

**TERRIE HESS CHILD ADVOCACY CENTER
NOTICE OF PRIVACY PRACTICES**

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

THIS NOTICE OF PRIVACY PRACTICES (“*Notice*”) GIVES YOU INFORMATION REQUIRED BY LAW, which describes how your health information may be used and disclosed by the Terrie Hess Child Advocacy Center (“*CAC*”), how CAC protects your information and your rights under the Health Insurance Portability and Accountability Act (“*HIPAA*”).

CAC provides services relating to child abuse investigations and delivery of services, including, but not limited to, healthcare services, to children and families in partnership with local communities and governmental agencies investigating and prosecuting child abuse. CAC receives and maintains your health information while providing these services to you, and CAC may contract with business associates to help it provide services to you. Business associates may receive, use, and maintain your health information in the course of providing services for or on behalf of CAC. Business associates must agree in writing to ensure the privacy and security of your health information. Generally, “*health information*” means any information that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse, and relates to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare services to an individual, or payment related to the same.

Should you have any questions about this Notice, please contact CAC’s Privacy/Security Officer, Shawn Edman, 704-639-1700.

CAC understands that your health information is personal and is committed to protecting this information. This Notice applies to all the records of your health information created or maintained by CAC. This Notice tells you about the ways CAC may use and disclose your health information. It also describes your rights and our obligations regarding the use and disclosure of your health information.

CAC’S RESPONSIBILITIES

CAC will:

- Maintain the privacy and security of your health and other personal information;
- Provide you with notice of our legal duties and privacy and security practices with respect to health information CAC collects and maintains about you;
- Abide by the terms of this Notice;
- Notify you if CAC is unable to agree to any restriction you may request;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
- Notify affected individuals following a breach of unsecured protected health information.

WHO FOLLOWS THIS NOTICE

CAC employees, volunteers, contractors, and medical staff members follow this Notice while they are handling your patient information or while providing healthcare services at the CAC.

METHODS IN WHICH THE CAC MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways the CAC may use and disclose your health information. These examples serve only as guidance and do not include every possible use or disclosure.

Treatment. CAC may use and disclose your health information to other healthcare providers or those involved in your treatment or program services. For example, the doctor may be treating your child for

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sexual abuse and may need to know if your child has other health problems that could complicate your child's treatment. The doctor may use your child's medical history to decide what treatment is best for your child.

Payment. CAC may use and disclose your health information to pay claims for covered healthcare services or to provide eligibility information about you when you receive treatment. For example, we may need to share information about your evaluation with an insurance company or Medicaid so they can pay for the cost of the evaluation.

Healthcare Operations. CAC may use and disclose your health information for its own operations. These uses and disclosures are necessary to operate the CAC in an efficient manner and to ensure that all CAC participants receive their benefits. For example, we may use patient information to evaluate the performance of our staff.

Health Services. CAC may use your health information to contact you or give you information about treatment alternatives or other program- or health-related benefits and services that may be of interest to you. The CAC may disclose your health information to its business associates to assist the CAC in these activities. For example, we may use your contact information on file to contact you regarding upcoming appointments or to follow-up regarding referral for other services.

Business Associates. CAC may disclose information about you without your authorization to obtain legal, financial, or other administrative services as long as the CAC has a business associate agreement in place with the applicable third party. For example, we may use a third party to provide billing services for the CAC.

As Required by Law. CAC may disclose your health information when required to do so by local, state or federal laws or regulations, including disclosure to HHSC to audit CAC records. For example, the CAC may be required to make a report of abuse to the Department of Social Services and/or law enforcement.

SPECIAL SITUATIONS

Health Oversight Activities. CAC may disclose your health information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee healthcare providers, health plans, and the healthcare industry in general. These activities are necessary to monitor providers or plans, government programs, eligibility or compliance, and to enforce civil rights and criminal laws.

Lawsuits and Disputes. If you are involved in certain lawsuits or administrative disputes, CAC may disclose your health information in response to certain subpoenas, a court order, or administrative order.

Law Enforcement. CAC may disclose your health information if asked to do so by a law enforcement official: (i) in response to a court order or subpoena; or (ii) if there is a probability of imminent physical injury harm to you or another person or immediate mental or emotional injury to you.

Coroners, Medical Examiners, and Funeral Directors. CAC may release your health information to a coroner or medical examiner for activities such as identifying a deceased person or determining cause of death.

Personal Representatives. CAC may disclose your health information to personal representatives appointed by you or designated by applicable law. However, CAC is not required to disclose your health information to your personal representative in certain instances of abuse, neglect, or where disclosure is not in your best interest.

Additional Protections. Some state and federal laws provide additional privacy protections for certain health information. When a state law or other federal law requires us to give more protection to your health information than this Notice or HIPAA requires, we will give that additional protection to your health information.

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Additional Uses and Disclosures. CAC may also disclose your health information without your permission in other situations including (i) to avert a serious and imminent threat to health or safety to you or to someone else; (ii) for public health activities such as to the CDC or health department to prevent or control a communicable disease; or (iii) for a legal proceeding in response to a subpoena, warrant or court order.

All disclosures will be made in accordance with the requirements of North Carolina and federal laws and regulations.

OTHER USES AND DISCLOSURES

Unless otherwise permitted or required by law, CAC will not use or disclose your health information for any other purposes not covered by this Notice without your written authorization to do so. If you give CAC such written authorization for a purpose not described in this Notice, then you may, in most cases, revoke such authorization in writing at any time. Your revocation will be effective for all your health information CAC maintains, unless CAC has already taken action in reliance on your prior authorization.

