

**NOTICE OF PRIVACY PRACTICES**  
**OF**  
**Essential Assessments & Behavioral Health, PLLC**

Essential Assessments and Behavioral Health, PLLC (hereafter referred to as EABH) 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 *EABH* 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 EABH, as well as reasons why your health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights in regards to 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 EABH uses to protect the privacy of your health information.

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

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**NOTICE OF PRIVACY PRACTICES  
EABH, PLLC**

**Effective Date: April 14, 2003**

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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 EABH**

*EABH* is required to protect the privacy of your health information that may identify you. This health information includes health care 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 that we maintain. Any changes to this *Notice* will be posted at the EABH office. 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 980-939-5099.

**Use and Disclosure of Health Information without Authorization**

**Treatment**

*EABH* may use or disclose your health information, as needed, in order to provide, coordinate, or manage your health care and related services. This includes sharing your health information with other health care providers, both within and outside this agency, regarding your treatment when we need to coordinate and manage your health care.

**Example:** We may share your health information with doctors, nurses and other health care personnel who are involved in providing your health care. For example, if your primary care doctor or psychiatrist is providing treatment; having your therapist and doctor working together will help assure you get the best care.

**Payment for Services**

*EABH* may use and give your health information to other staff and health plans you designate to bill and collect payment for the health care services received by you. We may share information with your health plan to determine coverage status prior to scheduled services. We will share

adequate information with departments that prepare bills and manage client accounts in order to ensure payment for services rendered. We may share your health information with agents of your insurance company or health plan to confirm services that were provided to you. We may also share your health information with facility staff who review client services to make certain you have received appropriate care and treatment.

**Example:** The treatment provided to you needs to be shared with our agency's billing department and with your health plan so your health plan can pay your bill.

### **Health Care Operations**

*EABH* may use or disclose your health information in performing a variety of business activities that we call "health care operations". These "health care operations" allow us to improve the quality of care we provide to you and our other clients and help us to reduce health care costs. Some examples of the way we may use or disclose your health information for "health care operations" are:

- Review the care you receive here and evaluating the performance of your health care team to ensure you have received quality care.
- Improve health care and lowering costs for groups of clients who have similar health problems and to help manage and coordinate their care.
- Review and evaluate the skills, qualifications and performance of our health care providers that are taking care of you.
- Provide training programs for students, trainees, health care providers or non-health care professionals (such as billing clerks) that allow these professionals to use the skills they have learned.
- Cooperate with outside organizations that review and determine the quality of care that we, and other health care organizations, provide such as the Joint Commission on Accreditation of Healthcare Organizations.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Assist others who review our activities such as other health care providers, lawyers and others who assist us in complying with specific laws.
- Plan for our agency's future operations.
- Resolve grievances such as use of health information during an investigation conducted by administration when a staff member within our agency files a grievance, protesting against a particular issue.

### **Other Circumstances**

*EABH* may use and/or 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;
- 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 with your health information;
- Related to death such as disclosures to a funeral director;
- Related to donation of tissues or organs;
- Related to medical research;
- 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/custodial institutions or other law enforcement officials when you are in their custody;
- For Worker's Compensation in cases pending before the Industrial Commission.

### **Contacting You**

*EABH* may use your health information to contact you to:

- Remind you of upcoming appointments  
**Example:** This agency may send an appointment reminder via text or phone to remind you of a scheduled appointment.  
**Example:** This agency may contact you through a telephone call about an appointment that you have for treatment or medical care.

### **Use and Disclosure of 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 disclosures to:

- Families, friends, or others involved in your care  
**Example:** We may share with a family member, relative, friend or other person identified by you, your health information that is directly related to that person's involvement in your care or payment for your care, such as your spouse, if that person monitors your medication schedule.  
**Example:** We may share with a family member, personal representative or other person responsible for your care, your health information necessary to notify such individuals of your location and general condition in order to keep them involved with your care and treatment.

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

### **Use and Disclosure of Health Information That Requires Your Authorization**

*EABH* will not use or disclose your health information without your authorization except as specified in the above examples where use or disclosure of your information is allowed or when required by State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your 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 you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization. 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.

### **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 a right to receive a copy of *EABH's 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 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 rendered.

In addition, copies of this *Notice* can be obtained at EABH office 9635 Southern Pine Blvd. Suite 102, Charlotte NC 28273. 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 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 your health information**

You have the right to request to see and receive a copy of your health information in clinical, 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. If your request is approved, you may be charged a fee to cover the cost of the copy, excluding labor costs.

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

Your request may be denied 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.

### **Right to request amendment of your health information**

You have the right to request changes in your health information in clinical, 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.

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
- you do not have the right to see and copy the record.

If we deny your request to change your health information, we will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial.

If we accept your request to change your health information, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

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

You have the right to request and receive a written list of certain disclosures of your health information, made after April 14, 2003. You may ask for disclosures we made up to six years before your request. 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 on the list disclosures for the following:

- For your treatment;
- For billing and collection of payment for your treatment;
- For our health care operations;
- Requested by you, that you authorized, or which are made to individuals involved in your care; or
- Allowed by law.

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 someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not use or disclose the information about a previous condition you had.

We 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 or your personal representative may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

### **Complaints**

If you believe your privacy rights have been violated by us, or if you want to complain to us about our privacy practices, you may contact our agency Privacy Official. All complaints should be submitted in writing. Contact information is as follows:

*EABH* Privacy Official  
Shavonda Bean, LPA  
9635 Southern Pine Blvd. Suite 102

980-939-5099 Phone Number

North Carolina Department of Health and Human Services

704-972-6228 Fax Number

[Shavonda@essentialhealthnc.com](mailto:Shavonda@essentialhealthnc.com) email address

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has been designated to receive and document complaints and concerns regarding DHHS privacy practices, policies, and procedures related to the protection of individually identifiable health information. Contact information is as follows:

**CARE-LINE**

2012 Mail Service Center  
Raleigh, NC 27699-2012

**Voice Phone** (English and Spanish):

1-800-662-7030 (Toll Free)

(919) 733-4261 (Triangle Area and Out of State)

**FAX:** (919) 715-8174

**TTY:** 1-877-452-2514 (TTY Dedicated)

(919) 733-4851 (TTY Dedicated for local or out of state calls)

**Email:** [care.line@ncmail.net](mailto:care.line@ncmail.net)

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 our treatment of you, in any way.