

NOTICE OF PRIVACY PRACTICES

for

Family, Infant and Preschool Program

J. Iverson Riddle Developmental Center

Effective Date: April 14, 2003

Revised January 2012; September 2013

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.

Responsibilities of Family, Infant and Preschool Program

We are required by law to protect the privacy of health information about people who are served by the Family, Infant and Preschool Program (FIPP) which may identify them. This health information may be information about health care we provide, payment for health care provided, or other health care operations.

The Family, Infant and Preschool Program is required by law to inform you of our legal duties and privacy practices with respect to health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share past, present and future health 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 health information we maintain. Any changes to this *Notice* will be posted in our Administrative Office in Morganton, NC, and on our agency web site at www.fipp.org. Copies of any revised *Notices* will be available to you upon request.

If you have questions or concerns about the information in this *Notice*, or about FIPP's privacy policies, procedures and practices, you may contact the FIPP Privacy Official at (828) 430-7954.

Use and Disclosure of Health Information Without Your Authorization

The Family, Infant and Preschool Program performs some functions through contracts with other agencies and through private contractors and business associates. When services are contracted, FIPP must share enough information about you with its contractors and business associates so that the private contractors and business associates can perform the job that FIPP has asked them to do.

To protect your health information further, FIPP will only disclose your health information after making sure in writing that its contractors or business associates will safeguard your information

the same way that FIPP does. They agree to use your information appropriately and are required by law to do so. FIPP may use or disclose your protected health information to provide services to you for treatment, payment, and healthcare operations.

Treatment

FIPP may use health information, as needed, in order to implement strategies agreed upon with the family and that may include sharing health information with other FIPP staff members.

Example: A family's Registered Nurse talks with the FIPP Nutritionist about nutritional issues related to the child's growth in order to gain information to share with the family.

We will disclose health information outside of FIPP for treatment purposes only with your consent, or when otherwise allowed under state or federal law.

Example: We may disclose your child's evaluation results in order to assist you in enrolling your child in public school or other community programs.

Example: We may share information about your family income in order to assist you in qualifying for programs such as Supplemental Security Income.

Payment for Services

Although almost all of FIPP's resources are provided at no cost to families, there are a few situations where payment is required. In those instances, we may use and disclose medical information about a child or family member in order to obtain payment for health care services that are received by that individual. This means that, within the North Carolina Department of Health and Human Services, we may use medical information about a resident to arrange for payment (such as preparing bills and managing accounts). We may also share health information with agency staff who review the services we provide to make certain that our consumers have received appropriate care and treatment. We will not disclose your health 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. We may also disclose medical information about a child or family member to others (such as insurers and consumer reporting agencies.)

Example: Information necessary for centralized billing for the Division of State Operated Healthcare Facilities (DSOHF) is kept in a state database.

Example: Jane is a child participating in multiple FIPP programs who attends the Orthopedic clinic at FIPP. While at the clinic, x-rays are taken and information is shared with Medicaid so that payment can be received for the x-rays.

Health Care Operations

FIPP may use or disclose health information in performing a variety of business activities that we call "health care operations". As a DSOHF facility under NCDHHS, certain FIPP protected health information is entered into a state database. Some examples of how we may use or disclose health information for health care operations are:

- Reviewing the care your child and/or family receive from FIPP and evaluating the performance of your support team to ensure your child and/or family receive quality care.

- Reviewing and evaluating the skills, qualifications, and performance of the people providing services to FIPP children and families.
- Developing the Individualized Family Support Plan.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Provide training programs for agency staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that FIPP provides.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our agency attorney to use a consumer's health information when representing FIPP, J. Iverson Riddle Developmental Center, or the NC Department of Health and Human Services in legal matters.
- Resolve grievances within FIPP or J. Iverson Riddle Developmental Center.
- Provide information to an internal client advocate who is available to represent a consumer's interests upon request.

More Stringent Laws

FIPP will evaluate whether your protected health information is governed by more stringent laws or regulations prior to our use or disclosure. There are other more stringent laws and rules, such as the NC mental health confidentiality statute(s), and the NC public health confidentiality provisions that may affect how we handle your information.

Other Circumstances

FIPP may disclose a child or family member's health information when circumstances have been determined to be so important that your authorization may not be required. Prior to disclosing any health information, we will evaluate each request to ensure that only necessary information will be disclosed. These circumstances include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if a child or family member served by FIPP has a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk. If a child or family member served by FIPP has a communicable disease such as tuberculosis or HIV/AIDS, information about that 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 communicable diseases 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 to the extent provided by law to an authority, social service agency or protective service agency if we reasonable believe that a child or family member served by FIPP has been a victim of abuse, neglect or domestic violence.
- For health oversight activities such as licensing, audits, inspections, and investigations;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For court proceedings such as court orders to appear in court;
- For decedents, when a coroner or medical examiner needs to identify a deceased person or determine cause of death or to a funeral director as is necessary to carry out his or her duties as authorized by law;

- 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 specialized government activities such as national security;
- To correctional institutions or other law enforcement officials if an individual served by FIPP is in their custody;
- For Worker’s Compensation in cases pending before the Industrial Commission
- To a child or family member’s next of kin or other person involved in their care upon their request; however, information to be disclosed will be limited to enrollment and discharge information, referrals made, and dates of contacts; and
- For contracts with our Business Associates, since they are performing services for us or on our behalf; and
- Related to research.

