



HIPPA NOTICE OF PRIVACY PRACTICE

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

We are required by law to protect the privacy of health care information about you and that identifies you. This may be information about health care services that we 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 this Privacy Notice explaining our legal duties and privacy practices with respect to health care information. We are legally bound to follow the terms of this Notice. In other words, we are only allowed to use and disclose health care information in the manner that we have described in the 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 health care information 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

Understanding Your Health Record and Information

Each time you visit a hospital; physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test, diagnosis, treatment and a plan for future care or treatment. This information, which is often referred to as your health or medical record, serve as a basis for planning your care as well as a legal document describing the care you received.

Authorization- As a general rule, WDFS. will not disclose healthcare information about you outside our organization without authorization (signed permission) from you or your legally responsible person/personal representative unless otherwise permitted/required by state and federal confidentiality/privacy laws. If you sign an authorization allowing us to disclose healthcare information about you, you may later revoke or cancel it (except in very limited circumstances related to insurance coverage). If you would like to revoke your authorization, you may do so orally to a Release of Information Clerk or Medical Record Manager or in writing by filling out a revocation form. Your consents are valid for one year from signature date. You may obtain these forms from the receptionist at any WDFS. site. When an authorization is revoked, WDFS. will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

How We May Use and Disclose Your Healthcare Information We use and disclose healthcare information about clients every day. This section of the notice explains in some detail how we may use and disclose healthcare information about you in order to provide healthcare, obtain payment for healthcare and operate our business efficiently. As stated above, as a general rule, WDFS. will not use/disclose healthcare information about you outside our organization without authorization from you unless otherwise permitted or required by state and federal confidentiality/privacy laws. The following offers more description and some examples of our potential uses/disclosures of your healthcare information.

IF YOU ARE BEING SEEN FOR A SUBSTANCE ABUSE PROBLEM, THIS USES/DISCLOSURE SECTION OF THE PRIVACY NOTICE DOES NOT APPLY TO YOU. PLEASE READ THE SUBSTANCE ABUSE USES AND DISCLOSURES SECTION. NOTE: THE REST OF THE SECTIONS OF THIS NOTICE DO APPLY TO YOUR RIGHTS AND HOW TO FILE A COMPLAINT

Treatment: We will use your health information for treatment. For example, information obtained about you by a therapist, psychiatrist, direct care staff, nurse or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will also record goals that you established and the interventions used to help prescribed for you as well as your response to those medications. We may disclose information to other treatment providers that contract with us.

Payment: WDFS. bills your insurance. Accepted Insurances are: Medicaid, other outpatient. Some insurance companies require a copay. You will be required to pay the copay at the time services are rendered.

Healthcare Operations: We will use your health information for healthcare operations. For example, members of the treatment team and quality improvement staff may use information in your record to assess the care and outcomes in your case. This information will be used in an effort to continually improve the quality and effectiveness of the services we provide. We may also contact you via email or phone to provide you appointment reminders or information about treatment choices and services that may be of interest to you.

Persons Involve in Your Care: We are required by state law to disclose limited information about you that is relevant to your care to: your next of kin or other family member involved in your care or other person designated by you. Some of the disclosures require your written or oral authorization; some require only that we notify you of the request.

Your protected health information may be disclosed ***without*** a release of information in the following cases:

Under court order; to an internal client advocate; when client has left a 24 hr facility and appropriate individuals need to be notified; any suspected abuse/neglect or communicable diseases; to client's attorney and attorney representing the State if client is facing court hearings; to department of corrections if client is or has been imprisoned; for purposes of filing petition for involuntary commitment or adjudication of incompetence; to the agency's attorney; when there is imminent danger to the health, safety of client or another individual or when there is the likelihood of the commitment of a felony or violent misdemeanor; to health care provider who is providing emergency services; to another NC MH facility, provider of support services, Secretary, physician or other individuals when necessary to coordinate appropriate and effective care; for approved research and planning, audits and statistical purposes.