

## NOTICE OF PRIVACY PRACTICES

**This Notice is effective on April 14, 2003**

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**THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

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**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 health care information that identifies you. This may be information about health care services that we provide to you or payment for health care 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 this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health care information. Sims Consulting & Clinical Services, Inc. is legally bound to follow the terms of this Notice.

In addition to the joint Sims Consulting & Clinical Services, Inc. agreement, there may be other entities with which we have executed a Business Associate agreement which for the purpose of treatment and operations we may be required to disclose protected health information, except when prohibited pursuant to state and federal laws. We may disclose to these Business Associate entities information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a Business Associate Agreement in place. In connection with our Business Associates, they have an independent responsibility to comply with all HIPAA Privacy regulations as it relates to disclosure of protected health information.

In other words, we are only allowed to use and disclose health care 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 care information 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 also contact our Privacy Officer/Designee at 866-658-0144 to obtain a copy of the current Notice)

Effective Date: 5/3/04

The rest of this Notice will:

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

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may contact our Privacy Officer/Designee at 704-630-6634.

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

We use and disclose health care information about members everyday. This section of our Notice explains in some detail how we may use and disclose health care information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health care information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, you may contact our Privacy Officer/Designee at 704-630-6634.

**1. Treatment**

Sims Consulting & Clinical Services, Inc. may use and disclose health care information about you to provide health care treatment to you except as prohibited by state and federal law. In other words, we may use and disclose health care information 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.

***We will use your health information for treatment.***

**Example:** Information obtained about you by a therapist, psychiatrist, case manager, nurse or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will also record goals that you established and the interventions used to help you reach your goals. Your psychiatrist will also record information about medications they have prescribed for you as well as your response to these medications.

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

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**Example:** Jane is a member at the mental health center and she has been diagnosed with schizophrenia. The mental health center has developed an educational program to help members manage their lifestyle. The mental health center sends Jane a flyer with information about the program.

We may also use and/ or disclose health care information about you to send you reminders about your appointment.

## **2. Payment**

Sims Consulting & Clinical Services, Inc. may use and disclose health care information about you to obtain payment for health care services that you received. This means that, within the mental health center or contracted agency, we may use health care information about you to arrange for payment (such as preparing billing and managing accounts). We also may disclose health care information about you to others (such as insurers, collection agencies, and or member reporting agencies) except as prohibited by state and federal regulations. In some instances, we may disclose health care 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.

***We will use your health information for payment.***

**Example:** A bill will be sent to you and/or a third-party payer. Information on or accompanying the bill may include information that identifies you as well as your diagnosis, your treating clinician and the type of services you have received.

## **3. Health Care Operations**

Sims Consulting & Clinical Services, Inc. may use and disclose health care 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 care 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 members;
- 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 provided, including government agencies and private organizations;
- Planning for our organization’s future operations

- Resolving complaints, grievances, and appeals within our organization and/ or contract agencies;
- Reviewing our activities and using or disclosing health care information in the event that control of our organization significantly changes;
- Working with others (such as lawyers, accountants, or other providers) who assist us to comply with this Notice and other applicable laws.

***We will use your health information for health care operations.***

**Example:** Members of the treatment team(s) and Quality improvement staff may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. We will use your health information to enter data for billing and documentation purposes. We may also contact you via telephone or letter to provide appointment reminders.

#### **4. Persons Involved in Your Care**

Sims Consulting & Clinical Services, Inc. may disclose health care 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 except as mandated by state and federal regulations. If the member is a minor, we may disclose health care information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minor's information, contact our Privacy Officer/Designee at 704-630-6634.

We may also use or disclose health care 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 care 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 member is a minor. If the member is a minor, we may or may not be able to agree with your request.

**Example:** Jane's husband regularly comes to the mental health center with Jane for her appointments and he helps her with her medication. When the nurse is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse discusses the medication with Jane and Jane's husband.

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

We will use and disclose health care 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 care information. For example, state law requires us to report suspected communicable disease to the health department 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 other applicable laws.

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## 6. National priority uses and disclosures

When permitted by law, we may use or disclose health care 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 care information that it is acceptable to disclose health care information without the individual’s permission. We will only disclose health care information about you in the following circumstances when we are permitted to do so by law. For more information on these types of disclosures, contact our Privacy Officer/Designee at 704-630-6634.

- **Threat to health or safety:** We may use or disclose health care 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 care information about you for public health activities. Public health activities require the use of health care 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 disease.
- **Abuse, neglect or domestic violence:** We may disclose health care information about you to a governmental 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 care information about you to a health oversight agency-which is basically an agency responsible for overseeing the health care system or certain governmental programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose health care information about you to a court or an officer of the court (such as an attorney) with an appropriate order from a judge. For example, we would disclose health care information about you to a court if a judge orders us to do so.
- **Law Enforcement:** We may disclose health care information about you to law enforcement officials for specific law enforcement purposes. For example, we may disclose limited health care information about you to the police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose health care information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.
- **Worker’s compensation:** We may disclose health care information about you in order to comply with workers’ compensation law.
- **Certain government functions:** We may use or disclose health care information about you for certain government functions, including but not limited to military and veteran’s activities and national security and intelligence activities. We may also use or disclose health care information about you to a correctional institution in some circumstances.

## 7. Authorization

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Other than the uses and disclosures described above (#1-6), we will not use or disclose health care information about you without the “authorization” by you or your legally responsible person. In some instances, we may wish to use or disclose health care information about you and we may contact you to ask you to sign an authorization form. You may contact us to ask us to disclose health care information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose health care information about you, you may later revoke (or cancel) your authorization in writing (except information which has already been released or in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer or assigned clinician. 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.

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

This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer/Designee at 704-630-6634.

**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 or other prominent locations. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer/Designee at 704-630-6634.

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

You have the right to inspect (which means see or review) and to receive a copy of health care information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health care information about you, you must provide us with a request in writing. You must complete an Access Request Form. Access Request Forms are available from our Privacy Officer/Designee at 704-630-6634 or your assigned Clinician. Our agency must act on this request no later than 30 days after receipt of the request.

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.

If you would like a copy of the information, we may charge you a fee to cover the costs of the copy.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer/Designee for more information on these services and any possible additional fees.

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

You have the right to have us amend (which means correct or add) health care 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 make reasonable efforts to notify others who have copies of the inaccurate or incomplete information. You may request an amendment by completing the Amendment Request Form. Amendment Request Forms are available from our Privacy Officer/Designee. Our agency must act on this request no later than 60 days after receipt of the request.

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 disclosures that we have made for the previous six (6) years (beginning April 14, 2003). If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer/Designee. Accounting Request Forms are available from our Privacy Officer/Designee. Our agency must act on this request no later than 60 days after receipt of the request.

The accounting will not include several types of disclosures, including disclosures for treatment, payment, or health care operations. It will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12 months), we may charge you a fee to cover the costs of preparing the accounting.

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

You have the right to request that we limit the use and disclosures of health care information about you for treatment, payment, and health 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 an emergency situation or unless it is a situation with mandates by State and Federal law). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

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

You have the right 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 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 must provide us with a request in writing. You may complete an Alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer/Designee or your assigned clinician.

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**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.

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

ATTN: Member Rights Committee  
119 West Avenue  
Kannapolis, NC 28081

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

Office of Civil Rights  
US Department of Health & Human Services  
200 Independence Avenue, SW  
Room 509 F, HHH Building  
Washington, DC 20201