NOTICE OF PRIVACY PRACTICES
OF
North Carolina Department of Health and Human Services (NCDHHS)
Division of State Operated Healthcare Facilities (DSOHF)

North Carolina Department of Health and Human Services (NCDHHS), Division of State Operated Healthcare Facilities (DSOHF) must collect timely and accurate health information about you and make that information available to members of your health care team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of *NCDHHS State Operated Healthcare Facilities* to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within NCDHHS *State Operated Healthcare Facilities*, as well as reasons why your health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights regarding the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures NCDHHS *Division of State Operated Healthcare Facilities* uses to protect the privacy of your health information. NCDHHS *Division of State Operated Healthcare Facilities* owns and operates two Alcohol and Drug Abuse Treatment Centers (ADATCs); Walter B Jones and Julian F. Keith Alcohol and Drug Abuse Treatment Center which are subject to the requirements outlined in 42 CFR part 2. Where ADATCs only is listed 42 CFR part 2 is applied.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Client Acknowledgement

I have received NCDHHS Division of State Operated Healthcare Facilities Notice *of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing health care services to me.

_____/_____

Client (or Personal Representative) Date

Note: NCDHHS Division of State Operated Healthcare Facilities retains this signed page. Client retains the Notice of Privacy Practices document.

NOTICE OF PRIVACY PRACTICES

North Carolina Department of Health and Human Services (NCDHHS)
Division of State Operated Healthcare Facilities (DSOHF)
Effective Date: July 1, 2025

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.

Responsibilities of *NCDHHS Division of State Operated Healthcare Facilities*

The North Carolina Department of Health and Human Services (NCDHHS), Division of State Operated Healthcare Facilities (DSOHF) is required by state and federal law to protect the privacy of your health information that may identify you. This health information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This agency is required by law to inform you 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 your 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 our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted in all NCDHHS state operated healthcare facilities and on our agency web site at https://www.ncdhhs.gov/divisions/state-operated-healthcare-facilities. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures, and practices, you may contact our agency Privacy Official at DHHS.DMH-DSOHF.PrivacySecurity@dhhs.nc.gov.

Use and Disclosure of Health Information without Your Authorization

This agency performs some functions through contracts with other agencies and through private contractors and business associates. When services are contracted, we must share enough information about you with our contractors and business associates so that the private contractors and business associates can perform the job that we have asked them to do.

This agency may use or disclose your protected health information (PHI) to provide services to you for treatment, payment and health care operations. To protect your health information further, we will only disclose your health information after making sure in writing that our contractors or business associates will safeguard your information the same way that the agency does. These contractors or business associates must agree to use your information appropriately and are required by law to do so.

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

Treatment
NCDHHS Division of State Operated Healthcare Facilities may use your health information, as needed, to provide, coordinate or manage your health care and related services. This includes sharing your health information with other health care providers within this agency.

> **Example:** Your treatment/habilitation team, composed of staff such as doctors, nurses, and social workers, will need to review your treatment and discuss plans for your discharge.

We will disclose your health information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law. *The following is based upon State law (GS 90-109.1) and applies to substance abuse providers and/or facilities, "If you request treatment and rehabilitation for drug dependence, your request will be treated as confidential. We will not refer you to another person for treatment and rehabilitation without your consent."*

> **Example:** We may disclose your health information to other mental health facilities or professionals (i.e., community-based area mental health organizations, developmental disabilities and substance abuse services program or psychiatric service at UNC Hospitals) to coordinate your care.
>
> **Example:** We may share your health information with a health care provider for emergency services.

Payment for Services
The treatment provided to you will be shared with our agency's billing department so a bill can be prepared for services rendered. We may also share your health information with agency staff who review services provided to you to make certain you have received appropriate care and treatment. We will not disclose your health information outside of this agency for billing purposes (i.e., bill your insurance company) without your consent except in certain situations when we need to determine if you are eligible for benefits such as Medicaid, Medicare or Social Security.

> **Example:** A Social Worker may contact your local Department of Social Services to determine if you are currently eligible for Medicaid or if you would qualify for Medicaid.
>
> **Example:** Our billing department will collect insurance and other financial information from you at the time of admission.

Health Care Operations
NCDHHS Division of State Operated Healthcare Facilities may use or disclose your 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 of the care you receive here and evaluation of the performance of your treatment/habilitation team to ensure you have received quality care.
- Review and evaluation of the skills, qualifications and performance of health care providers who are taking care of you.
- Provide training programs for agency 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.
- Allow our agency attorney to use your health information when representing this agency in legal matters.
- Resolve grievances within our agency.
- Provide information to your internal client advocate who is available to represent your interests upon your request.

