

## **WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU**

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We are required by law to protect the privacy of health care information about you and that can be identified with you (which we call Protected Health Information, or PHI). This may be information related to health care services that we provide to you or payment for health care services 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 our Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health care information. We are required to follow the procedures 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 PHI 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 request a copy of a new Notice from staff at the location from which you receive services)

## **CONTACTING YOU**

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We may use PHI to contact you, either by mail, phone, fax, e-mail and/or voice mail to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you have an unpaid balance on your account, we will mail a monthly statement to you. If you prefer that we contact you at an alternate address or phone number, you must provide us with a request in writing to your therapist or the medical record staff. We may accommodate your request as long as it is a reasonable request, but, when appropriate may condition that accommodation on your providing us with information regarding how payment, if any, will be handled.

## **YOUR RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION (PHI) ABOUT YOU**

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1. Right to a copy of this Notice
2. Right of access to review and to obtain a copy of your health care record
3. Request restrictions on the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to a restriction that you request.
4. Cancel prior authorizations to use or disclose health information by giving us a written notice. A form is available for this purpose. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have received the written revocation.
5. Ask that we communicate with you about your health care only in certain locations or through a certain method.
6. Request that we provide you with an accounting of disclosures we have made of your health information.

## **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

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If you believe that your privacy rights have been violated by us, or you want to complain to us about our privacy policies and procedure, you may file a complaint with us. All complaints will be investigated to help resolve any issues you may have. 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, you may bring your complaint to your therapist, his/her supervisor, the Privacy Officer or you may mail it to the following address:

**Privacy Officer  
Eastpointe  
2901 N. Herritage Street  
Kinston, North Carolina 28501**

*You may also send a written complaint to the Office for Civil Rights, US Department of Health and Human Services.*

# **NEW DIMENSION GROUP**

## **NOTICE OF PRIVACY PRACTICES**



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**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.**

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At New Dimension Group our goal is to ensure your trust and confidence in us. Information you provide to us is critical to delivering superior treatment/habilitation services. This is why we want you to understand how we protect your privacy and the measures we take to safeguard the information you share with us.

*This Notice describes our current privacy and information practices.*

## AUTHORIZATION

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New Dimension Group will not disclose PHI about you outside our organization without authorization (signed permission) from you or your legally responsible person unless otherwise permitted/required by state and federal confidentiality/privacy laws. If you sign an authorization allowing us to disclose PHI about you, you may later revoke or cancel the authorization. If you would like to revoke your authorization, you may do so by completing the revocation section on the authorization form. Your revocation will be honored except for information that may have already been disclosed.

## WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION (PHI) ABOUT YOU IN SEVERAL CIRCUMSTANCES WITHOUT YOUR PERMISSION

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In order to provide health care, obtain payment for that health care and operate our business efficiently, we may use and disclose PHI about you without your consent. There may also be other circumstances in which it is necessary for us to use and disclose PHI without your consent. Listed below are some examples of this:

- Treatment – We may request, receive, and disclose the minimum PHI necessary to provide, coordinate, or manage your health care and related services. This may include communicating with employees, student interns, consultants, volunteers, and other health care providers regarding your treatment and coordinating and managing your health care.
- Payment – We may use and disclose the minimum PHI necessary to arrange for payment (such as preparing billing and managing accounts). We may also use and disclose your PHI to others (such as reimbursement staff, insurance companies, and/or collection agencies) except as mandated by state and federal regulations. In some instances, we may disclose PHI about you to an insurance plan before you receive certain health care services in order to get approval of payment before we provide the service.

- Health Care Operations – We may use and disclose the minimum PHI necessary in carrying out a variety of business activities that we call “health care operations”. These activities allow us to improve our quality of care and reduce health care costs. Listed below are some activities we may perform as a part of our health care operations.
  - Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you
  - Developing contracts and negotiating rates with insurance companies
  - Collecting and analyzing performance data and satisfaction studies
  - Cooperating with outside organizations that evaluate, audit, certify, or license health care providers, staff, or facilities in a particular field or specialty
  - Assessing and improving the quality, efficiency and cost of care that we provide to you
  - Assisting various people who review our activities through on-site monitoring
  - Resolving complaints, grievances, and appeals within our organization and/or contract agencies
  - Allowing our agency attorney to use your PHI when representing this agency in legal matters
- Other Circumstances – Under the following circumstances we may disclose PHI about you without your consent.
  - ✓ Persons Involved in Your Care – In request to a written request from a family member who has a legitimate role in your treatment, we may disclose PHI about you if it is determined to be in your best interest and we have your written consent, may refuse to provide the information if it is determined that this disclosure is detrimental to your treatment, or may refuse to provide the information if it is determined that the family member does not have a legitimate need for the information. We may provide your family member with notification of your diagnosis, prognosis, medications, and your progress when you have consented in advance in writing or orally to this disclosure. This consent is time limited and can be revoked at any time. If determined to be in your best interest, we may also disclose your transfer to another facility, admission to our facility, or discharge from our facility to your next of kin after notifying you that this information has been requested.
  - ✓ Required by Law – There are many state and federal laws that require us to use and disclose health care information. We may disclose PHI about you to a court

with an appropriate order from a judge or to an attorney upon your request. We are also required by law to report to the Department of Social Services if we have knowledge of or suspect, abuse or neglect.

- ✓ Public Health Activities – We may disclose PHI, when required by law, for public health activities, such as activities related to investigating exposure to tuberculosis.
- ✓ Imminent Danger – We may disclose PHI about you when there is a clear danger to the health or safety of yourself or another or there is a likelihood of the commission of a felony or violent misdemeanor.
- ✓ Health Oversight Activities – We may disclose PHI about you to an agency that is responsible for overseeing the health care system or certain governmental programs.
- ✓ Medical Services – We may disclose your PHI to a person who is providing you with emergency medical services or to your referring physician/psychologist. We may also disclose information from an advance instruction when necessary to provide treatment in accordance with that advance instruction.
- ✓ Law Enforcement – We may disclose health information about you to a law enforcement official for specific law enforcement purposes, such as limited information to a police officer if you were being transported to a hospital for involuntary commitment or to the Department of Corrections if you are an inmate and determined by the DOC to be in need of treatment.
- ✓ Petition for Competency: We may disclose PHI about you in order to file a petition for competency/guardianship purposes, when our director deems that it is in your best interest.
- ✓ Support Services: We may disclose PHI about you to a provider of support services when there is a written agreement which ensures that your PHI will be safeguarded and will not be re-disclosed.
- ✓ Local Management Entity (LME): An LME may disclose PHI about you to a network provider regarding your treatment, payment, and healthcare operations.
- ✓ Research & Audits: We may disclose PHI about you to persons responsible for conducting general research or clinical, financial, or administrative audits if there is justifiable documented need for this information. The person receiving the information is not allowed to disclose your identity in anyway.
- ✓ Financial Benefits: We may disclose PHI about you to a state, local, or federal government agency in order to establish financial benefits when there is reason to believe that you are eligible for those benefits. After receiving benefits, you are required to consent to the further release of your PHI to that government agency.