Contacting You

FIPP may contact you to:

- Remind you of upcoming appointments;

Example: FIPP may send a letter to your home to inform you of an upcoming visit.

- Make you aware of FIPP or community resources that may be of interest to you;

Example: If you are the guardian of a child enrolled in FIPP who is receiving treatment for a particular condition and our health care team learns of new or alternative treatments, we may contact you to inform you of such possibilities.

- Contact you to request your participation in raising funds for FIPP. If you object to being contacted in this way for fund-raising efforts, you must notify our Privacy Official who is listed in this *Notice*.

Example: If our agency Foundation requested information be sent to you about an upcoming fund raising event, we may send the information to your home.

- Contact you to request your participation in research conducted by FIPP.

Example: If our agency were conducting research that required parents’ participation, we might send a letter to your home and/or call you to ask for your voluntary participation.

Disclosure of Health Information That Allows You an Opportunity To Object

There are certain circumstances where we may disclose health information and you have an opportunity to object. Such circumstances include:

- The FIPP staff member who is the primary contact person for your child and family might disclose information about your child's participation in FIPP to the child's next of kin, who may not be a member of the child's household and/or does not have physical custody of the child.

Example: We might share information about the dates of a child's participation with FIPP, or about the child's evaluation results, or other information about the child and family, with a parent who does not have physical custody of the child.

- Disclosure to public or private agencies providing disaster relief.

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

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

Disclosure of Health Information That Requires Your Authorization

FIPP will not disclose health information about a child or family without 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 health 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 Privacy Official that you do not want any additional health information exchanged with a particular person or 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.

Your Rights Regarding Health Information

You have the following rights regarding the health information created and maintained by FIPP.

Right to receive a copy of this *Notice*

All children and families served by FIPP have a right to have a paper copy of our Notice of Privacy Practices at any time. Upon enrollment with FIPP, you will be given a copy of this Notice and asked to sign an acknowledgement that you have received it. In addition, a copy of this Notice is posted on our internet web site (www.fipp.org), and in the office of our Administrative Officer. If you would like to have a copy of our Notice, this can be requested at our main information desk, from our Administrative Officer, or from our Director.

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 FIPP 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 Privacy Official.

Right to request to see and copy health information

If you are the parent/guardian of a child served by FIPP or if you are an adult family member served by FIPP, you have the right to request to see and receive a copy of health information in medical, billing and other records that are used to make decisions. Your request must be in writing on our Request for Consumer Access to Protected Health Information form. You can expect a response to your request within 30 days. If your request is approved, and if you wish copies, you will be charged a fee to cover the cost of making the copies, although at the present time no fee is charged.

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

Your request may be denied by a physician or a professional designated by our agency director 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 Privacy Official to request that a copy of a resident's health information be sent to a physician or psychologist of your choice.

Right to request amendment of health information

You have the right to request changes in the health information in medical, billing and other records used to make decisions about your child or family. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency Privacy Official 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 the resident's health information, we will add the 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 the health information and who need the changes.

We may deny your request if:

- The information was not created by FIPP (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;
- 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 the health 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 the client's 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 health 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.

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

- Disclosure for treatment;
- Disclosure for billing and collection of payment for treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when a resident is in their custody; or
- Disclosures made to FIPP staff members involved in providing resources to a child and/or family.

Your first request for a listing of disclosures will be provided to you free of charge. 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 health information

You have the right to request that we limit our use and disclosure of a child or family member's health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose to a person's next of kin or someone who is involved in their care. (Example: you could ask that we not disclose information about a child or parent's 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, FIPP may cancel a restriction at any time, as long as we notify you of the cancellation.

Right to receive notice of a Breach

You have a right to be notified when a breach of your unsecured protected health information has occurred.

Right to request restriction of protected health information to a Health Plan

You have the right to request a restriction of the disclosure of your health information to a health plan when you pay for service out of pocket, in full.

Violations/Complaints

If anybody believes that privacy rights have been violated at FIPP, or if anybody is dissatisfied with our privacy policies or procedures, they may file a complaint with us, with CARE-LINE, or with the federal government. We will not take any action against any person or change our treatment of any person based on the filing of a complaint.

To file a written complaint with FIPP, you may bring your complaint to the FIPP Administrative Office in Morganton, NC or you may mail it to the following address:

**FIPP Administrative Officer
J. Iverson Riddle Developmental Center
300 Enola Road
Morganton, NC 28655**

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
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

Voice Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 562-7884

Legal References

Primary Federal and State laws and regulations that protect the privacy of health information we maintain 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).