More Stringent Laws
This agency will evaluate whether your protected health information is governed by more stringent laws or regulations prior to our use or disclosure. There are other more stringent laws and rules, such as 42 CFR Part 2, the NC mental health confidentiality statute(s), and the NC public health confidentiality provisions that may affect how we handle your information.

Other Circumstances
NCDHHS Division of State Operated Healthcare Facilities may disclose your health information for those circumstances that have been determined to be so important that your 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. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required 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; *(Not applicable to substance abuse providers – for substance abuse providers say "Regarding child abuse or neglect").*
- For health oversight activities such as audits, inspections, surveys, investigations, and licensing of nursing homes.
- For law enforcement purposes unless otherwise prohibited by state or federal law; *This disclosure isn't applicable to substance abuse providers and/or (ADATCs).If you request treatment and rehabilitation for drug dependence, we will not disclose your name to any police officer or other law-enforcement officer unless you authorize such disclosure; except that if you later commit a crime or threaten to commit a crime on the premises of this agency or against program personnel, law enforcement may be notified.*
- For court proceedings such as court orders to appear in court.
- Related to death such as disclosure to a funeral director.
- Related to donation of organs or tissue.

- To avert a serious threat to the health or safety of a person or the public.
- Related to specialized government activities such as national security.
- To correctional institutions or other law enforcement officials when you are in their custody.
- For Worker's Compensation in cases pending before the Industrial Commission; *(Not applicable to substance abuse providers).*
- To your next of kin or other person involved in your care upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request; *(Not applicable to substance abuse providers).*
- For contracts with our Business Associates, since they are performing services for us or on our behalf; and
- Related to medical research.

Certain Alcohol, Drug Abuse and Psychiatric Treatment Information
This agency will only disclose the minimum necessary amount of health information identifying you as a patient of such a program or facility, or provide information relating to your treatment in such a program or facility, unless:

- You or your Personal Representative consent in writing.
- A court order requires disclosure.
- Medical personnel need information to treat you in a medical emergency.
- Qualified personnel use the information for research or operations activities.
- It is necessary to report a crime or a threat to commit a crime.
- It is necessary to report abuse or neglect as required by law.
- It is permitted by applicable state or federal law.

***For ADATCs only**: "NCDHHS Division of State Operated Healthcare Facilities will not use records or provide testimony relaying the content of your records to be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless it is based on specific written consent or a court order. Your records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2. In addition, we will require any court order authorizing use or disclosure to be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed."*

Contacting You

(Note: If your agency does not perform the activities noted below, this section does not need to be in the notice – only include those activities your agency would perform.)

NCDHHS Division of State Operated Healthcare Facilities may use your health information to contact you to:

- Remind you of upcoming appointments.

  Example: This agency may send an appointment reminder on a folded postcard to your home to remind you of a scheduled appointment.

Example: This agency may send a letter to your home concerning the need for follow-up care of medical conditions.

- Make you aware of alternative treatment, services, products, or health care providers that may be of interest to you.

  Example: If you are receiving treatment for a particular condition and your health care team learns of new or alternative treatments, we may contact you to inform you of such possibilities.

- Contact you to request your participation in raising funds for this agency. 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*.

  Example: If our agency Foundation requested information be sent to you about an upcoming fund-raising event, we may send the information to your home.

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 your admission to or discharge from this agency to your next of kin *(Not applicable to substance abuse providers).*
- 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.

If you would like to object to our disclosure about your health information in either of the situations listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

Disclosure of Your Health Information That Requires Your Authorization

Other uses and disclosures will be made only with your written authorization. If you are receiving treatment from a *NCDHHS state operated* ADATC facility, you may revoke such authorization as provided by 45 CFR § 164.508(b)(5), 42 CFR § 2.31, and 42 CFR § 2.35.

NCDHHS Division of State Operated Healthcare Facilities will not disclose your health information without your authorization except as allowed or required by state or federal law. *If you are receiving treatment from a NCDHHS state operated ADATC facility: "For example, we are required to obtain your authorization before sharing your information with your primary care doctor.")* For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. *(For ADATCs: "You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Your records may be further disclosed to another covered entity or business associate, without your written consent, to the extent permitted by HIPAA regulations and 42 CFR part 2."* Before you 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 our agency Privacy Official that you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization 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.

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. Disclosure of health information to external client advocates will require authorization by you and your personal representative if one has been designated. *The following applies to substance abuse providers only – "If you are a minor whose parent or guardian has consented to your treatment for substance abuse, both you and your parent or guardian must authorize disclosure of your health information."*

Your Rights Regarding Your Health Information

You have the following rights regarding your health information as created and maintained by this agency.

