility who are involved in the treatment or habilitation of the client, or to the Secretary in accordance with the rules of the Commission.
 - 2. Any further disclosure shall require the written consent of the client and her/his legally responsible person.
- ix. Next of kin: Information shall be provided to the next of kin or other family member, who has a legitimate role in the therapeutic services offered, or other person designated by the client or her/his legally responsible person in accordance with the following provisions:
 - 1. Upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin or other family member or the designee with notification of the client's diagnosis, the prognosis, the medications prescribed, the dosage of the medications prescribed, the side effects of the medications prescribed, if any, and the progress of the client, provided that the client or his legally responsible

person has consented in writing, or the client has consented orally in the presence of a witness selected by the client, prior to the release of this information. Both the client's or the legally responsible person's consent and the release of this information shall be documented in the client's medical record. This consent shall be valid for a specified length of time only and is subject to revocation by the consenting individual.

2. Upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin, or family member, or the designee, notification of the client's admission to the facility, transfer to another facility, decision to leave the facility against medical advice, discharge from the facility, and referrals and appointment information for treatment after discharge, after notification to the client that this information has been requested.
 3. In response to a written request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client, for additional information not provided for in subsections above, and when such written request identifies the intended use for this information, the responsible professional shall, in a timely manner:
 - a. Provide the information requested based upon the responsible professional's determination that providing this information will be to the client's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or
 - b. Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or
 - c. Refuse to provide the information requested based upon the responsible professional's determination that the next of kin or family member or designee does not have a legitimate need for the information requested.
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- x. Health oversight: We may use or disclose client health information to a health oversight agency for oversight activities authorized by law. For example, we may disclose client health information to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.
 - xi. Judicial and administrative proceedings: We may disclose client health information in response to an appropriate subpoena or other lawful request for information in the course of legal proceedings, or pursuant to a court order.

- xii. Law enforcement purposes: Subject to certain restrictions, we may disclose client health information to law enforcement officials. For example, we may disclose client health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.
- xiii. Coroners/medical examiners: We may disclose client health information to a coroner or medical examiner for the purpose of identifying a decedent, determining cause of death, or for other purposes to enable these parties to perform their duties. We may also disclose client health information to a funeral director as necessary to carry out his/her duties.
- xiv. Organ donation: We may use or disclose client health information to organ procurement organizations when the use or disclosure relates to organ, eye, or tissue donation and transplantation.
- xv. Research: Subject to certain restrictions, we may use or disclose client health information for medical research.
- xvi. Serious threat to health or safety: We may use or disclose client health information when necessary to prevent a serious threat to the client's health and safety or the health and safety of the public or another person. Any disclosure, however, may only be to someone able to help prevent the threat.
- xvii. Military and special government functions: If a client is a member or a veteran of the armed forces, we may use or disclose client health information as required by military command authorities. We may also disclose client health information for national security, intelligence, or similar purposes.
- xviii. Inmates: If the client is an inmate of a correctional institution or otherwise in the custody of a law enforcement official, we may disclose client health information to the correctional institution or law enforcement official when necessary for the correctional institution to provide the client with health care; to protect the client's health and safety or the health and safety of others; or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.
- xix. Workers compensation: We may disclose client health information to comply with workers compensation laws or similar programs providing benefits for work-related injuries or illness.
- xx. Limited marketing: We may use or disclose client health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication occurs in a face-to-face meeting with the client or concerns promotional gifts of a nominal value.
- xxi. Appointment reminders: We may use client health information to contact the client with appointment reminders. We may also use client health information to provide information to the client about treatment alternatives or other health-related benefits and services that may be of interest to the client.

