This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this information, please contact:

Betsy Short, Executive Director/ HIPPA Security/ Privacy Coordinator

Dreamweavers Unlimited, Inc.

P.O. Box 6035 Robinwood Station

Gastonia, NC 28056

betsy@dreamweaversnc.com

704-460-5947

## Our Pledge Regarding Personal Information

Dreamweavers Unlimited, Inc. understands that personal information about you is private. We are committed to protecting personal information about you. We do keep records containing personal information in order to provide you with quality care and comply with certain legal requirements. This notice applies to all of the records of your care. We will describe your rights and our obligations regarding the use and disclosure of personal information. No other use of disclosure than those described in this privacy notice can be made without your written authorization.

We are required by law to:

* Make sure that personal information that identifies you is kept private;
* Give you this notice of our legal duties and privacy practices with respect to personal information about you; and
* Follow the terms of the notice that is currently in effect.

## How We May Use and Disclose Medical/ Personal Information About You

The following categories describe different ways that we use and disclose medical/ personal information.

1. **For Treatment:** We may use medical/ personal information about you to provide you with authorized treatment or services. We may disclose information about you to other personnel at Dreamweavers Unlimited, Inc. who are involved in providing services to you. We may disclose information about you to people outside this company who are involved in your care, such as family members or other support people who provide services as a part of your care.
2. **For Payment:** We may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may need to give your health plan information about services received so your health plan will pay us or reimburse us for the service.
3. **For Service Operations:** We may use and disclose information about you for service operations. These uses and disclosures are necessary to make sure that all our consumers receive quality care. We may use information to review our treatment and services, and to evaluate the performance of our staff in caring for you.
4. **For Our Business Associates:** Some of the services we provide are contracted through other business associates. When services are contracted, we may disclose your personal or health information to our business associates so that they may perform the task that we have asked them to do. To protect your privacy, we require that the business associate appropriately safeguard your information.
5. **For Appointment Reminders:** We may use and disclose personal information to contact you as a reminder that you have an appointment for treatment or services.
6. **Individuals Involved in Your Care or Payment for Your Care:** We may release personal or health information about you to a friend or family member who is involved in your care. We may give information to someone who helps pay for your care. We may tell family or friends involved in your care about your condition. In a crisis situation, we may disclose information so that your family can be notified about your condition, status, and location.
7. **As Required By Law:** We will disclose information about you when required to do so by federal, state, or local law.
8. **To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health, safety, or health and safety of the public or another person. Any disclosure would be to someone able to help prevent the threat.

### Special Situations

1. **Public Health Risks:** We may disclose information about you for public health activities. These activities generally include:

* To prevent or control disease, injury, or disability;
* To report births or deaths;
* To report child abuse or neglect;
* To report reactions to medications or problems with products;
* To notify people of recalls of products they may be using;
* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
* To notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

1. **Law Enforcement:** We may release information if asked to do so by a law enforcement official:

* In response to a court order, subpoena, warrant, summons or similar process;
* To identify or locate a suspect, fugitive, material witness, or missing person;
* About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
* About a death we believe may be the result of criminal conduct;
* About criminal conduct; and
* In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## Your Rights Regarding Personal Information About You

You have the following rights regarding information we may obtain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and copy information that may be used to make decisions about your care. Usually, this includes service plans, billing records, but does not include psychotherapy notes. To inspect and copy information about you, you must submit your request in writing. If you request a copy, we may charge a fee for the costs of supplying the copy, mailing or other supplies associated with your request. We may deny your request under very limited circumstances. You may request that the denial be reviewed. We will comply with the outcome of the review.
2. **Right to an Accounting of Disclosures:** You have the right to request “an accounting of disclosures.” This is a list of disclosures we made of information about you that do not involve treatment, payment, service operations, or for which you have signed an authorization. You must submit your request in writing.
3. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or service operations. You also have a right to request a limit on the information we disclose about you to someone involved in your care, or the payment of your care, like a family member or friend. ***We are not required to agree to your request.*** To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information to limit; (2) whether you want us to limit our use or disclosure or both; and (3) to whom you want the limits to apply.
4. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about personal or health matters in a certain way or at a certain location, such as at work or at home or by mail. To request confidential communications, you must make your request in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
5. **Right to Notification of Breach:**You have the right to be notified upon a breach of any of your unsecured protected health information.
6. **Changes to This Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as information we receive in the future. We will post a copy of the current notice.

**Complaints:** If you believe your HIPAA privacy rights have been violated, you may file a complaint with Dreamweavers Unlimited, Inc., Partners BHM, or with the Secretary of the Department of Health and Human Services. If you file a complaint, it will not change the way you are treated.

To file a complaint with Partners BHM, please visit: <https://partnersbhm.alertline.com>, call the Alert line at: 1-866-806-8777, or mail your written complaint to Partners Behavioral Health Management, Attn: Privacy Officer, 901 S. New Hope Rd., Gastonia, NC 28054.

To file a complaint with Dreamweavers, please visit: [www.dreamweaversnc.com/contact-us-referrals.html](http://www.dreamweaversnc.com/contact-us-referrals.html), fax complaint form to Corporate Compliance Officer at 704-868-8552, call the office at 704-868-8551, or mail written complaint to Attn: Corporate Compliance Officer, 1010 E. Garrison Blvd., Gastonia, NC 28054

NC Disability Rights: 877-235-4210

Secretary of the Department of Health & Human Services: 919-855-4800

North Carolina Board of Examiners for Speech Language-Pathologists and Audiologists: 336-272-1828 or http://www.ncboeslpa.org.