

NOTICE OF PRIVACY PRACTICES
Murdoch Developmental Center

Effective Date: April 14, 2003

**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.

Responsibilities of Murdoch Developmental Center

Murdoch Developmental Center is required by state and federal law to protect the privacy of health information regarding the individuals who live at Murdoch Developmental Center which may identify them. This health information may be information about health care we provide, payment for those health care services, or other health care operations provided on the individual's behalf.

This agency is required by law to inform you, as the guardian/parent, of our legal duties and privacy practices with respect to an individual's health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted in our Quality Improvement Department. Copies of any revised *Notices* will be available upon request.

If at any time, you, as the guardian/parent, have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our agency Privacy Official at (919) 575-1040.

Use and Disclosure of Health Information Without Your Authorization

Treatment

Murdoch Developmental Center may use health information, as needed, in order to provide, coordinate or manage health care and related services. This includes sharing health information with other health care providers within this agency.

Example: An individual of Murdoch Developmental Center's treatment/habilitation team, composed of staff such as doctors, nurses, and social workers, will need to review his/her treatment annually and discuss goals and objectives for the individual's future.

We will disclose health information outside of Murdoch Developmental Center for treatment purposes only with your consent or when otherwise allowed under state or federal law.

Example: We may disclose an individual's health information to other developmental disabilities services programs in order to coordinate the best possible care.

Example: We may share an individual's health information with a health care provider for emergency services.

Payment for Services

The treatment provided to an individual who lives at Murdoch Developmental Center will be shared with Murdoch's Patient Relations Department so a bill can be prepared for services rendered. We may also share an individual's health information with other agency staff who review services provided to the individual to make certain he/she has received appropriate care and treatment. We will not disclose health information outside of this agency for billing purposes (i.e., bill your insurance company) without your consent except in certain situations when we need to determine eligibility for benefits such as Medicaid, Medicare or Social Security.

Example: A Social Worker may contact your local Department of Social Services to determine if the individual who lives at Murdoch Developmental Center is currently eligible for Medicaid or if he/she would qualify for Medicaid.

Example: An individual who lives at Murdoch Developmental Center has a private insurance carrier. His/her primary care physician at Murdoch recommends that he/she see a cardiologist, and he/she does so. Murdoch Developmental Center will share the individual's Protected Health Information with the cardiologist's billing clerk so that services provided to the individual can be billed correctly.

Example: Murdoch Developmental Center's Patient Relations' Department will collect insurance and other financial information regarding the individual at the time of admission.

Health Care Operations

Murdoch Developmental Center may use or disclose an individual's health information in performing a variety of business activities that we call "health care operations". Some examples of how we may use or disclose an individual's health information for health care operations are:

- Review the care the individual who lives at Murdoch Developmental Center receives here and evaluate the performance of his/her treatment/habilitation team to ensure he/she has received quality care.
- Develop an annual Interdisciplinary Plan for services.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of an individual who resides at Murdoch Developmental Center.
- Provide training programs for agency staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that Murdoch Developmental Center provides.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our agency attorney to use an individual's health information when representing Murdoch Developmental Center or the NC Department of Health and Human Services in legal matters.
- Resolve grievances within Murdoch Developmental Center.
- Provide information to an internal client advocate who is available to represent the individual's interests upon request.

Other Circumstances

Murdoch Developmental Center may disclose an individual's health information who lives here for those circumstances that have been determined to be so important that authorization may not be required. Prior to

disclosing an individual's health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if an individual has a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk. If an individual who lives at Murdoch Developmental Center has a communicable disease such as tuberculosis or HIV/AIDS, information about that disease will be treated as confidential. Other than circumstances described in other sections of this Notice, we will not release any information about the communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director;
- Regarding abuse, neglect or domestic violence;
- For health oversight activities such as licensing;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For court proceedings such as court orders to appear in court;
- Related to death such as disclosure to a funeral director;
- Related to donation of organs or tissue;
- To avert a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- To correctional institutions or other law enforcement officials if an individual who resides here is in their custody;
- For Worker's Compensation in cases pending before the Industrial Commission;
- To an individual's next of kin or other person involved in his/her care upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments;
- Related to medical research.

Contacting You

Murdoch Developmental Center may use an individual's health information to contact you to:

- Remind you of upcoming appointments;

Example: Murdoch Developmental Center may send a letter to inform you of an individual's planning meeting.

- Make you aware of alternative treatment, services, products or health care providers that may be of interest to you;

Example: If you are the guardian/parent of a Murdoch Developmental Center individual receiving treatment for a particular condition and an individual's health care team learns of new or alternative treatments, we may contact you to inform you of such possibilities.

Disclosure Of An Individual's Health Information That Allows You An Opportunity To Object

There are certain circumstances where we may disclose the individual's health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for the individual's care may disclose his/her admission to or discharge from Murdoch Developmental Center to the individual's next of kin.
- Disclosure to public or private agencies providing disaster relief.

Example: We may share health information with the American Red Cross following a major disaster such as a flood.

