

BEAUFORT COUNTY DEVELOPMENTAL CENTER, INC.
NOTICE OF PRIVACY PRACTICES
Effective Date: May 7, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH INFORMATION ABOUT YOU

We understand that your protected health information (PHI) is personal and private. This Privacy Notice describes how we may use or disclose protected health information (“PHI”) for treatment, payment and health care operations (“TPO”) consistent with the requirements established by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

We are required under federal law to protect the privacy of health information about you and that identifies you. This health care information may be information about the care we provide to you or payment for the care provided to you. It may also be information about your past, present, or future medical condition.

We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health care information. We are legally required to follow the terms of this Notice. We are only allowed to use and disclose medical information in the manner that we have described 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 health 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. You may always contact our Privacy Officer at 252-946-0151 to obtain a copy of the current Notice.
- Post the new Notice on our website at www.bcdcsolutions.org.

The remainder of this Notice will:

- Explain how protected health information about you may be used and disclosed
- Explain your rights with respect to your protected health information (“PHI”)
- Explain how and where you may file a privacy-related complaint

WE MAY USE AND DISCLOSURE PHI WITHOUT YOUR AUTHORIZATION

This section explains how we may use and disclose PHI information about you in order to provide, coordinate or manage your care and related services, obtain payment for services, and operate our programs efficiently. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. Treatment

Information may be used and disclosed when communicating with other health care providers regarding your care and coordinating and managing the services provided to you with others. (EXAMPLE: Should you break your leg, the doctor treating you may need to know that you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that appropriate meals could be arranged. In addition, health information may be disclosed about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.)

2. Payment

We may use and disclose health care information about you to obtain payment for health care services that you receive to obtain payment for those services. We may also disclose health care information about you to others (such as insurers) as mandated by state and federal regulations. (EXAMPLE: In order for your provider to receive payment for services, the contractor who processes claims for payment must have enough information about you to verify and pay for the services you received.)

3. Health Care Operations

We may disclose your protected health information to perform a variety of business activities that we call "health care operations." These operations allow us to improve the quality of care and services we provide and reduce health care costs.

Examples of how we may use or disclose information about you include:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, professional and non-professional staff to help them practice or improve their skills.
- Provide information to certifying and licensing agencies so that staff may fulfill professional requirements.
- Planning for our agency's future operations and fundraising activities.
- Reviewing and improving the quality, efficiency and cost of services that we provide.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the services we provide.
- Resolving grievances within our agency.
- Entering information into electronic databases for use in quantifying/evaluating service utilization/access, cost analysis, service effectiveness/outcome analysis, service management, compliance with reporting requirements of primary governmental funding sources.
- Reviewing activities and using or disclosing PHI in the event that there was a significant change in the control of our agency.
- Complying with this Notice, and working with others who assist us in complying with this Notice and applicable laws.

4. Business Associates

We provide some services through contracts with business associates who are not employees of Beaufort County Developmental Center. Your authorization to disclose the information may or may not be required. We may disclose your health information to our business associates so they can perform specific jobs we require. To protect your health information, however, they too are required to appropriately safeguard your information. Examples of a business associate may include, but is not limited to: software/hardware vendors, auditors, record management vendors and area service agencies. EXAMPLE: Jane is a consumer at the Center. Our auditors are here performing a compliance audit. Jane's record has been chosen for review. The audit may be performed without Jane's authorization.

5. Persons involved in your care.

We may disclose health information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the consumer is a minor, we may not disclose health care information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. For more information on the privacy of minor's information, contact our Privacy Officer at 252-946-0151.

In addition, health information may be used or disclosed about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose PHI information about you to persons involved in your care. We will agree to your request and not disclose information except in certain limited circumstances (such as emergencies). If you are a minor, we may or may not be able to agree with the request.

We may use or disclose certain protected health information (PHI) without written authorization in limited circumstances such as: those required by law; public health activities, health oversight activities, disclosures about abuse, neglect, or domestic violence; judicial and administrative proceedings; law enforcement purposes; and certain government functions. NOTE that this list is not exhaustive and is not limited to the following examples:

6. When required by law.

We will disclose health care information about you whenever we are required by law to do so. For example, when a disclosure is required in response to an order of a court or administrative tribunal; in response to a subpoena, discovery request or other lawful process.

