



**NOTICE OF PRIVACY PRACTICES
OF
EVERGREEN BEHAVIORAL MANAGEMENT, INC.**

**THIS NOTICE IS EFFECTIVE ON APRIL 1, 2003 – REVISED
JANUARY 1, 2008**

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

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

We are required by law to protect the privacy of health care information about you and that can be identified with you. This may be information about health care services that we provide to you or payment for health care 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 **Notice of Privacy Practices** 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 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 care information that we maintain. If changes are made to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may also contact our Privacy Officer at 1-910-641-0600 to obtain a copy of the current Notice.)
- Posted on our website located at: www.evergreenhealthservices.com

The rest of this Notice will:

- Discuss how we may use and disclose health care information about you
- Explain your rights with respect to health care information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may contact our Privacy Officer at 1-910-641-0600.

**WHAT IS A MEDICAL RECORD?
WHAT INFORMATION IS IN THE MEDICAL RECORD?**

Each time you receive a service from, or speak to a representative of the Evergreen Behavioral Management, Inc., a record of that contact may be maintained. The information is collected and maintained in what is referred to as your Medical Record. Your Medical Record contains information about your mental health history, your physical health, (as appropriate), current symptoms, assessment, test results (if appropriate), diagnosis, treatment, medications, legal history (as appropriate), demographic information, financial information, family history (as appropriate), your progress, and a plan for your current and future treatment. The information contained in your Medical Record serves the following purposes:

- It is the basis for the planning of your care and treatment.
- It is a way for the various mental health professionals involved in your care to communicate.

- It is a legal document describing the care that you have received.
- It is a means by which you or an insurance payer can verify that you actually received the services billed.
- It is a tool to assess the appropriateness and quality of care that you received.
- It is a source of information for state mental health officials who are charged with improving mental health care across the state; and
- It is a tool to improve the quality of mental health care and achieve better mental health Client outcomes.

Understanding what information is contained in your Medical Record and how it is used helps you to:

- Ensure the accuracy and completeness of the information;
- Understand who, what, where, why, and how others may have access to your mental health information;
- Make informed decisions about authorizing (or giving permission) disclosure of your information to others; and
- Better understand your health information rights that are detained below.

II. WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

This section of our Notice explains in some detail how we may **use and disclose health care information about you** in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health care information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, you may contact our Privacy Officer at 1-910-641-0600.

1. Treatment

We may use and disclose health care information about you to provide health care treatment to you. In other words, we may use and disclose health care information about you to provide, coordinate or manage your mental health treatment and related services. This may include communicating with other mental health professionals and other health care providers regarding your treatment and coordinating and managing your health care.

Example:

- As a client of Evergreen Behavioral Management, the receptionist may use health care information about you when setting up an appointment.
- Your counselor may consult with a psychiatrist and/or other mental health professionals who are employed by the agency, and who are involved in coordination of your care for development of service plans/service needs, medications, and/or other diagnostic evaluations.
- Your counselor may send information from your medical record for treatment and service planning coordination to a specialist to whom you have been referred.
- You have been taken to the local hospital emergency room experiencing a psychiatric crisis. The hospital may disclose your protected health information to the mental health provider in order to determine if you are currently receiving services and to inquire about your psychiatric history. We may inform the hospital of your diagnoses and medications so that the hospital can provide appropriate treatment for you.

2. Payment

We may use and disclose health care information about you to **obtain payment for health care services** that you received. This means that, within the Evergreen Behavioral Management or contracted agency, we may use health care information about you to arrange for payment (such as preparing billing and managing accounts). We also may **disclose** health care information about you to others (such as insurers, collection agencies, and or client reporting agencies) except as mandated by state and federal regulations. In some instances, we may disclose health care information about you to an insurance plan **before** you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example:

- You are a client at Evergreen Behavioral Management and have given authorization for Evergreen to file insurance (private, Medicaid, Medicare, etc.) for payment for services provided. The Evergreen Behavioral Management billing clerk will **use** health care information about you when preparing a bill for the services provided. Health care information about you will be **disclosed** to your insurance company when the billing clerk sends the bill.
- Following the initial intake, it is determined that you need to be referred for additional services provided by another mental health professional/program such as a partial hospitalization program, residential treatment center, etc., the Patient Relations Representative may contact your insurance company in order to determine whether the plan would pay for the services and/or the number of sessions allowed by the insurance company.