- xxii. Business associates: We may use or disclose client health information when the use or disclosure is necessary for our business associates, such as consultants, lawyers, and billing companies, to provide services to, or provide business functions for, ABC of NC. To protect client health information, we require business associates to sign specialized agreements designed to safeguard client health information in their hands.
5. We may use and disclose client health information for the following purposes only after giving the client an opportunity to agree or to object to the use or disclosure and the client has either agreed or not objected to the use or disclosure:
 - a. Involvement in care: We may disclose client health information to family members, other relatives, or friends if the information is directly relevant to the family's or friend's involvement in the client's care or payment for that care, and the client has either agreed to the disclosure or has been given an opportunity to object and has not objected to the registration clerk or the Privacy Officer. If the client is not present or able to agree or object, or if there is an emergency situation, we may disclose client health information to the family or friends if we determine the disclosure is in the client's best interest. We may also disclose client health information to notify, or assist in the notification of, a family member, relative, friend or other person identified by the client of your location, general condition, or death.
 - b. Disaster relief: We may share client health information with a public or private agency (e.g., American Red Cross) for disaster relief purposes. Even if the client objects, we may still share client health information in emergency circumstances.
 - c. External client advocate (a client advocate acting on behalf of a particular client with the written consent and authorization – in the case of a client who is an adult and who has not been adjudicated incompetent; or b) in the case of any other client, of the client and her/his legally responsible person)
 - i. An external client advocate may have access to confidential information only upon the written consent of the client and her/his legally responsible person.
 - ii. In this role, the external client advocate may use the information only as authorized by the client and her/his legally responsible person.
 6. In any situations other than those described above, we will ask for the client's written authorization before using or disclosing health information. If the client chooses to sign an authorization to allow us to use and disclose health information, the client can later revoke that authorization to stop any future uses and disclosures by contacting the Privacy Officer. However, the client cannot revoke authorization for uses and disclosures that we have made in reliance upon such authorization.
 - a. A clear and legible photocopy of a consent for release of information shall be considered to be as valid as the original.
 - b. The following persons may sign consent for release of confidential information: a competent adult client or the client's legally responsible person.
 - c. Prior to obtaining a consent for release of information, an employee must inform the client or her/his legally responsible person that the provision of

services is not contingent upon such consent and of the need for such release. The client or legally responsible person must give consent voluntarily.

- d. When the validity of an authorization is in question, an employee may contact the client or the client's legally responsible person to confirm that the consent is valid. Such determination must be documented in the client record.
 - e. Confidential information relative to a client with HIV infection, AIDS, or AIDS-related conditions shall only be released in accordance with G.S. 130A- 143. Whenever authorization is required for the release of this information, the consent must specify that the information to be released includes information relative to HIV infection, AIDS, or AIDS-related conditions.
 - f. Only employees with authority from the executive director to release confidential information and with proper authorization may do so. Clinical and educational staff have delegated authority to release confidential information with proper authorization.
7. HIPAA specifically requires that we obtain client authorization for the following uses and disclosures.
- a. Psychotherapy notes: We must obtain client authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations functions or as otherwise required or permitted by HIPAA.
 - b. Marketing: We must obtain client authorization for any use or disclosure of client health information for marketing purposes, except if the marketing communication is in the form of a face to face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization the client signs to permit such marketing must state that remuneration is involved.
 - c. Sale of health information: We must obtain client authorization for any disclosure of health information that is a sale of health information. If we obtain client authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.
8. In the event that North Carolina law or another federal law requires us to give more protection to health information than stated in our Notice of Privacy Practices or required by HIPAA, we will provide that additional protection. For example, we will comply with North Carolina law relating to communicable diseases, such as HIV and AIDS. We will also comply with North Carolina law and federal law relating to treatment for mental health and substance abuse issues.
9. Individual rights: The client health record is the physical property of ABC of NC, but the client has the following rights with regard to health information. The client may contact the Privacy Officer at the phone number or address below to obtain the appropriate forms for exercising these rights:
- a. Request restrictions: Clients may request restrictions on uses and disclosures of health information to carry out treatment, payment or healthcare operations described above or to persons involved in the client's care or for notification purposes. We are not required to agree to most requested restrictions, but if we do agree, we must abide by those restrictions. If the client requests that health information not be disclosed to a health plan, we

must agree to that restriction if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which the client or someone on the client's behalf (other than the health plan) has paid us in full.

