



## **Notice of Privacy Practices of Children's Hope Alliance**

**Effective:** April 14, 2003

**Revised:** October 21, 2020

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.**

If you have any questions or requests, please contact:

Children's Hope Alliance  
P.O. Box 1  
Barium Springs, NC 28010  
704-873-1011  
704-924-7683

**Privacy Officer: Celeste Dominguez**

[cdominguez@childrenshopealliance.org](mailto:cdominguez@childrenshopealliance.org)



### **Who Follows This Notice**

This Notice of Privacy Practices applies to entities owned or managed by Children's Hope Alliance as well as our employees, trainees and volunteers that have access to protected health information. While certain business associates who represent us may have access to protected health information, they are required to maintain the confidentiality of that information.

### **Our Responsibilities**

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call "protected health information," or "PHI" for short. We must give you notice of our legal duties and privacy practices concerning:

- the agency's uses and disclosures of your PHI;
- your privacy rights with respect to your PHI;
- your right to file a complaint with the agency and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the our privacy practices

**Under any circumstances other than those described here that are allowed or required by law, we will ask for your written authorization before we use or disclose PHI about you.** If you authorize us to use or disclose your PHI, you may cancel that authorization at any time by informing the Privacy Officer in writing that you do not want any additional PHI exchanged with a particular person or agency. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation.

### **Minimum Necessary Standard**

When using or disclosing your PHI we will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI needed. However, the minimum necessary standard will not apply to disclosures to or requests by a health care provider for treatment; made to you or based on your authorization; for compliance made to the Secretary of the U.S. Department of Health and Human Services; required by law; and required for our compliance with legal regulations.

### **Changes to the Terms of This Notice**

We are required to abide by the terms of the notice currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted in our offices, and on our web site at <https://www.childrenshopealliance.org>.



## Uses and Disclosures

North Carolina state and federal law allow us to use and disclose your PHI **without your written permission** as follows:

- **To provide health care treatment to you**

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care and service providers regarding your treatment, and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, or when you need a referral for mental health or other health care services.

- **To obtain payment for services**

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. For example, if you have ABC insurance, we will report information regarding the medical treatment and services you received to ABC insurance in order to obtain payment for services provided.

- **For health care operations**

We may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. For example, we may use PHI to review our services or evaluate the performance of the providers taking care of you. We may share PHI with governmental agencies, so they can review the care we provide. We also may share PHI for training purposes.

In certain situations, we may use and/or disclose PHI about you and **you have an opportunity to object**. Unless you object, we may use or disclose PHI about you in the following circumstances:

- **To family member, friend or other person identified by you.**

We may share PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or health.

- **For disaster relief purposes.**

Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

- **For facility directories.**

For example, we may share your location in the facility with people who ask for you by name. We may also share your religious affiliation with clergy.

If you do not want us to use or disclose PHI about you in the above circumstances, you must inform the Privacy Officer in writing. If you are not able to tell us your preference, for example if you are



unconscious, we may share your information if we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

We may use and/or disclose PHI about you to contact you:

- **To provide appointment reminders.**

For example, we may call to remind you of an upcoming appointment for treatment or care.

- **To inform you of alternative treatment, services, products or health care providers.**

For example, if you are diagnosed with Attention Deficit Hyperactivity Disorder, we may contact you to tell you about nutritional and other counseling services that may be of interest to you.

- **To request your participation in fundraising activities.**

For example, we may use and/or disclose PHI about you to our foundation, to contact you to raise money for our agency, but you can tell us not contact you again. We would only release contact information and the dates you received services at our facility. If you do not want us to use your PHI to contact you for fundraising efforts you must notify our Privacy Officer in writing. Opting out will not affect your treatment and you can choose to opt-in anytime.

### **Health Information Exchange**

Children's Hope Alliance participates in North Carolina Health Information Exchange Network, called HealthConnex, operated by the North Carolina Information Exchange Authority (NCHIEA). An HIE is an electronic system that allows health care providers treating you to access and share PHI about you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from North Carolina programs like Medicaid and State Health Plan. We may also share other patient data with NC HealthConnex not paid for with State funds.

If you do not want NC HealthConnex to share your PHI with other health care providers who are participating in NC HealthConnex, **you must opt out by submitting a form directly to the Exchange**. You can locate instructions and download opt-out form from the NC Health Information Authority website at <https://hiea.nc.gov/patients/your-choices>. Please note, even if you opt out of NC HealthConnex, we are still required to submit PHI about you pertaining to health care services that are paid for by Medicaid or other NC State program. Your PHI may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law.