Right to receive a copy of this *Notice*

You have the right to receive a copy of *the NCDHHS Division of State Operated Healthcare Facilities Notice of Privacy Practices*. At your first treatment encounter with this agency, you will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been provided.

In addition, copies of this *Notice* have been posted in several public areas throughout this agency, as well as on the *NCDHHS Division of State Operated Healthcare Facilities'* Internet web site at *https://www.ncdhhs.gov/divisions/state-operated-healthcare-facilities*. You have the right to request a paper copy of this *Notice* at any time from our agency Admissions Department or our agency Privacy Official. You can request a paper copy from the Privacy Official by emailing DHHS.DMH-DSOHF.PrivacySecurity@dhhs.nc.gov.

For individuals receiving treatment from *a NCDHHS state operated ADATC facility: Y*ou also have the right to discuss it with the Privacy Official if you have questions".

Right to receive notice of Breach

You have a right to be notified when a breach of your unsecured protected health information has occurred. According to 45 CFR § 164.404 notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a Breach. The notice should include:

- A brief description of the breach.

- A description of the types of information involved in the breach.
- The steps affected individuals should take to protect themselves from potential harm.
- A brief description of what the Covered Entity is doing to investigate the Breach, mitigate the harm, and prevent further Breaches; and
- Contact information for the Covered Entity or Business Associate

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 request all written information from this agency be sent to your work address rather than your home address. We will agree with your request if it is reasonable to do so; however, your request must be made in writing and forwarded to our agency Privacy Official.

Right to request to see and copy your health information

Whether you are a minor, incompetent adult or competent adult, you have the right to request to see and receive a copy of your health information in medical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our agency 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 your health information, if you agree in advance to that format and with the cost of preparing such information.

Your request may be denied by your physician or a professional designated by our agency 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 agency Privacy Official to request that a copy of your health information be sent to a physician or psychologist of your choice.

Whenever you have a personal representative who consented to your treatment, the personal representative has the same rights to request to see and copy your health information.

Right to request amendment of your health information

You have the right to request changes in your health information in medical, billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency Privacy Official and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request (45 CFR § 164.526). If we accept your request to change your 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 people you name who have received your health information and who need the changes.

We may deny your request if:

- The information was not created by this agency (unless you prove the creator of the information is no longer available to change the information).
- The information is not part of the records 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 your 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 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 have a right to a written list of disclosures of your health information *(For ADATCs only: "including an accounting of disclosures of electronic records and a list of disclosures by an intermediary for the past 3 years as required by 42 CFR § 2.24)*. 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 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.
- Disclosures made to individuals 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 your health information

You have 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 is involved in your care. (Example: you could ask that we not disclose

information about your family history of heart disease.) We will provide you with a form to document your request.

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, and we will ask that your request be in writing. In addition, this agency may cancel a restriction at any time, if we notify you of the cancellation.

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule requires covered entities (health plans, health care clearinghouses, or health care providers that conduct standard electronic transactions) to allow individuals to request that a covered entity restrict the use or disclosure of their PHI for treatment, payment, health care operations. You 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. NCDHHS Division of State Operated Healthcare Facilities is not required to agree to the restriction. If NCDHHS Division of State Operated Healthcare Facilities agrees to a restriction we may not use or disclose protected health information in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, the covered entity may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment to the individual (45 CFR § 164.522).

Violations/Complaints

Applicable to substance abuse providers and facilities – "Violation of the Federal law and regulations relative to a substance abuse program is a crime. Suspected violations may be reported to our agency Privacy Official who will report the violation to appropriate authorities in accordance with Federal regulations.

If you 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:

NCDHHS Division of State Operated Healthcare Facilities Privacy Official
3001 Mail Service Center
Raleigh, NC 27699-3001Fax Number: 919 -733-1524
Email Address: DHHS.DMH-DSOHF.PrivacySecurity@dhhs.nc.gov

You 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
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

Voice Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

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 your health information are listed below.

Confidentiality of Alcohol and Drug Abuse Patient Records – 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information – 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.

NC General Statutes – Chapter 122C, Article 3 (Client's Rights and Advance Instruction), Part 1 (Client's Rights). Chapter 90 (Medicine and Allied Occupations), Article 1 (Practice of Medicine).

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

45 CFR § 164.522 - Rights to request privacy protection for protected health information, 45 CFR § 164.404 - Notification to individuals, 45 CFR § 164.526 - Amendment of protected health information.

Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records