NOTICE OF PRIVACY PRACTICES
O’Berry Neuro-Medical Treatment Center

Revision Effective Date: 9/23/13

Responsibilities of O’Berry Neuro-Medical Treatment Center

O’Berry Neuro-Medical Treatment Center (ONMTC) is required to abide by the terms of the notice currently in effect and is required by law to maintain the privacy of protected health information and to provide each Individual or guardian/legal representative with notice of our legal duties and privacy practices with respect to protected health information which may include intellectual/developmental disabilities, mental health, and/or clinical services and treatments that are provided to you, payment for health care services and treatments, or other health care operations provided on each Individual’s behalf.

O’Berry Neuro-Medical Treatment Center is required by law to inform you or your Guardian/Legal representative of our legal duties and privacy practices with respect to your health information through this Notice of Privacy Practices. This Notice describes the ways we may share past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this Notice. We do, however, reserve the right to change the terms of our notice and to make new notice provisions effective for protected health information that we maintain. Any changes to this Notice will be posted in our facility and on our facility website at www.ncdhhs.gov/dsoh/oberry. Copies of any revised Notices will be made available upon request.

If at any time, you have questions or concerns about the information in this Notice or about our facility’s privacy practices, procedures and practices, you may contact our facility Privacy Official at 919-581-4676.

Use and Disclosure of Health Information Without Your Authorization

O’Berry Neuro-Medical Treatment Center performs some functions through contacts with other agencies and through private contractors and business associates. When services are contracted, ONMTC must share enough information about you with its contractors and business associates.
so that the private contractors and business associates can perform the job that ONMTC has asked them to do.

**Treatment:** *O’Berry Neuro-Medical Treatment Center* may use your health information, as needed, in order to provide, coordinate or manage health care and related services for you. This includes sharing the health information with other health care providers within this agency. *(Example: The interdisciplinary team composed of the O’Berry clinicians and professionals who serve you will need to review assessments and treatment information to discuss and provide care for long term care.)*

We will disclose your health information outside of ONMTC for treatment purposes only with the Guardian or Legal representative’s consent or when otherwise allowed under state or federal law. *(Example: We may disclose health information to other mental health facilities, clinical or treatment professionals. Example: We may share your health information with one of our outside medical or dental service providers.)*

**Payment for Services:** The treatment provided all Individuals’ will be shared with our ONMTC billing department so that billing can take place for services rendered. We may also share your health information with facility staff who reviews services provided to make certain care and treatment is appropriate. We will not disclose health information outside of ONMTC for billing purposes without the Guardian or Legal representative’s consent except in certain circumstances when we need to determine if you are eligible for benefits such as Medicaid, Medicare or Social Security. *(Example: Our billing staff may contact your local Department of Social Services to determine if you are currently eligible for Medicaid or would qualify for Medicaid. Example: Our billing department will collect insurance and other financial information at the time of admission to assist with eligibility determination.)*

**Health Care Operations:** *O’Berry Neuro-Medical Treatment Center* may use or disclose an Individual’s health information in performing a variety of business activities that we call “health care operations”. Some examples of how we may use or disclose your health information for health care operations are:

- Review the care provided to you and evaluating the performance of your interdisciplinary/habilitation team to ensure quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who serve you at ONMTC.
- Provide training programs for ONMTC staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that you receive.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities, such as the Division of Health Service Regulation.
- Allow ONMTC attorney to use your health information when representing ONMTC in legal matters.
- Resolve grievances within ONMTC.
- Provide information to internal client advocates who represent your interests.

**Other Circumstances:** *O’Berry Neuro-Medical Treatment Center* may disclose your health information for those circumstances that have been determined to be so important that authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed.

Those circumstances include disclosures that are:

- Required by law;
For public health activities. **Example:** we may disclose health information to public health authorities regarding communicable diseases to protect public health or the spread of a disease or at the request of the State or Local Health Director.)