If you would like to object to our disclosure about an individual's health information in either of the situations listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

Disclosure Of An Individual's Health Information That Requires Your Authorization

Murdoch Developmental Center will not disclose health information about an individual who lives here without authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization that allows us to share or request health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/ requested.

You may request that your authorization be cancelled by informing our agency Privacy Official that you do not want any additional health information about the individual who lives at Murdoch Developmental Center exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

Your Rights Regarding An Individual's Health Information

You have the following rights regarding your health information as created and maintained by this agency.

Right to receive a copy of this *Notice*

All individuals who live at Murdoch Developmental Center or their legally responsible person have the right to receive a copy of Murdoch Developmental Center's *Notice of Privacy Practices*. At the first treatment encounter with Murdoch Developmental Center, the individual or his/her legally responsible person will be given a copy of this *Notice* and asked to sign an acknowledgement that it was received. In the event of emergency services, the individual's legally responsible person will be provided the *Notice* as soon as possible after emergency services have been provided.

In addition, copies of this *Notice* have been posted in several public areas throughout Murdoch Developmental Center. If you would like to have a copy of this *Notice*, it can be requested at the Quality Improvement Department, the Admissions Office, the Patient Relations Office, or from Murdoch Developmental Center's Privacy Official.

Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this agency be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our agency Privacy Official.

Right to request to see and copy an individual's health information

An individual who lives at Murdoch Developmental Center, or the legally responsible person of a Murdoch Developmental Center individual, has the right to request to see and receive a copy of

health information in medical, billing and other records that are used to make decisions about the individual. Your request must be in writing and forwarded to our agency Privacy Official. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of an individual's health information record, we may give you a summary or explanation of the individual's health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by the individual's physician or a professional designated by our agency director under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our agency Privacy Official to request that a copy of the individual's health information be sent to a physician or psychologist of your choice.

Whenever the individual has a legally responsible person who consented to the treatment, the legally responsible person has the same rights as the individual to request to see and copy the individual's health information.

Right to request amendment of an individual's information

You have the right to request changes in the individual's health information in medical, billing and other records used to make decisions about the individual. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency Privacy Official and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change the individual's health information, we will add your amendment but will not destroy the original record. In addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received the health information and who need the changes.

We may deny your request if:

- The information was not created by Murdoch Developmental Center (unless you prove the creator of the information is no longer available to change the information);
- The information is not part of the records used to make decisions;
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change the health information, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of the individual's record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

Right to request a listing of disclosures we have made

You have a right to a written list of disclosures of health information. The list will be maintained for at least six years for any disclosures made after April 14, 2003. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This agency is not required to include the following on the list of disclosures:

- Disclosure for treatment;
- Disclosure for billing and collection of payment for treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when an individual is in their custody; or
- Disclosures made to other persons involved in an individual's care.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform 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 on uses and disclosures of an individual's health information

You have the right to request that we limit our use and disclosure of health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose to an individual's next of kin or someone who is involved in your care. (Example: you could ask that we not disclose information about an individual's family history of heart disease.) We will provide you with a form to document your request.

We will make every attempt to honor your request but are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time and we will ask that your request be in writing. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

Violations/Complaints

If you believe that your privacy rights have been violated at Murdoch Developmental Center, or if you want to file a complaint regarding our privacy practices, you may contact our agency Quality Improvement Director. If you file a complaint, we will not take any action against you or change the quality of health care services we provide to an individual who lives at Murdoch Developmental Center.

To file a written complaint with Murdoch Developmental Center, you may bring your complaint to the Murdoch Developmental Center Quality Improvement Department, or you may mail it to the following address:

Director of Quality Improvement
Murdoch Developmental Center
1600 East C Street
P. O. Box 3000
Butner, NC 27509
Telephone: (919) 575-1040
Fax: (919) 575-1063

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has been designated to receive and document complaints and concerns regarding your privacy. Contact information is as follows:

CARE-LINE

2012 Mail Service Center

Raleigh, NC 27699-2012

Voice Phone (English and Spanish):

1-800-662-7030 (Toll Free)

(919) 733-4261 (Triangle Area and Out of State)

FAX: (919) 715-8174

TTY: 1-877-452-2514 (TTY Dedicated)

(919) 733-4851 (TTY Dedicated for local or out of state calls)

Email: care.line@ncmail.net

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights

U.S. Department of Health and Human Services

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, S.W.

Atlanta, GA 30303-8909

Voice Phone: (404) 562-7886

FAX: (404) 562-7881

TDD: (404) 331-2867

Legal References

Primary Federal and State laws and regulations that protect the privacy of your health information are listed below.

Confidentiality of Alcohol and Drug Abuse Patient Records – 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information – 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.

NC General Statutes – Chapter 122C, Article 3 (Client’s Rights and Advance Instruction), Part 1 (Client’s Rights). Chapter 90 (Medicine and Allied Occupations), Article 1 (Practice of Medicine).

NC Administrative Code – 10 NCAC 18 D (Confidentiality Rules).