- b. Confidential communications: Clients may ask us to communicate with them confidentially by, for example, sending notices to a special address or not using postcards for appointment reminders.
 - c. Inspect and obtain copies: In most cases, clients have the right to inspect and obtain a copy of their health information. There will be a reasonable, cost-based fee for copies and for providing a summary of the health information provided if the client requests or agrees to such summary.
 - d. Amend information: If a client believes that health information in the record is incorrect, or if important health information is missing, the client has the right to request that we correct the existing information or add the missing information. If we deny your request for an amendment, correction, or update, we will provide an explanation of our denial and allow you to submit a written statement disagreeing with the denial.
 - e. Accounting of disclosures: The client may request a list of instances in which we have disclosed health information about the client during the previous six years. The list will not include certain disclosures including, but not limited to, disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures for the facility's directory or to persons involved in your care.
 - f. Copy of notice: The client may request a paper copy of Notice of Privacy Practices at any time even if the client previously received the Notice electronically.
 - g. Personal representatives: If the client has given someone medical power of attorney or if someone is otherwise authorized to act on behalf of the client, that person can exercise the client's rights and make choices about the client's health information. We will make reasonable efforts to ensure that any person acting on the client's behalf has the legal authority to do so.
10. When we receive confidential information from another facility, agency, or individual, the information will be treated as any other confidential information. Release or disclosure of such information must follow the guidelines in this section.
11. Consent for release of information received from an individual or agency not covered by the rules of DHHS does not have to be on the form utilized by ABC of NC; however, the content of the consent must substantially conform to the ABC of NC confidentiality rules.
12. We are required by law to protect and maintain the privacy of client health information, and we are required to notify clients of any breach of unsecured health information that may compromise the privacy or security of client health information. We are required by law to provide the Notice of Privacy Practices about our legal duties and privacy practices regarding client health information and to abide by the terms of the Notice currently in effect.
13. We reserve the right to change our privacy policies and the terms of the Notice of Privacy Practices at any time and to make the new policies and provisions effective

for all health information that we maintain at that time. Clients may obtain a revised Notice at any time by contacting the Privacy Officer or visiting our facilities.

14. For more information about our privacy practices, clients may contact our Privacy Officer at 336-251-1180 or write to:

THE ABC of NC AUTISM CLINIC
Attn: Privacy Officer
905 Friedberg Church Road
Winston-Salem, NC 27127

15. If a client is concerned that we have violated their privacy rights, or if a client disagrees with a decision we made about client records, the client may contact our Privacy Officer at the address and/or phone number above. The client also may send a written complaint to the U.S. Department of Health and Human Services (HHS): Region IV, Office for Civil Rights Roosevelt Freeman, Regional Manager
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Phone: 800-368-1019

Web address: www.hhs.gov/ocr/privacy/hipaa/complaints

There will be no retaliation, and the client will not be penalized in any way, for filing a complaint with The ABC of NC Autism Clinic or HHS.

16. ABC of NC opens the center to visitors, which could include potential clients, potential donors, public inspectors, and licensing and credentialing professionals.
17. Parents/guardians and visitors who enter ABC of NC must sign a confidentiality agreement stating that they will keep confidential all information obtained through observation of Clients and parents in order to honor the integrity of other Clients' programs and their families' privacy.
18. Employees who improperly disclose or release confidential information will be subject to disciplinary action. Non-employees will be subject to civil action.
19. Clients, clients' legally responsible persons, or employees may request a review of any decisions made under the rules around confidentiality by the area or state facility director, or if elsewhere within DHHS, by the DHHS director.

I have read and understand ABC of NC's Confidentiality, Privacy, and HIPAA Practices:

Name of Client

Date of Birth

Signature of Legally Responsible Person

Date

Signature of ABC of NC Staff Witness

Date