



**NOTICE OF PRIVACY PRACTICES**  
***BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER***

**Effective Date: April 14, 2003**  
**(Reviewed 10/04/2016)**

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**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.**

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**Responsibilities of *Black Mountain Neuro-medical Treatment Center***

*Black Mountain Neuro-medical Treatment Center* is required by state and federal law to protect the privacy of each Black Mountain Neuro-medical Treatment Center client's health information that may identify him/her. This health information includes mental health, developmental disability and/or long term care services that are provided to him/her, payment for those health care services, or other health care operations provided on his/her behalf.

This agency is required by law to inform you and the client you represent of our legal duties and privacy practices with respect to his/her health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share his/her 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 our agency offices and on our agency web site at [www.bmcnc.org](http://www.bmcnc.org). 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 (828) 259-6739.

**Use and Disclosure of Health Information Without Your Authorization**

**Treatment**

*Black Mountain Neuro-medical Treatment Center* may use health information about individual(s) who reside at Black Mountain Neuro-medical Treatment Center, as needed, in order to provide, coordinate or manage his/her health care and related services. This includes sharing his/her health information with other health care providers within this agency.

**Example:** The client's treatment/habilitation team, composed of staff such as doctors, nurses, and pharmacists, will need to review his/her treatment and discuss plans for his/her medication needs.

We will disclose his/her health information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law.

**Example:** We may disclose his/her health information to other mental health facilities or professionals (i.e., community based area mental health and developmental disabilities programs or psychiatric service at UNC Hospitals) in order to coordinate his/her care.

**Example:** We may share his/her health information with a health care provider for emergency services (i.e., Mission St. Joseph's Health Care System).

**Example:** We may share his/her medical condition and billing information with Emergency Medical Services (EMS) who may transport him/her to Mission St. Joseph's Health Care System.

### **Payment for Services**

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

**Example:** A Social Worker may contact the client's local Department of Social Services to determine if he/she is currently eligible for Medicaid or if he/she would qualify for Medicaid.

**Example:** Our billing department will collect the client's insurance and other financial information from you at the time of admission.

### **Health Care Operations**

*Black Mountain Neuro-medical Treatment Center* may use or disclose the client'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 his/her health information for health care operations are:

- Review the care he/she receives here and evaluating the performance of his/her treatment/habilitation team to ensure he/she has received quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of him/her.
- Provide training programs for agency staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that he/she receives.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our agency attorney to use his/her health information when representing this agency in legal matters.
- Resolve grievances within our agency.

- Provide information to his/her internal client advocate who is available to represent his/her interests upon his/her or your request.

### **Other Circumstances**

*Black Mountain Neuro-medical Treatment Center* may disclose the client's health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing his/her 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 the client has a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk. Other than circumstances described to you in other sections of this Notice, we will not release any information about his/her 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;
- For health oversight activities such as licensing of nursing homes;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- 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, should you/the client's next of kin choose to donate the client's organs or tissue at the time of death;
- 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 he/she is in their custody;
- For Worker's Compensation in cases pending before the Industrial Commission;
- To the client's next of kin or other person(s) involved in his/her care upon your request as the client's personal representative; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request; and
- Related to medical research.

### **Contacting You**

*Black Mountain Neuro-medical Treatment Center* may use the client's health information to contact you to:

- Remind you of upcoming treatment/habilitation meetings;

**Example:** This agency may send a sealed letter inviting you to attend a Habilitation/Treatment Planning Meeting for the client you represent.

**Example:** The client's attending physician may send a letter to your home concerning the client's care.

**Example:** This agency may send a letter inviting you to an event held at Black Mountain Neuro-medical Treatment Center, such as Special Olympics or the Christmas Parade.

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

**Example:** If the client is receiving treatment for a particular condition and his/her 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 the Client's Health Information That Allows You an Opportunity to Object**

There are certain circumstances where we may disclose the client's health information and you, as the client's personal representative, have an opportunity to object. Such circumstances include:

- The professional responsible for his/her care may disclose his/her admission to or discharge from this agency to his/her next of kin.
- Disclosure to public or private agencies providing disaster relief.

**Example:** We may share his/her 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 his/her 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 the Client's Health Information That Requires Your Authorization**

*Black Mountain Neuro-medical Treatment Center* will not disclose the client's health information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you as the client's personal representative to sign a written authorization that allows us to share or request the client's health information. 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 the client 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.

### **Client Rights Regarding His/Her Health Information**

You as the client's personal representative and the client have the following rights regarding his/her 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 *Black Mountain Neuro-medical Treatment Center's Notice of Privacy Practices*. At the client's first treatment encounter with this agency, you, as the client's personal representative will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it.

In addition, copies of this *Notice* have been posted in several public areas throughout this agency, as well as on the *Black Mountain Neuro-medical Treatment Center's* Internet web site at [www.bmcnc.org](http://www.bmcnc.org). You have the right to request a paper copy of this *Notice* at any time from our agency Admissions Officer or our agency Privacy Official.

#### **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 as long as 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 the client's health information**

Whether the client is an incompetent adult or competent adult, he/she has the right to request to see and receive a copy of his/her health information in medical, billing and other records that are used to make decisions about him/her. Whenever you as the client's personal representative consented to his/her treatment, you, as the client's personal representative have the same rights to request to see and copy his/her health information.

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 the client's health information record, we may give you a summary or explanation of his/her health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by the client's 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 the client's health information be sent to a physician or psychologist of your choice.

### **Right to request amendment of the client's health information**

You have the right to request changes in the client's health information in medical, billing and other records used to make decisions about him/her. 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 30 days of receiving your request. If we accept your request to change the client's 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 client's 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 the client;
- 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 the client's 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 the client's 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 the client's 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 client's treatment;
- Disclosure for billing and collection of payment for his/her treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when the client is in their custody; or
- Disclosures made to individuals involved in his/her 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 the client's health information**

You have the right to request that we limit our use and disclosure of the client's 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 the client to his/her next of kin or someone who is involved in his/her care. (Example: you could ask that we not disclose information about the client's 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, as long as we notify you of the cancellation.

### **Violations/Complaints**

If you believe we have violated the client's 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:

*Black Mountain Neuro-medical Treatment Center* Privacy Official  
932 Old US Highway 70  
Black Mountain, NC 28711  
Phone Number - (828)259-6739  
Fax Number - (828)259-6684  
BMNTC.privacy@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 the client or change the quality of health care services we provide to the client in any way.

### **Legal References**

Primary Federal and State laws and regulations that protect the privacy of Black Mountain Neuro-medical Treatment Center clients' health information are listed below.

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).