- Regarding abuse, neglect or domestic violence;
- For health oversight activities such as audits, investigations, and inspections for maintaining licensure and certification of O’Berry Neuro-Medical Treatment Center as an Intermediate Care Facility for Intellectual/Developmental Disabilities and as a Specialized Nursing Facility.
- For law enforcement purposes, pursuant to legal process and as otherwise required by law, purposes of identification and location, in response to request for information about an Individual suspected to be a victim of a crime; and about an individual who has died if there is suspicion that death resulted from criminal conduct;
- For court proceedings such as court orders to appear in court;
- For descendants, when a coroner or medical examiner needs to identify a deceased person or determine the cause of death, or to a funeral director as is necessary to carry out his or her duties as authorized by law;
- For donation of organs or tissue to an organization that procures, banks, or transports organs for the purpose of an organ, eye or tissue donation and transplantation.
- To avert a serious threat to the health or safety of a person or the public;
- For specialized government functions such as national security;
- To correctional institutions or other law enforcement officials when you are served by O’Berry Neuro-Medical Treatment Center but are in their custody;
- For Worker’s Compensation in cases pending before the Industrial Commission;
- To your next of kin or other person (who has been involved in the care of the client) prior to admission (as identified by the Individual). The disclosure will be limited to the fact of admission, discharge, transfer, or information related to obtaining legal guardianship for you.
- For contracts with our Business Associates, since they are performing services for ONMTC or on our behalf; and
- For clinical research, when research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Contacting You**

*O’Berry Neuro-Medical Treatment Center* may contact the your Guardian/Legal representative or other established personal representative for the following reasons:

- To remind you of upcoming meetings. **Example:** This agency may send a meeting notice to the Guardian’s home as an invitation to participate in a treatment/care planning meeting for you.)
- To make you aware of alternative treatment, services, products or health care providers that may be of interest to improve your care. **Example:** If you are receiving treatment for a particular condition and your health care team learns of a new or alternative treatment, we may inform you or Guardian/Legal representative of the available treatment.)
- To inform you or Guardian/Legal representative of a change in your medical condition; and
- To contact you or Guardian/Legal representative to request your participation in raising funds for this agency. **Example:** If our agency Foundation requested information in order to contact you for fund-raising efforts, we would only release your name, address and telephone number.) If you object to being contacted in this way for fund-raising efforts, you must notify our Privacy Official who is listed in this *Notice.*
Disclosure of Your Health Information That Allows You An Opportunity To Object

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for your care may disclose the fact of your admission to or discharge from ONMTC to your next of kin
- Disclosure to public or private agencies providing disaster relief. (Example: We may share your health information with the American Red Cross following a major disaster such as a flood.)

Disclosure of Your Health Information That Requires Your Authorization

Other uses and disclosures will be made only with your written authorizations and you may revoke such authorization as provided by § 164.508(b)(5).

O’Berry Neuro-Medical Treatment Center will not disclose your health information without you or Guardian/Legal representative authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization allowing us to share or request health information. Before you or Guardian/Legal representative sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing ONMTC Privacy Official that you do not want any additional health information about you exchanged with a particular person/agency. You or Guardian/Legal representative will be asked to sign and date the Authorization Revocation section of the original authorization; however, verbal notice of revocation is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

ONMTC Areas of Nondisclosure of Your PHI

O’Berry Neuro-Medical Treatment Center does NOT participate in the following, at this time. If, at any time, we begin any of these activities we will not disclose your specific protected health information without you, or Guardian/Legal representative’s authorization.

- Sale of your specific information,
- Use of your specific information for marketing purposes,
- Use of your specific information for fundraising purposes,
- NOTE: If ONMTC or The O’Berry Center Foundation ever decides to use your specific information for fundraising purposes you will be given the opportunity to opt out of receiving such communications.
- Use of genetic information for underwriting purposes,
- Maintenance of psychotherapy notes.

Your Rights Regarding Your Health Information

You or Guardian/Legal representative can exercise the following rights regarding your health information as created and maintained by this agency.