7. National Priority Uses and Disclosures

When permitted by law, we may use or disclose health care information about you without your permission for various activities that are recognized as “national priorities.” This is when the government has determined that under certain circumstances, it is so important to disclose health care information that it is acceptable to disclose the information without the individual’s permission. We will only disclose health care information about you in the following circumstances when we are permitted to do so by law.

- **When necessary for public health activities.** For example, we may use and/or disclose PHI about you if you have been exposed to communicable disease or may be at risk of contracting or spreading a disease or condition; or when use and/or disclosure relates to victims of abuse, neglect or domestic violence.
- **Threat to health or safety.** We may use and/or disclose PHI about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **In health oversight activities.** We may use and/or disclose PHI about you to a state or federal health agency which is authorized by law to oversee our operations.
- **Abuse and Neglect.** We may disclose PHI about you and we reasonably believe that you may be a victim of abuse or neglect.
- **In Court proceedings.** We may disclose medical information about you to a court or an officer of the court, or attorney. We may disclose PHI information about you to a court if a judge orders us to do so.
- **When required by law enforcement.** We may disclose PHI about you in order to comply with specific law enforcement purposes.
- **Workers compensation.** We may disclose PHI about you in order to comply with workers’ compensation law.
- **Coroners and others.** For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you in the event of your death. Information may also be disclosed to other organizations that help with organ, eye and tissue donation purposes as necessary to carry out their duties.
- **When the use and/or disclosure relates to medical research.** We may use and/or disclose PHI about you to research under certain circumstances.
- **When the use and/or disclosure relates to specialized government functions.** We may disclose PHI about you if it relates to certain government functions, including but not limited to military and veteran’s activities, national security and intelligence activities, protective services for the president, and medical suitability determinations of the Department of State.

ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your

written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

YOUR RIGHTS WITH RESPECT TO PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you.

1. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that we limit the use and disclosure of PHI about you for treatment, payment and health care operations. We are not required to agree to your request. However, if we do agree to your request, we will adhere to your restrictions except in certain situations where your restrictions may not be followed. (EXAMPLE: If the information is necessary for emergency treatment.) You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

2. You have the 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 prefer to have all written information mailed to your work address rather than to your home address. Your request must be in writing. We must accommodate reasonable requests for alternative methods of contact. If you would like to request an alternative method of contact, you may write us a letter or fill out an Alternative Contact Request Form. The Alternative Contact Request Forms are available from our Administrative Office.

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of PHI about you that we maintain in your record. If you would like to inspect or receive a copy of PHI about you, you must provide us with a request in writing. If you request a copy of your PHI, you will be charged a fee to cover the costs of the copy. Instead of a providing you with a full copy of the PHI, we may give you a summary or explanation of the information. You may request this information by writing a letter or by completing an Access Request Form which is available from our Administrative Office. There are certain situations in which we are not required to comply with your request. If we deny your request, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. Contact our Administrative Office for more information on these services or possible additional fees.

4. You have the right to request your PHI be amended.

You have the right to have us amend (correct or supplement) PHI about you that we maintain in certain records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. Your request must be in writing and must explain your reason(s) for the amendment. Your request may be denied in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision and we will share your statement whenever we disclose the information in the future. You may request that your PHI be amended by writing us a letter or completing an Amendment Request Form which is available in our Administrative Office.

5. Right to an Accounting Disclosure.

You have the right to request a list accounting of PHI disclosures about you, except for uses and disclosures for treatment, payment, and health care operations, that we have made for the previous six (6) years. The accounting will also not include disclosures made prior to April 14, 2003. A listing may be requested in writing by or by completing an Accounting Request Form which is available in our Administrative Office.

If you request a list of disclosures more than once every twelve (12) months, we may charge you a reasonable fee.

6. Right to a Paper Copy of this Notice.

You have a right to have a paper copy of this Notice of Privacy Practices at any time. To obtain a copy, you may contact our Administrative Office. In addition, you may obtain a copy of this Notice from our website, www.bcdcsolutions.org. This Notice will also be posted in our waiting area.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that we have violated your privacy rights, or you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

To file a written complaint with us, or if you would like to know how to file a complaint with the Secretary of the Department of Health and Human services, please contact our Privacy Officer at 252-946-0151.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE.

We request that you sign a separate form or notice acknowledging that you have received a copy of this notice. If you choose, or are unable to sign, a staff member will sign their name and date that this acknowledgment was given to you. This acknowledgment will be filed with your records.