Opting out of NC HealthConnex will not adversely affect your treatment and you cannot be discriminated against if you do decide to opt out.

In these **cases we never share your information unless you give us written permission:**

- **Marketing purposes**
- **Sale of your information**
- **Most sharing of psychotherapy notes.**

Psychotherapy notes do not include service notes, or summary information about your mental health treatment. We may use and disclose such notes when needed by the Company to defend against litigation filed by you.

- **Client information protected by the Federal Substance Abuse Confidentiality Regulations.**



### **Special provisions for minors under North Carolina Law**

North Carolina law allows minors, to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State of North Carolina; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance with or without the consent of a parent or guardian. This information will remain confidential, unless your doctor determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment.

If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information.

We may use and/or disclose PHI about you for a number of **circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object.**

Those circumstances include disclosures that are:

- **Required by law.**
- **Necessary for public health risks.**
  - to prevent or control disease, injury or disability;
  - to report births, deaths, and certain injuries and illnesses;
  - to report child abuse or neglect;
  - 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;
  - to report concerns that a patient has been the victim of abuse, neglect or domestic violence.
- **For health oversight activities.** We may disclose PHI about you to a state or federal health oversight agency to complete activities authorized by law such as licensure.
- **To law enforcement.**
  - in response to a court order or administrative tribunal.
  - 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 or injury we believe may be the result of criminal conduct;
  - about suspected criminal conduct at CHA or on CHA property; 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.
- **Related to death.** We may disclose PHI about you to coroners or medical examiners, to carry out their duties
- **For research purposes.**
- **To prevent a serious threat to health or safety.** We may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of you, or a person or the public.



- **To correctional institutions and in other law enforcement custodial situations.** For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.
- **To our business associates to carry out treatment, payment, or health care operations on our behalf.** For example, we may disclose health information about you to a company who bills insurance companies for our services.
- **As required by military command authorities,** if you are a member of the armed forces.
- **For authorized Worker's Compensation activities.**

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Right to a copy of this Notice.**

We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible). You have the right to request a paper copy of this Notice at any time by contacting the Privacy Officer. In addition, copies of this *Notice* have been posted on our website in the common areas of all service sites.

- **Right to request restrictions on uses and disclosures of your PHI.**

You have the right to request that we restrict the use and disclosure of your PHI for treatment, payment, or health care operations; or facility directory; or to family members and others involved in your care. However, we are not required to agree to your requested restrictions. Even if we agree to your request, in certain situations your restrictions may not be followed, including emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and situations described in this Notice. You may request a restriction by sending it, in writing, to the Privacy Officer. We have the right to limit or deny services in the event you decide to restrict us in the necessary disclosure of your PHI (e.g., the disclosure of information for payment purposes).

- **Right to request different ways to communicate with you.**

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by a written request to the Privacy Officer or at the time of admission.

- **Right to request to see and copy your PHI.**

You have the right to request to see and receive a copy of PHI contained in clinical, service, billing and other records used to make decisions about you. We may charge you related fees. Instead of



providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, 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. You may request to see and receive a copy of PHI by written request to the Privacy Officers.

▪ **Right to correct errors in your PHI.**

You have the right to request that we make amendments to clinical, service, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 4 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by contacting the Privacy Officer.

▪ **Right to know who has received your PHI.**

If you ask our contact person in writing, you have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For 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, for directory or notification purposes Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and
- As part of a limited set of information which does not contain certain information which would identify you
- Submissions to NC HealthConnex

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by making a written request to the Privacy Officer.





- **Right to breach notification.**

You have the right to receive notice in there is a breach of your unsecured PHI.

- **Right to file a complaint for privacy practices.**

If you have questions about this Notice, if you think we have violated your privacy rights, or if you want to complain to us about our privacy practices, you can contact our Privacy Officer by phone, email or US Mail using the contact information below:

Privacy Officer: Celeste Dominguez  
cdominguez@childrenshopealliance.org  
Children's Hope Alliance  
P.O. Box 1  
Barium Springs, NC 28010  
(704) 871-1011

You may also file complaint with the United States Secretary of the Department of Health and Human Services by calling 1-800-368-1019 or submit a written complaint by following the instructions at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

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

#### **Effective Date of this Notice**

**This Notice of Privacy Practices is effective on April 14, 2003 and updated December 27, 2005, June 17, 2008, and October 22, 2020.**