



# FAMILY INNOVATIONS, LLC

*“Changing Lives, One Family At A Time”*

## Notice of Privacy Practices

Effective April 4, 2003

Revised November 2011

**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. WE ARE REQUIRED BY LAW TO PROTECT HEALTH INFORMATION ABOUT YOU**

We are required by law to protect the privacy of health information about you and that identifies you. This health information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose health information in the manner that we have described in this Notice. We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain. The Notice will contain the effective date on the first page. You can view the current notice at our website:

<http://www.familyinnovationsllc.com/Notice>

We will also have copies of the current Notice available upon request. The rest of this Notice will:

- Discuss how we may use and disclose health information about you
- Explain your rights with respect to health information about you
- Describe how and where you may file a privacy-related complaint

If you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Chief Privacy Officer at 704-371-3050 or at the address listed at the end of this Notice.

## **WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

This section of our Notice explains in some detail how we may use and disclose health information about you in order to provide health care, obtain payment for that health care, and operate efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health information about you.

### **1. Treatment**

We may use and disclose health information about you to provide health care treatment to you. In other words, we may use and disclose health information about you to provide, coordinate or manage your health care and related services. Under certain circumstances, this may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. (See Paragraph 9 of this Section for State and federal law restrictions).

### **2. Payment**

Under certain circumstances, we may use and disclose health information about you to obtain payment for health care services that you received. This means that we may use health information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose health information about you to others (such as insurers and consumer reporting agencies). In some instances, we may disclose health information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service. (See Paragraph 9 of this Section for State and federal law restrictions).

### **3. Health care operations**

Under certain circumstances, we may use and disclose health information about you in performing a variety of business activities that we call “health care operations.” These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other individuals.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing health information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

(See Paragraph 9 of this Section for State and federal law restrictions).

#### **4. Persons involved in your care**

Under certain circumstances, we may disclose health information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. We may disclose health information about you to a guardian or other person responsible for you. If you are a minor, we may disclose health information about you to a parent, guardian or other person responsible for you except in limited circumstances.

We may also use or disclose health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request. (See Paragraph 9 of this Section for State and federal law restrictions).

#### **5. Required by law**

We will use and disclose health information about you whenever we are required by law to do so. There are many State and federal laws that require us to use and disclose health information. For example, State law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those State laws and with all other applicable laws.

#### **6. National priority uses and disclosures**

When permitted by law, we may use or disclose health information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health information that it is acceptable to disclose health information without the individual’s permission. We will only disclose health information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law, some of which may be limited by State and federal law.

- **Threat to health or safety:** We may use or disclose health information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose health information about you for public health activities. Public health activities require the use of health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose health information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose health information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

- **Court proceedings:** We may disclose health information about you to a court or an officer of the court (such as an attorney). For example, we would disclose health information about you to a court if a judge orders us to do so in accordance with applicable law.
- **Law enforcement:** We may disclose health information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose health information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose health information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- **Certain government functions:** We may use or disclose health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose health information about you to a correctional institution in some circumstances.

(See Paragraph 9 of this Section for State and federal law restrictions).

### **7. Appointment Reminders**

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment.

### **8. Treatment Alternatives**

We may use and/or disclose health information about you in order to inform you of or recommend new treatment or different methods for treating a medical condition that you have or to inform you of other health related benefits and services that may be of interest to you.

### **9. Mental Health, Developmental Disabilities, and Substance Abuse Health Information**

If you receive treatment, including counseling or other health care treatment, for a developmental disability, drug or alcohol abuse, or a general mental health issue, Chapter 122C of North Carolina law may further limit our ability under certain circumstances to release that information without your prior consent. Furthermore, if the treatment you are receiving is for substance abuse, certain federal laws (42 C.F.R. Part 2) apply that may also limit our ability to release that information without your prior consent. We will comply with these laws in an effort to protect the privacy of your health information.

### **10. Authorization**

Other than the uses and disclosures described above, we will not use or disclose health information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose health information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose health information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose health information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, contact the Chief Privacy Officer in writing and provide sufficient detail regarding the authorization that you are seeking to revoke, such as the purpose of authorization and the approximate date that the authorization was

signed by you. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## **YOU HAVE RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU**

You have several rights with respect to health information about you. This section of the Notice will briefly mention each of these rights.

### **1. Right to a copy of this Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted on our website at <http://www.familyinnovationsllc.com/Notice>. If you would like to have a copy of our Notice, contact us at 704-371-3050.

### **2. Right of access to inspect and copy**

Under most circumstances, you have the right to inspect (which means see or review) and receive a copy of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health information about you, you may contact our office to receive a ***Request Form for Your Protected Health Information***.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. We may be able to provide you with a summary or explanation of the information.

### **3. Right to have health information amended**

Under most circumstances, you have the right to have us amend (which means correct or supplement) health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. You must supply a reason with your request to have us amend your health information. If you would like us to amend information, you may contact us to receive a ***Request Form for Your Protected Health Information***.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

### **4. Right to an accounting of disclosures we have made**

You have the right to receive an accounting (which means a detailed listing) of certain types of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may contact the Client Representative to receive a ***Request Form for Your Protected Health Information***.

The accounting will not include several types of disclosures, including regular disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to November 2005.

### **5. Right to request restrictions on uses and disclosures**

You have the right to request that we limit the use and disclosure of health information about you for treatment, payment and health care operations. We are not required to agree to your request.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. If you would like to request further restrictions, you may contact the Client Representative to receive a ***Request Form for Your Protected Health Information***.

### **6. Right to request an alternative method of contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you may contact the Client Representative to receive a ***Request Form for Your Protected Health Information***.

#### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. If you need assistance to file a complaint, you may contact us 704-371-3050.

To file a written complaint with Family Innovations, LLC, you may mail it to the following address:

**HIPAA Chief Privacy Officer  
Family Innovations, LLC  
715 E 5<sup>th</sup> St. Ste. 212  
Charlotte NC 28202**

To file a complaint with the federal government, you may send your complaint to the following address:

***Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201***