3. Health care operations

We may use and disclose health care information about you in performing a variety of business activities that we call **“health care operations”**. These “health care operations” activities allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health care information about you in performing the following activities:

Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.

- Providing training programs for students, trainees, health care providers or non-health care professions to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify, or license health care providers, staff, or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other Clients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide,

including government agencies and private organizations.

- Planning for our organization’s future operations.
- Resolving complaints, grievances, and appeals within our organization and/or contract agencies.
- Reviewing our activities and using or disclosing health care information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants, or other providers) who assist us to comply with this Notice and other applicable laws.

Example:

- You are diagnosed with depression. We may use your health care information, as well as health care information from all other Evergreen Behavioral Management clients diagnosed with depression, to develop an educational program to help clients recognize the early symptoms of depression. (Note: The educational program would not identify any specific clients without their permission.)
- You submit a grievance in reference to services provided and/or in reference to a violation of your rights as a client. Your medical record is reviewed by the Risk Management Committee to evaluate the quality of the care provided to you, and may be sent to our attorney for further review and/or discussion.

4. Persons Involved in Your Care

We may disclose health care 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 except as mandated by state and federal regulations. If the Client is a minor, we, may disclose health care information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstance. For more information on the privacy of minor’s information, contact our Privacy Officer at 1-910-641-0600.

We may also use or disclose health care information 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 health care information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the client is a minor. If the client is a minor, we may or may not be able to agree with your request. (Federal Confidentiality of Alcohol and Drug Abuse Records, 42 CFR - Part 2).

Example:

- A family member or a close personal regularly comes with you for your appointments and he helps you with your medication. When the physician and/or your counselor is discussing a new medication and/or treatment planning with you, these persons may be invited to come into the counselor’s office to discuss medications and/or treatment.

5. Required by Law

We will use and disclose health care information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health care information. For example, state law requires us to report known or suspected child abuse or neglect - to the Department of Social Services. We will comply with those state laws and with other applicable laws.

6. 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”. In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health care information that it is acceptable to disclose health care 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. For more information on these types of disclosures, contact our Privacy Officer at 1-910-641-0600.

- **Threat to health or safety:** We may use or disclose health care information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose health care information about you for public health activities. Public health activities require the use of health care information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of disease.
- **Communicable diseases:** Under State law, we are required to report certain types of communicable diseases to the Public Health Department such as syphilis, tuberculosis, HIV, and AIDS. The State has developed a long list of diseases we must report. Under State law, information about these communicable diseases is more sensitive than other types of health information and therefore must have added confidentiality protections. We will only disclose information to Public Health in very limited circumstances without your written authorization.
- **Abuse, neglect or domestic violence:** We may disclose health care information about you to a governmental authority (such as the Department of Social Services) if you are an adult and we are reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose health care information about you to a health oversight agency-which is basically an agency responsible for overseeing the health care system or certain governmental programs. For example, a government agency may request from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose health care information about you to a court or an officer of the court (such as an attorney) with an appropriate order from a judge. For example, we would disclose health care information about you to a court if a judge orders us to do so.
- **Law Enforcement:** We may disclose health care information about you to law enforcement official for specific law enforcement purposes. For example, we may disclose limited health care information about you to the police if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose health care information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Worker’s compensation:** We may disclose health care information about you in order to comply with workers’ compensation law.
- **Research organizations:** We may use or disclose health care information about you to research organizations if the organizations if the organization is satisfied certain conditions about protecting the privacy of health care information.
- **Certain government functions:** We may use or disclose health care information about you for certain government functions, including but not limited to military and veteran’s activities and national security and intelligence activities. We may also use or disclose health care information about you to a correctional institution in some circumstances.