Right to receive a copy of this Notice
You or Guardian/Legal representative, have the right to receive a copy of O’Berry Neuro-Medical Treatment Center’s Notice of Privacy Practices. We are sending you this Notice and you are asked to sign an acknowledgement that you received it.

In addition, copies of this Notice have been posted in several public areas throughout this agency. You have the right to request a paper copy of this Notice at any time from our Residential Services Office in the O’Berry Administration Building, or our agency Privacy Official in the Client Information Department, or the Internet website at, www.ncdhhs.gov/dsohf/oberry.

Right to receive notice of Breach
You or Guardian/Legal representative has a right to be notified when a breach of your unsecured protected health information has occurred.

Right to request different ways to communicate with you
You or Guardian/Legal representative, have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from ONMTC be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to ONMTC Privacy Official.

Right to request to see and copy the health information for the person you represent
You or Guardian/Legal representative have the right to request to see and receive a copy of health information in the designated record sets that are used to make decisions for you. Your request must be in writing and forwarded to our ONMTC Privacy Official. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of your health information record, we may give you a summary or explanation of the health information, if you agree, in advance, to that format and to the cost of preparing such information.

Your request may be denied by your physician or a professional designated by our Center Director under certain circumstances. If we do deny your request, we will explain our reason for doing so, in writing, and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our ONMTC Privacy Official to request that a copy of the health information be sent to a physician or psychologist of your choice.

Right to request amendment of an Individual’s health information
You or Guardian/Legal representative have the right to request changes in your health information in the designated record sets used to make decisions for you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request, in writing, to our ONMTC Privacy Official and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change the health information, we will add your amendment but will not destroy the original record. In addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received the health information and who need the changes.
We may deny your request if:

- The information was not created by O'Berry Neuro-Medical Treatment Center (unless you prove the creator of the information is no longer available to change the information);
- The information is not part of the designated record set used to make decisions about you;
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change health information, we will explain to you, in writing, the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of your medical record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

**Right to request a listing of disclosures we have made**

You or Guardian/Legal representative has a right to a written list of disclosures of your health information. The list will be maintained for at least six years for any disclosures made after April 14, 2003. This listing 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.

This agency is not required to include the following on the list of disclosures:

- Disclosure for the your treatment;
- Disclosure for billing and collection of payment for your treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to persons involved in your care.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to request restrictions on uses and disclosures of health information**

You or Guardian/Legal representative has the right to request that we limit our use and disclosure of your health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about you to your next of kin or someone who was involved in your care prior to admission. For example, you could ask that we not disclose information your family history to other family members. Requests to restrict health information must be submitted, in writing, describing your specific restrictions.

We will make every attempt to honor your request but are not required to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).
You may cancel the restrictions at any time. In addition, ONMTC may cancel a restriction at any time, as long as we notify you of the cancellation.

Right to request restrictions of protected health information to a Health Plan

You, or Guardian/Legal representative have the right to request a restriction of the disclosure of your health information to a health plan, when you pay for service out of pocket, in full.

Violations/Complaints

If you, or Guardian/Legal representative believe we have violated your privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our agency Privacy Official. Contact information is as follows:

O’Berry Neuro-Medical Treatment Center
Privacy Official, Client Information Department
400 Old Smithfield Road
Goldsboro, NC 27530-8464
PHONE: 919-581-4676
FAX: 919-581-4179

You or Guardian/Legal representative may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone (404)562-7886
FAX (404)562-7881
TDD (404)562-7884

If you file a complaint, we will not take any action against you or change the quality of health care services we provide to you in any way.

Legal References

Primary Federal and State laws and regulations that protect the privacy of an Individual’s health information are listed below:


NC General Statutes – Chapter 122C, Article 3 (Client’s Rights and Advance Instruction), Part 1 (Client’s Rights).

NC Administrative Code – 10 NCAC 18 D (Confidentiality Rules).