



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Alexander Youth Network is required by federal laws to protect your child's health information. We call this Protected Health Information or 'PHI' for short. This information includes any information which can be used to identify your child or your family in any way. You have the right to the confidentiality of your child's treatment information and the right to approve or refuse the release of specific information except when law requires the release.

The following information will detail how Alexander Youth Network will use and disclose your child's protected health information, your rights regarding your child's PHI, how to complain about Alexander Youth Network's privacy practices, and who to contact regarding the Privacy Notice or to complain about the Center's privacy practices. This privacy notice and any changes to the Privacy Notice will be posted at each of the Center's locations. You can also request a copy of this notice from the admissions department at any time.

### HOW ALEXANDER YOUTH NETWORK MAY USE AND DISCLOSE TREATMENT INFORMATION ABOUT YOUR CHILD

The following categories describe how the Center's staff may use and disclose your child's PHI without your consent.

- For Treatment.** We may use your child's health information to coordinate and provide your child's treatment. Within the agency, clinical staff may have access to your child's medical and treatment information. Additionally, when a child is assessed and needs speech therapy a referral is made and information is shared.
- For Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, a child's Medicaid/Insurance claim form has diagnosis and other PHI.
- For Health Care Operations.** We may use and disclose health information about your child for health care purposes. For example, we may use the PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided treatment to your child.
- Research.** We may use and disclose PHI about your child for research purposes. For example, we may share information with a research association to measure performance.
- As Required by Law.** We will disclose PHI about your child when required to do so by federal, state or local law. For example, we will share information about allegations of abuse and neglect, and we will share information when court ordered to do so in judicial or administrative proceedings.
- For Advocacy.** We may disclose information to the client's attorney if the client is facing court hearings or an internal client advocate.
- For Public Health Activities.** We report information about various diseases to government officials in charge of collecting this data. For example, we may share information for infection control purposes.
- For Health Oversight Activities.** We will provide information to assist government when it conducts an investigation or inspection of a health care provider or organization. For example, the Division of Health Service Regulation will make site visits to ensure compliance with policies and procedures.
- To Avoid Harm.** In order to avoid serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm. For example, we report run-aways to the police.
- For Workers' Compensation Purposes.** We may provide PHI in order to comply with workers' compensation laws.
- Appointment Reminders.** We may use PHI to provide appointment reminders
- Health-Related Benefits or Services.** We may use PHI when informing you about treatment alternatives, or other health care services or benefits we offer.
- Patient Directories.** We may include your child's name and location in this facility in our patient directory for use by internal staff in aiding appropriate visitors in locating the child.
- Disclosures to Family, Friends, or Others.** We may provide your child's PHI to a family member, friend, or other person that you indicate is involved in your child's care, and to whom you have provided the child's identification number. We may also provide information to a family member, friend or other person if they are involved in the payment of your child's health care, unless you object.

**Confidential information related to substance use disorder** diagnosis, treatment or referral for treatment may be disclosed by Alexander Youth Network without consent of the client or client's legally responsible person only under the following circumstances:

- Disclosure to medical personnel if there is a determination that a medical emergency exists that poses an immediate threat to the health of the client and requires immediate medical intervention
- Notification to law enforcement agencies if an immediate threat to the health or safety of an individual exists due to a crime on program premises or against program personnel.
- For the purposes of complying with North Carolina laws in reporting incidents of suspected child abuse and neglect.
- Upon order of a court of competent jurisdiction compelling disclosure
- For approved research and planning, audits, and statistical purposes

**All other uses and disclosures require your prior written authorization.** If you choose to sign an authorization for the use or disclosure of your child's PHI, you can later revoke that authorization in writing to stop any future uses and disclosures.

#### **RIGHTS YOU HAVE REGARDING YOUR CHILD'S PHI.**

You have the following rights regarding your PHI:

- The right to request limits on uses and disclosures on your child's PHI.** You have the right to ask that we limit how we use and disclose your child's PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- The right to choose how we send PHI to you.** You have the right to ask that we send information to an alternative address or by alternate means (i.e.: email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.
- The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must do so by contacting the case manager assigned to your child. The contents of your child's record will be made available to you in the presence of a Clinical Staff within ten days of the receipt of the request. The Clinical Staff, in accordance with sound professional practice, will interpret the record's contents.
- The right to get a list of the disclosures we have made.** You have the right to get a list of instances in which we have disclosed your child's PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections, or law enforcement personnel.
- The right to correct or update your child's PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and the reason for the request in writing. If we approve your request, we will make the change to your PHI. The original portion of the written record will not be deleted but an addendum will be added to it. We may disagree with your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written disagreement will state the reasons and explain your right to file a written statement. If you don't file one, you have the right to have your request and our correspondence included in all future disclosures of your PHI.

#### **HOW TO COMPLAIN ABOUT YOUR CHILD'S PRIVACY PRACTICES**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in the section below. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Carolyn Spence, Chief Privacy Officer, located at the Charlotte Campus, by telephone (704) 366-8712 x. 1212 or by mail at P.O. Box 220632, Charlotte, NC 28222.

