

**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.**

Effective Date of This Notice: August 15, 2017

Alliance Behavioral Healthcare (“Alliance”) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at Alliance Behavioral Healthcare, please contact the Privacy Officer at (800) 510-9132 or at 4600 Emperor Boulevard Durham, NC 27703.

**Understanding Your Medical Record/Health Information**

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnosis, treatment plan, and treatment recommendations. These records may also disclose or reveal that you are a recipient of public welfare benefits. This Protected Health Information (PHI), often referred to as your medical record, serves as a basis for planning your treatment, a means to communicate between service providers involved in your care, as a legal document describing your care and services, and verification for you and/or a third party payer that the services billed were provided to you. It can also be used as a source of data to assure that we are continuously monitoring the quality of services and measuring outcomes. Understanding what is in your medical record and how, when and why we use the information helps you make informed decisions when authorizing disclosure to others. Your health information will not be disclosed without your authorization unless required or allowed by State and Federal laws, rules or regulations.

**Our Responsibilities**

Alliance must protect and secure health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose protected health information in the manner described in this Notice. This Notice is posted on our website and we will provide you a paper copy of this Notice upon your request.

**How Alliance Behavioral Healthcare May Use or Disclose Your Health Information**

The following categories describe ways that Alliance may use or disclose your health information. Any use or disclosure of your health information will be limited to the minimum information necessary to carry out the purpose of the use or disclosure. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. **Note that we can only use or disclose alcohol and drug abuse records with your consent or as specifically permitted under federal law. These exceptions are listed on the next page.**

**Payment Functions-** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, NC Health Choice, or private insurance to manage your medical necessity of health care services, determine whether a particular treatment is experimental or investigational, or determine whether a treatment is covered under your plan.

**Healthcare Operations-** We may use and disclose health information about you to carry out necessary managed care/ insurance-related activities. For example, such activities may include premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities such as handling and investigating complaints; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

**Treatment-** Alliance Behavioral Healthcare is not a provider of treatment but some of our functions require that we make a referral for an assessment or perform other activities which include helping formulate a treatment plan, coordinating appropriate and effective care, treatment and services or setting up an appointment with other behavioral health and health care providers. We may also share your health information with emergency treatment providers when you need emergency services. We may also communicate and share information with other behavioral health service Providers who have **Contracts** with Alliance or governmental entities with whom we have Business Associate Agreements. These include hospitals, licensed facilities, licensed practitioners, community-based service providers, and governmental entities such as local jails and schools. When these services are contracted, we may disclose your health information to our contractors so that they can provide you services and bill you or your third-party payer for services rendered. We require the contractor to appropriately safeguard your information. **We are required to give you an opportunity to object before we are allowed to share your PHI with another HIPAA Covered Entity such as your Primary Care Physician or another type of physical health type provider. If you wish to object to us sharing your PHI with these types of providers, then there is a form you must sign that will be kept on file and we are required by law to honor your request.**

**Required by Law-** Alliance may use and disclose your health information as required by law. Some examples where we are required by law to share limited information include but are not limited to: PHI related to your care/treatment with your next of kin, family member, or another person that is involved in your care; with organizations such as the Red Cross during an emergency; to report certain type of wounds or other physical injuries; and to the extent necessary to fulfill responsibilities when a consumer is examined or committed for inpatient treatment.

**Public Health-** Your health information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Health Oversight Activities-** We may disclose your health information to health, regulatory and/or oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system. For example, health information may be reviewed by investigators, auditors, accountants or lawyers who make certain that we comply with various laws; or to audit your file to make sure that no information about you was given to someone in a way that violated this Notice.

**Judicial and Administrative Proceedings-** We may disclose your health information in response to a subpoena or court order in the course of any administrative or judicial proceeding, in the course of any administrative or judicial proceeding required by law (such as a licensure action), for payment purposes (such as a collection action), or for purposes of litigation that relates to health care operations where Alliance is a party to the proceeding.

**Public Safety/ Law Enforcement-** We may disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent danger or threat to the health or safety of a particular person or the general public or when there is likelihood of the commission of a felony or violent misdemeanor.

**National Security-** We may disclose your health information for military, prisoner, and national security.

**Worker’s Compensation-** We may disclose your health information as necessary to comply with worker’s compensation or similar laws.

**Marketing-** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with the information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

**Disclosures to Plan Sponsors-** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

**Research-** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

**Applicability of More Stringent State Laws-** Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws or rules that are more stringent than Federal laws or regulations, including disclosures related to mental health and substance abuse, intellectual/developmental disabilities, alcohol and other drug abuse (AODA), and HIV testing.

