

East Cove Psychiatric Services

(252) 523-2781

1305 N. Queen St.

Kinston, NC 28501

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At East Cove Psychiatric Services, our goal is to ensure your trust and confidence in us. Information you provide to us is critical to delivering superior treatment/habilitation services. This is why we want you to understand how we protect your privacy and the measures we take to safeguard the information you share with us. This Notice describes our current privacy and information practices.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU

We are required by law to protect the privacy of health care information about you and that can be identified with you (which we call protected health information, or **PHI**). This may be information related to health care services that we provide to you or payment for health care services provided to you. It may also be information about your past, present, or future health care condition.

We are also required by law to provide you with our Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health care information. We are required to follow the procedures 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 PHI that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may request a copy of a new Notice from staff at the location from which you receive services)
- Post the new Notice on our website located at www.eastcovepsych.com

AUTHORIZATION

East Cove Psychiatric Services will not disclose PHI about you outside our organization without authorization (signed permission) from you or your legally responsible person unless otherwise permitted/required by state and federal confidentiality/privacy laws. If you sign an authorization allowing us to disclose PHI about you, you may later revoke or cancel the authorization. If you would like to revoke your authorization, you may do so by completing the revocation section on the authorization form. Your revocation will be honored except for information that may have already been disclosed.

WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION (PHI) ABOUT YOU IN SEVERAL CIRCUMSTANCES WITHOUT YOUR PERMISSION

In order to provide health care, obtain payment for that health care and operate our business efficiently, we may use and disclose PHI about you without your authorization. There may also be other circumstances in which it is necessary for us to use and disclose PHI without your consent. Listed below are some examples of this:

- Treatment – We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and, coordinating and managing your health care with others. Example – If you are a client, the receptionist may use PHI about you when setting up an appointment with a nurse. The nurse will likely use your information when reviewing your health condition and ordering lab work. When the lab results are received and the nurse reviews them, the nurse may disclose information about you to the doctor to assist the doctor in appropriate care.
- Payment – We may use and disclose your PHI to arrange for payment (such as preparing billing and managing accounts). We may also use and disclose your PHI to others (such as reimbursement staff, insurance companies, and/or collection agencies) except as mandated by state and federal regulations. In some instances, we may disclose PHI about you to an insurance plan before you receive certain health care services in order to get approval of payment before we provide the service.
Example – If you are a client and have insurance (private, Medicaid, Medicare, etc), the billing clerk will use your PHI when preparing a bill for services you received. The billing clerk will disclose any necessary health information to your insurance company when the bill is sent. If your therapist recommends that you receive individual and group sessions, the billing clerk may contact your insurance company prior to receiving these sessions in order to determine if your insurance will pay for these sessions and/or the number of sessions allowed by the insurance company
- Health Care Operations – We may use and disclose PHI about you in carrying out a variety of business activities that we call “health care operations”. These activities allow us to improve the quality of care we provide and reduce health care costs. Listed below are some activities we may perform as a part of our health care operations.
 - 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
 - Assisting various people who review our activities.
 - Resolving complaints, grievances, and appeals within our organization and/or contract agencies
 - Allowing our agency attorney to use your PHI when representing this agency in legal matters.
- Other Circumstances – Under the following circumstances, we may use and disclose PHI about you without your authorization. Please understand this is NOT a complete list and is not limited to the examples listed below.
 - Persons Involved in Your Care –We are required by state law to disclose limited information about you that is relevant to your care to your next of kin, family member and/or another person involved in your care or other person designated by you with your written or oral consent, except in emergency situations or the limited circumstances noted below. We may also use or disclose PHI about you to a disaster relief organization, such as the Red Cross, if we need to notify someone about your location or condition.
 - Required by Law – There are many state and federal laws that require us to use and disclose health care information. For example, state law requires us to report known or suspected child abuse or neglect to the Department of Social Services
 - Public Health Activities – We may disclose PHI, when required by law, for public health activities, such as activities related to investigating exposure to tuberculosis or sexually transmitted diseases

Abuse or Neglect – We are required by law to report to the Department of Social Services if we are have knowledge of, or suspect, abuse or neglect

Health Oversight Activities – We may disclose PHI about you to an agency that is responsible for overseeing the health care system or certain governmental programs. For example, a government agency may request information from us if they are investigating the appropriate billing of services