Note that we may remove or combine individual identifiers so that the information becomes anonymous; once it is anonymous, we can use or share it without permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information received or maintained by CAC:

Right to Inspect and Copy. You have the right to inspect and copy your health information maintained by CAC. Usually, this includes medical, dental, and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must submit your request in writing to Shawn Edman, CAC's Privacy/Security Officer. If you request a copy of the information, CAC may charge a nominal, cost-based fee to carry out your request. In most cases, you will receive the information within 30 days of when we receive your request unless we let you know that we need an additional 30 days to provide the information.

CAC may deny your request to inspect and copy your health information in limited circumstances. If you are denied access to your health information, including psychotherapy notes, you may request that the denial be reviewed. CAC will comply with the outcome of such review.

Right to Revoke or Cancel an Authorization. The CAC will request that you sign an authorization to give us permission to share your information with others. You can revoke (cancel) that permission at any time by submitting your request in writing to Shawn Edman, CAC's Privacy/Security Officer. Once we have processed your revocation, we will no longer use or share your health information under the revoked authorization. We cannot, however, take back information we have already shared.

Right to Amend. If you feel that your health information is incorrect or incomplete, you may ask CAC to correct or amend the information. You have the right to request an amendment for as long as the information is kept by CAC.

To request an amendment, your request must be made in writing and submitted to Shawn Edman, CAC's Privacy/Security Officer, and you must provide a reason to support your request. CAC will notify you within 60 days (unless another 30 days is required, in which case, you will be notified and provided with why additional time is required). Regardless of the decision, your amendment request and any disagreement letter will be noted in your record.

CAC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, CAC may deny your request if you ask us to amend any medical or dental information that:

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- CAC did not create, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical or dental information maintained by CAC;
- Is not part of the medical or dental information you could inspect and copy; or
- Is otherwise accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your health information for purposes other than treatment, payment, or healthcare operations.

To request such an accounting, you must submit your request in writing to Shawn Edman, CAC’s Privacy/Security Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided to you by CAC for free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. CAC will notify 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. You have the right to request a restriction or limitation on the health information CAC uses or discloses about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information CAC uses or discloses about you to someone involved in your care or for payment of your care. ***However, CAC is not required to agree to your request.*** Should CAC agree to your request, CAC will comply with your request, unless the information is needed to provide you emergency treatment or disclosure is needed for certain authorized purposes, including disclosures for law enforcement purposes, in connection with cases of abuse, neglect or domestic violence, or as otherwise required by law.

To request restrictions you must make your request in writing to Shawn Edman, CAC’s Privacy/Security Officer. In your request you may indicate: (1) what information you want to limit; (2) whether you want to limit CAC’s use or disclosure; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that CAC communicate with you about health or program matters in a certain way or at a certain location. For example, you can ask that CAC contact you only at work or by mail.

To request that CAC communicate in a certain manner, you must make your request in writing to Shawn Edman, CAC’s Privacy/Security Officer. You do not have to state a reason for your request. CAC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of this Notice. You have the right to a paper copy of this Notice upon request. You may also get a copy of this Notice at any time from the CAC’s website.

Right to be Notified of a Breach. You have the right to be notified if your unsecured health information is acquired, used, or shared in a manner not permitted under law that results in more than a low risk of compromise to its security or privacy.

Right to Opt Out of or Object to Certain Uses or Disclosures. You have a right to opt out of certain uses of your healthcare information, including the following, by notifying Shawn Edman, CAC’s Privacy/Security Officer in writing. Opting out of any of these uses or disclosures will not affect the care you receive at the CAC:

- Fundraising communications

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- Electronic Records and Health Information Exchanges – your health information will be stored in our electronic medical record. Your health information may also be available through health information exchanges or through clinically integrated networks that allow providers to securely exchange health information for treatment purposes.
- Research – CAC is committed to supporting new knowledge and developing new treatments that benefit our patients. Some research requires that we use and disclose certain patient health information.

CHANGES TO THIS NOTICE

THE EFFECTIVE DATE OF THIS NOTICE IS MAY 10, 2021. CAC reserves the right to change its privacy and security practices and to make the new provisions effective for all health information it holds or maintains. Should our privacy and security practices change, we will post the amended Notice on the CAC's website. You may request a copy by contacting Shawn Edman, CAC's Privacy/Security Officer, at 704-639-1700.

COMPLAINTS

If you believe your privacy and security rights have been violated, you may file a complaint with CAC's Privacy/Security Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. All complaints should be submitted in writing. ***You will NOT be penalized for filing a complaint.***

To file a complaint with CAC, contact Shawn Edman at 704-639-1700. You can file a complaint with the Secretary of the Department of Health and Human Services by going to [hhs.gov/HIPAA](https://www.hhs.gov/HIPAA).

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CLIENT ACKNOWLEDGEMENT

Client Name: _____

I hereby acknowledge that **TERRIE HESS CHILD ADVOCACY CENTER** (“*CAC*”) has provided me with a written copy of its Notice of Privacy Practices (“*Notice*”), which tells me how CAC may use or disclose information about me. Not all situations have been described in this Notice; however, I further acknowledge that I have been afforded the opportunity to read this Notice, or have it read to me, and to ask questions about it. I acknowledge that a copy of this Notice will be provided to me upon request.

Client Signature

Date

Personal Representative Signature (if applicable)

Relationship to Client

Witness Signature

Date