

General Information

Smoky Mountain Center may have a relationship with you and/or have access to your medical information in one or more of the following ways:

1. Smoky Mountain Center staff may be a **provider of care** at any of our outpatient centers or at our Balsam Center for Hope and Recovery, a twenty-four hour facility.
2. Smoky Mountain Center staff at our Balsam Center, at any of our outpatient centers and/or in our Administrative offices may assess, manage, authorize, and/or monitor your care, as well as to link you with other community resources. This may include referring you to a provider of your choice, working with those providers to make sure that you receive the care and services that you need, monitoring the quality of services, and helping to resolve any problems that you may have with your treatment.
3. Smoky Mountain Center staff may be a billing/claims administrator for your service provider.
4. Smoky Mountain Center may serve as the medical records custodian for the providers with whom we contract. As such, we provide and maintain a record of all services that you receive. Smoky Mountain Center may use and disclose your medical information on behalf of your service provider when you have given us/your provider your permission to do so or under the conditions described in this notice.

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164 and the Confidentiality Law, 42 C.F.R. Part 2. In the state of North Carolina the General Statutes 122(c) also protects your information. Under these laws, Smoky Mountain Center may not say to a person outside Smoky Mountain Center that you are a client, nor may we disclose any information identifying you as a client except as permitted by federal and state law.

Smoky Mountain Center or its contract service provider(s) must obtain your written authorization before we can disclose information about you for **Payment Purposes**. For example,

we must obtain your written consent before we can disclose information to your health insurer in order for Smoky Mountain Center or your service provider to be paid for services. If you do not authorize us to release information to your insurance company, full payment will be required at the time of service to Smoky Mountain Center or your service provider.

Smoky Mountain Center may use and disclose your protected health information **for health care operations**. Within our offices and within our community of service providers, clinical staff, case managers and direct care staff are authorized to review medical records for the purposes of providing client care and treatment and for providing care management, service authorization and utilization review; support staff and billing staff are authorized to review protected health information for the purposes of carrying out their routine jobs; staff members conducting quality management activities, which may include provider monitoring, individual case reviews, and complaint resolution, may access protected health information. Protected health information may also be accessed by students, interns and trainees who have signed a confidentiality agreement with us and are working with Smoky Mountain Center staff members to practice and improve their skills.

The laws do permit Smoky Mountain Center as a provider or on behalf of a provider with whom we contract to disclose information *without* your written permission under the following conditions:

1. When the use and/or disclosure is required by law;
2. When the use and/or disclosure is necessary for public health activities;
3. If you have, or if we assign a client advocate to work in your behalf, the advocate may review your record.
4. We may share information with a physician who referred you to our facility.
5. With a business associate; (a business associate is someone who provides services to Smoky Mountain Center or provides services on our behalf.)
6. For research, audit or evaluations. One such example of this is for sharing information with the NC Division of Mental Health, Developmental Disabilities, and Substance

Abuse Services and its authorized NC-TOPPS evaluation contractors in order to evaluate the quality of services and the effectiveness of care that is provided.

7. To report a crime committed on Smoky Mountain Center's premises or against our personnel;
8. To medical personnel in a medical emergency;
9. If we believe you are a danger to yourself or to others, or if we believe that you are likely to commit a crime, we may share information with law enforcement;
10. To appropriate authorities to report suspected abuse or neglect; *or*
11. As allowed by a court order.

For example, Smoky Mountain Center can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before we can use or disclose any information about your health in a manner that is not described above or in items 1-11, we must first obtain your specific written authorization allowing us to make the disclosure. Any such written authorization may be revoked by you in writing except to the extent action has already been taken.

Smoky Mountain Center may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you choose not to be contacted by us via telephone, letters or messages, document your objection in writing and give it to your service provider.

Smoky Mountain Center's Duties

We are required by law to maintain the privacy of your health information and to provide you with a notice of our legal duties and privacy practices with respect to your health information. Smoky Mountain Center is required by law to abide by the terms of this notice. We reserve the right to change the terms of this notice. The current notice will be posted in every Smoky Mountain Center facility; the following web site (www.smokymountaincenter.com) and revised notices will be available to you upon request.

Your Privacy Rights

1. Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Smoky Mountain Center is not required to agree to any restrictions you request, but if we do agree then we are bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency or as required by law.
2. You have the right to request that we communicate with you by alternative means or at an alternative location. We will accommodate such requests that are reasonable and will not request an explanation from you. For example: you may wish for us to call you at a different telephone number.
3. You have the right to inspect your record. Inspections must be scheduled with your primary provider and in some circumstances requests may be denied. You also have a right to request a personal copy of your record for a fee. Smoky Mountain Center must respond to your request within 30 days.
4. You have the right, with some exceptions; to amend health care information maintained in our records. All requests for amendments must be made in writing. Smoky Mountain Center must respond to your request within 60 days.
5. You have the right to request and receive an accounting of disclosures of your health-related information made by Smoky Mountain Center during the six years prior to 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 our health care operations, made to or requested by you or that you authorized, occurring as a result of permitted uses and disclosures, made to individuals involved in your care, allowed by law or if the information released did not identify you.
6. You also have a right to receive a paper copy of this notice.

Complaints and Reporting Violations

You may file a complaint with Smoky Mountain Center and/or the Secretary of the United States Department of Health and Human Services if you feel that your privacy rights have been violated under HIPAA. If you file a complaint, we will not take any action against you or change our treatment of you in any way. To file a complaint with Smoky Mountain Center, document your complaint in writing along with your full name, address, and phone number. Mail your written complaint to the address below, or, if you prefer to file a complaint verbally, you may contact the Customer Services Department at 828-586-5501.

Mail to: Smoky Mountain Center
Attn: Customer Service Department
P.O. Box 127
Sylva, NC 28779

Contact

For further information regarding your Privacy Rights, contact the Privacy Officer at 828-586-5501

NOTICE OF PRIVACY PRACTICES

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



OUR PLEDGE TO YOU

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. This notice also describes your rights and certain duties we have regarding the use and disclosure of medical information.

This notice takes effect on January 1, 2005. It replaces the original notice, dated April 14, 2003