Judicial/Administrative Proceedings – We may disclose PHI about you to a court or an officer of the court with an appropriate order from a judge

Law Enforcement – We may disclose health information about you to a law enforcement official for specific law enforcement purposes, such as limited information to a police officer if you were being transported to a hospital for involuntary commitment

Governmental Purposes – We may disclose PHI about you for certain government functions, such as national security or protective services for the President

CONTACTING YOU

We may use PHI to contact you, either by mail, phone, fax, e-mail and/or voice mail 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 have an unpaid balance on your account, we will mail a monthly statement to you. If you prefer that we contact you at an alternate address or phone number, you must provide us with a request in writing by completing an Alternative Contact Request Form, which is available from your therapist or medical record staff. We may accommodate your request as long as it is a reasonable request, but, when appropriate may condition that accommodation on your providing us with information regarding how payment, if any, will be handled.

YOUR RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION (PHI) ABOUT YOU

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 in our waiting area. If you would like to have a copy of our Notice, please ask the receptionist for a copy or contact our Privacy Officer at 252-523-2781 or visit our website at www.eastcovepsych.com

2. Right of access to review and to obtain a copy

You have the right to request to see and receive a copy of PHI about you. You must request access in writing by filling out a Request for Access Form. Access request forms are available through your therapist or medical record staff. Our agency must act on this request no later than 30 days after receipt of this request. Instead of providing a full copy of the information to you, we may give you a summary or explanation of the information about you, if you agree in advance to the form and cost of the summary or explanation.

We may deny your request in certain circumstances. If we deny your request, you will be notified in writing of the reason for denial and your right to request a review of the denial.

If you request copies of your health information, we may charge you to cover the cost of copying, supplies, and/any costs associated with preparation of summaries or explanations.

3. Right to have health care information (PHI) amended

You have the right to request that your PHI be corrected when you feel information is not correct or not complete. This request must be in writing on the Amendment Request Form, which is available from your therapist or medical record staff. We may deny your request, in writing, if the information was not created by this agency or if we believe the information is accurate. You may then file a statement of disagreement that will be included in any future disclosures if you request it. Our agency must act on this request no later than 60 days after receipt of the request

4. Right to an accounting of disclosures

You have the right to receive a written listing of certain disclosures of your PHI made after April 14, 2003. It is not required that the list include any disclosures regarding treatment, payment and health care operations or disclosures allowed by certain laws or disclosures authorized by you. If you would like to receive an accounting, you may fill out a Request for Access Form, which is available from medical record staff. Our agency must act on this request no later than 60 days after receipt of the request. If you request a list of disclosures more than once in a 12 month period, we may charge you a reasonable fee.

5. Right to request restrictions on uses and disclosures

You have the right to request limitations on the information that we use and disclose about you. We are not required to agree to your requested restriction. If we do agree to your request, we must follow your restrictions; however in certain situations as previously described in this Notice such as emergency treatment, your restrictions may not be followed. We may cancel the agreement of your restriction at any time as long as we notify you of this and continue to apply the restriction to information collected prior to the cancellation. You may request and/or cancel a restriction by notifying your therapist or medical record staff.

6. Right to request an alternative method of contact

You have the right to request how and where we may contact you. We must accommodate your request as long as the request is reasonable, but, when appropriate may condition that accommodation on your providing us with information regarding how payment, if any, will be handled. For example, you may prefer to have all written information (such as bills or appointment reminders) mailed to your work address rather than your home address or you may prefer that we telephone you at work rather than home. You must provide us with a request in writing by completing an Alternative Contact Request Form, which is available from your therapist or medical record staff.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated by us, or you want to complain to us about our privacy policies and procedure, you may file a complaint with us. All complaints will be investigated to help resolve any issues you may have. We will not take any action against you or change our treatment of you in any way if you file a complaint

To file a written complaint, you may bring your complaint to your therapist, his/her supervisor, the Privacy Officer or you may mail it to the following address:

Privacy Officer
East Cove Psychiatric Services
1305 N. Queen Street
Kinston, North Carolina 28501

You may also send a written complaint to the Office for Civil Rights, US Department of Health and Human Services.