7. Authorization

Other than the uses and disclosures described above we will not use or disclose health care information about you without the written authorization from you or your personal representative.

If you sign a written authorization allowing us to disclose health care information about you, you may later revoke (or cancel) your authorization in writing (except information which has already been released or in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you must request revocation in writing or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will no longer use or disclose protected health information about you for the purposes that had authorized in writing except to the extent that we have already relied upon your authorization and taken some action.

8. Appointment Reminders

We may use and/or disclose information to contact you to provide a reminder about an appointment you have for treatment. You may request that reminders and other contacts be made to a different location.

III. YOU HAVE RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU

This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at 1-910-641-0600.

1. Right to a Copy of this Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. We will provide a copy of this **Notice** no later than the first day you receive services from us (except for emergency services and then will provide your copy as soon as possible).

2. Right of Access to Inspect and Copy

You have the right to see, review and to receive a copy of health care information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health care information about you, you must provide us with a request in writing. You must sign an access Request Form. Forms are available from our Privacy officer. Procedures apply when you request to review or to receive copies.

We may deny your request in certain circumstances and we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you receive copies of health information, we will charge a fee not to exceed the community standard rate for the costs of copying, mailing, or other supplies associated with your request. The amount is due upon receipt of the copied information. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation. You may contact our Privacy Officer at 1-910-641-0600 for information on these services and any possible fees.

3. Right to Amend Your Health Care Information

If you feel that information we have about your is inaccurate or incomplete, you have the right to request that we amend (which means correct or add) health care information about you that we maintain in certain groups of records. Upon your receipt of your request, we may amend the disputed information and notify others who have copies of the inaccurate or incomplete information, and send the corrected portions. If you would like to amend information, you must sign a **Request to Amend Health Information Request Form**. Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. (1) Information was not created by us, (2) Information is not part of record, (3) We believe information is correct. 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 to deny your changes. We will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years (beginning April 14, 2003). If you would like to receive an accounting, you must sign an Accounting Request Form, or contact our Privacy Officer. Forms are available from our Privacy Officer. We are required to provide a listing of our disclosure except the following:

- For your treatment,
- For billing and collection of payment for your treatment,
- For our health care operations,
- Made to, or requested by you, or that you authorized,
- Occurring as a byproduct of permitted uses and disclosures,
- Made to individuals involved in your care,
- Allowed by law when the use and disclosure relates to correctional institutions, and other law enforcement custodial situations,
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include date of disclosure, name of person receiving information, a brief description of information disclosed and purpose.

If you request an accounting more than once every twelve (12 months), we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restriction on Uses and Disclosures

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you.

We are **not** required to agree to your request to restrict use of disclosure of your information within our program or among the health care/mental health professionals currently involved in your care.

However, if we do agree to your request, we will comply with your requested restriction unless the information is needed to provide 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. To request restrictions, you must submit your request in writing to the Health Information Management Department. The request must include the following information:

- What information you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply, for example, disclosures to your spouse

6. Right to Request an Alternative Method of Communication:

You have the right to request that we communicate with you about services provided (appointments, etc.) in a certain manner or at a certain location. For example, you prefer that we only contact you by telephone at a designated number, or by mailing all written information (notification of appointments, etc) to an address other than your home address.

If you wish to request an alternative method of communication, you must submit your request in writing to the Health Information Management Department and specific how or where you wish to be contacted. All reasonable requests will be honored.

IV. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. 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 worker, his/her supervisor, the Privacy Officer or you may mail it to the following address:

**Privacy Officer
Evergreen Behavioral Management, Inc.
P. O. Box 425
Whiteville, North Carolina 28472**

To file a complaint with the federal government, you may send your complaint to the following address:

**Secretary of U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
202-690-7000**

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Note:

- 1) This notice is posted at each facility service delivery site.
- 2) This notice is available on our Website: www.evergreenbehavioral.com.
- 3) Is available upon request to any person.

V. EFFECTIVE DATE OF THIS NOTICE IS APRIL 1, 2003