**Use and Disclosure of Health Information without your Authorization**

Federal laws **require or allow** that we share your health information, including alcohol and drug abuse records, with others in specific situations in which you do not have to give consent, authorize or have the opportunity to agree or object to the use and disclosure. Prior to disclosing your health information under one of these exceptions, we will evaluate each request to ensure that only necessary information will be disclosed. These situations include, but are not limited to the following:

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- To a county Department of Social Services or law enforcement to report abuse, neglect or domestic violence; or
- To respond to a court order or subpoena ; or
- To qualified personnel for research, audit, and program evaluation ; or
- To a health care provider who is providing emergency medical services ; or
- To appropriate authorities if we learn that you might seriously harm another person or property (including Alliance) in the future or that you intend to commit a crime of violence or that you intend to self-harm; or
- For the purpose of internal communications, as outlined above; or
- To qualified service organization agencies when appropriate. (These agencies must agree to abide by the Federal law.)

NC-TOPPS assessments fall under the audit or evaluation exception of federal confidentiality regulations (42 CFR Part 2 and 45 CFR Parts 160 and 164). Consumer identifying information obtained via NC-TOPPS may be disclosed without consumer consent to the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and to authorized contractors under the audit and evaluation exception. The DMH/DD/SAS or its authorized contractors may re-disclose any individual consumer-identifying information only to the designated provider facility and to the consumer's assigned LME/MCO for which this information has been submitted.

#### **When Alliance Behavioral Healthcare May Not Use or Disclose Your Protected Health Information**

Except as described in this Notice, Alliance will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosures of health information in which the health plan receives compensation.
- Your authorization is necessary for most uses and disclosures of alcohol and drug abuse records (exceptions are listed above).

#### **Statement of Your Health Information Rights**

Although your health information is the physical property of Alliance, the information belongs to you. You have the right to request, in writing, certain uses and disclosures of your health information.

**Right to Request Restrictions-** You have the right to request a restriction on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer at the address listed below. We will let you know if we can comply with the restriction or not.

**Right to Request Confidential Communications-** You have the right to receive your health information through a reasonable alternative means or at an alternate location. To request confidential communications, you must submit your request in writing to the Privacy Officer at the address listed below. We are not required to agree to your request.

**Right to Inspect and Copy-** You have the right to inspect and receive an electronic or paper copy of your health information that may be used to make decisions about your plan benefits. To inspect and copy information, you must submit your request in writing to the Privacy Officer at the address listed below. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. There are certain situations where we will be unable to grant your request to review records.

**Right to Request Amendment-** You have a right to request that we amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can appeal the denial. To request an amendment, you must make your request in writing to the Privacy Officer at the address listed below. You must also provide a reason for your request.

**Right to Accounting of Disclosures-** You have the right to receive a list or accounting of disclosures of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions, healthcare operations of treatment, or made by you. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address listed below. We will provide one list or accounting per 12 month period free of charge; we may charge you for additional lists or accountings. We will inform you of the cost and you may choose to withdraw or modify your request before any costs are incurred. There are certain exceptions that apply.

**Right to a Copy-** You have a right to receive an electronic copy of this Notice at any time. To obtain a paper copy of this Notice, send your written request to the Privacy Officer at 4600 Emperor Blvd., Durham, NC 27703. You may also obtain a copy of this Notice at <http://www.alliancebhc.org/consumers-families>.

**Right to be Notified of a Breach-** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer at 4600 Emperor Blvd Durham, NC 27703 or by calling (800) 510-9132.

#### **Changes to this Notice and Distribution**

Alliance Behavioral Healthcare reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. As your health plan, we will provide a copy of our notice upon your enrollment in the plan and will remind you at least every three years where to find our notice and how to obtain a copy of the notice if you would like to receive one. If we have more than one Notice of Privacy Practices, we will provide you with the Notice that pertains to you. The notice is provided and pertains to the named Medicaid beneficiary or other individual enrolled in the plan.

As a health plan that maintains a website describing our customer service and benefits, we also post to our website the most recent Notice of Privacy Practices which will describe how your health information may be used and disclosed as well as the rights you have to your health information. If our Notice has a material change, we will post information regarding this change to the website for you to review. In addition, following the date of the material change, we will include a description of the change that occurred and information on how to obtain a copy of the revised Notice in any annual mailing required by 42 CFR Part 438.

#### **Complaints**

Complaints about this Notice of Privacy practices or about how we handle your health information should be directed to the Privacy Officer at 4600 Emperor Blvd Durham, NC 27703 or by calling (800) 510-9132. Alliance Behavioral Healthcare will not retaliate against you in any way for filing a complaint. All complaints to Alliance Behavioral Healthcare must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019.

Si necesita información en español, llámenos al (800) 510-9132.

#### **Alliance Behavioral Healthcare History of Notice of Privacy Practices:**

Original Approval Date: June 2012

Revised: September 23, 2013 (Removed activities including fundraising, genetic information & underwriting, research; added information to Rights to be Notified of a Breach; changes to NCTOPPS; added use or disclosure of Substance Abuse with consent or as permitted.)

Revised: August 15, 2017 Added the History of changes to the Notice of Privacy Practices

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