

# Durham County Criminal Justice Resource Center

Providing positive options for court-involved individuals



## Notice of Privacy Practices

**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.**

### OUR OBLIGATIONS:

We are required by law to:

Maintain the privacy of Protected Health Information (PHI)  
Give you this notice of our legal duties and privacy practices regarding health information about you  
Follow the terms of our notice that is currently in effect

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time.

#### When receiving substance abuse services

Federal law only allows disclosure without your permission in the following situations:

To report abuse, neglect or domestic violence, to respond to a court order, to qualified personnel for research, audit, and program evaluation, to a health care provider who is providing emergency medical services, if we believe that you are likely to commit a crime at the program or against program personnel, for the purpose of internal communications, and to qualified service organizations when appropriate (these agencies agree to abide by Federal law).

#### When receiving other services

For Treatment We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, or other personnel, including people outside our office, who need the information to provide you with medical care.

For Payment We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party.

For Health Care Operations We may use and disclose Health Information that is necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may share information with other

entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders We may use and disclose Health Information to contact you to remind you that you have an appointment with us.

Treatment Alternatives and Health Related Benefits We may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care When appropriate we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research Under certain circumstances, we may use and disclose Health Information for research. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to identify patients who may be included in their research as long as they do not remove or copy any Health Information.

As Required by Law We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures will be made only to someone who may help prevent the threat.

Business Associates We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in their contract with us.

Organ and Tissue Donation If you are an organ donor, we may use or release Health Information to organizations or other entities engaged in procurement, banking or transportation of organs.

Military and Veterans If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation We may release Health Information for workers' compensation or similar programs.

Public Health Risks We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability;

report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight Activities We may disclose Health Information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release Health Information if the information is: (1) in response to a court order, subpoena, warrant or similar process; (2) limited information to identify or locate a suspect, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release Health Information to a coroner or medical examiner. For example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody If you are an inmate of a correctional institution or under the custody of a law

enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

##### Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may disclose to a member of your family, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever practical to do so.

#### YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information (PHI) for marketing purposes; and
2. Disclosures that constitute a sale of your PHI.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do sign an authorization, you may revoke it at any time by completing the revocation section or by writing to our Compliance Officer. Disclosures that were made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request in writing. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your

request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records If your Protected Health Information (PHI) is maintained in an electronic format (known as an electronic medical record) you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. There are certain situations where we will be unable to grant your request to amend the health information. To request an amendment, you must make your request in writing.

Right to an Accounting of Disclosures You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing.

Right to Request Restrictions You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care. For example, you could ask that we not share information about a particular diagnosis with your spouse. To request a restriction you must make your request in writing. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. To request confidential communications, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice You have the right to a paper copy and you may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may also obtain a copy of this notice at our web site: [www.dconc.gov/cjrc](http://www.dconc.gov/cjrc).

#### CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the bottom of the last page.

#### COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, you may write or call our Compliance Officer at:

##### **Criminal Justice Resource Center**

326 East Main St.

Durham, NC 27701

Phone: 919-560-0500

You may also file a written complaint by mail or fax to the Regional Manager, Office for Civil Rights, U.S. DHHS Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, SW Atlanta, GA 30303-8909 Phone: (800) 368-1019, Fax: (404) 562-7881 TDD: (800) 537-7697; or electronically by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

##### **Guidelines for Submitting a Complaint**

The complaint to the Secretary must be filed in writing, include the name "Criminal Justice Resource Center", and describe the acts or omissions believed to be in violation of the Privacy Rules. The complaint must be filed within 180 days of when you knew or should have known that the act or omission occurred. We will provide you with assistance to file the complaint.

If you file a complaint with our Compliance Officer or the Secretary of DHHS, we will not take any action against you or change our treatment of you in any way. Also, we cannot require you to waive any of these rights as a condition of treatment.

Effective Date: 11-26-14