

**NOTICE OF PRIVACY PRACTICES
OF
BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER EMPLOYEE
HEALTH SERVICE**

Black Mountain Neuro-medical Treatment Center Employee Health Service must collect timely and accurate health information about you and make that information available to members of your employee health care team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of Black Mountain Neuro-medical Treatment Center Employee Health Service to protect your health information from unauthorized use or disclosure while providing employee health care, obtaining payment for that health care and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within Black Mountain Neuro-medical Treatment Center, as well as reasons why your health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights in regards to the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures Black Mountain Neuro-medical Treatment Center uses to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Employee Acknowledgement

I have received Black Mountain Neuro-medical Treatment Center's Employee Health Service *Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing employee health care services to me.

Employee _____ / _____ **Date**

**NOTE: Black Mountain Neuro-medical Treatment Center retains this signed page.
Employee retains the Notice of Privacy Practices document.**

NOTICE OF PRIVACY PRACTICES BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER EMPLOYEE HEALTH SERVICE

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

Black Mountain Neuro-medical Treatment Center Employee Health Service is required to protect the privacy of health information about you, which may identify you. This information may include employee health care services provided to you, payment for those services, or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your employee health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all employee health information that we maintain. Any changes to this *Notice* will be posted in our Employee Health Office and on the Black Mountain Neuro-medical Treatment Center's Internet web site at www.bmcnc.org. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our Employee Health Nurse at (828) 259-6906 or our agency Privacy Official at (828) 259-6739.

Use and Disclosure of Health Information Without Authorization

Treatment

Black Mountain Neuro-medical Treatment Center Employee Health Service may use or disclose your employee health information, as needed, in order to provide, coordinate or manage your health care and related services. This includes sharing your health information with other health care providers, both within and outside this agency, regarding your treatment when we need to coordinate and manage your health care .

Example: We may share your health information with doctors, nurses and other health care personnel who are involved in providing your health care. For example, you will be referred to BCHD for any positive Tuberculin skin test for treatment and tracking. All information regarding your skin test will be sent to BCHD via fax or telephone.

Payment for Services

Black Mountain Neuro-medical Treatment Center Employee Health Service may use and give your health information to other staff to collect and/or record payment for the health care services received by you. We will share adequate information with departments that prepare bills and manage employee accounts in order to ensure payment for services rendered. We may also share your health information with facility staff who review employee services to make certain you have received appropriate care and treatment.

Example: The treatment provided to you needs to be shared with our agency's billing department in order to record any payments you make for employee health services received.

Health Care Operations

Black Mountain Neuro-medical Treatment Center Employee Health Service may use or disclose your employee health information in performing a variety of business activities that we call "health care operations". These "health care operations" allow us to improve the quality of care we provide to you and our other employees and help us to reduce health care costs. Some examples of the way we may use or disclose your health information for "health care operations" are:

- We may share your employee health information with government agencies or accrediting bodies, such as OSHA, to review such information to ensure you received quality care.
- Review and evaluate the skills, qualifications and performance of our health care providers that are taking care of you.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Assist others who review our activities such as other health care providers, lawyers and others who assist us in complying with specific laws.
- Plan for our agency's future operations such as evaluating information about the number of times that a particular X-ray was made to determine if additional equipment is needed.
- Use employee health information to resolve grievances and enhance investigations conducted by Administration when a staff member files a grievance, protesting against a particular issue.

Other Circumstances

Black Mountain Neuro-medical Treatment Center Employee Health Service may use and/or disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances may include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if you have or have been exposed to a communicable disease or condition and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required to protect public health or the spread of disease, or at the request of the State or Local Health Director;
- For law enforcement purposes unless otherwise prohibited by State or Federal law;

- For court proceedings such as court orders to appear in court with your health information;
- Related to death such as disclosures to a funeral director;
- Related to donation of tissues or organs;
- 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; For Workers Compensation, if you are eligible, and that organization has a need for your health information

Contacting You

Black Mountain Neuro-medical Treatment Center Employee Health Service may use your health information to contact you to:

- Provide results of laboratory tests
Example: We will send the results of tests you choose to have performed in our laboratory in a sealed envelope through interoffice mail

Use and Disclosure of Health Information That Allows You An Opportunity To Object

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include disclosures to:

- Families, friends or others involved in your care
Example: We may share with a family member, personal representative or other person responsible for your care, your health information necessary to notify such individuals of your location and general condition in order to keep them involved with your care and treatment.
- Public or private agencies
Example: We may share your health information with the American Red Cross for disaster relief purposes.

If you would like to object to disclosure of your health information in any of the above circumstances, please contact our Employee Health Nurse listed in this Notice for consideration of your objection.

Use and Disclosure of Health Information That Requires Your Authorization

Black Mountain Neuro-medical Treatment Center Employee Health Service will not use or disclose your health information without your authorization except as specified in the above examples where use and disclosure of your information is allowed or when required by State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your 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 Employee Health Nurse that you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization. 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 Your 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*

You have a right to receive a copy of Black Mountain Neuro-medical Treatment Center's Employee Health Service *Notice of Privacy Practices*. At your first treatment encounter with this agency Employee Health Service, you will be given a copy of this *Notice* and asked to sign acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been rendered.

In addition, copies of this *Notice* have been posted in the Employee Health Office, as well as on the Black Mountain Neuro-medical Treatment Center's Internet web site at www.bmcnc.org. You have a right to request a paper copy of this *Notice* at any time from our Employee Health Nurse at (828) 259-6906 or our agency Privacy Official at (828) 259-6739.

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 be sent to your home address rather than your work 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 Employee Health Nurse.

Right to request to see and copy your health information

You have the right to request to see and receive a copy of your health information in clinical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our Employee Health Nurse. If your request is approved, you may be charged a fee to cover the cost of the copy, excluding labor costs.

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

Your request may be denied 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.

Right to request amendment of your health information

You have the right to request changes in your employee health information in clinical, billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our Employee Health Nurse and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request

We may deny your request if:

- the information was not created by this agency (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 about you;
- we believe the information is correct and complete; or
- you do not have the right to see and copy the record.

If we deny your request to change your health information, we will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial.

If we accept your request to change your health information, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

Right to request a listing of disclosures we have made

You have the right to request and receive a written list of certain disclosures of your health information, made after April 14, 2003. You may ask for disclosures we made up to six years before your request. 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 on the list disclosures for the following:

- For your treatment;
- For billing and collection of payment for your treatment;
- For our health care operations;
- Requested by you, that you authorized, or which are made to individuals involved in your care; or
- Allowed by law.

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 your health information

You have the right to request that we limit our use and disclosure of your employee health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not use or disclose the information about a previous condition you had.

We 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 or your personal representative may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

Complaints

If you believe your privacy rights have been violated by us, or if you want to complain to us about our privacy practices, you may contact our Employee Health Nurse or Privacy Official. All complaints should be submitted in writing. Contact information is as follows:

Black Mountain Neuro-medical Treatment Center Employee Health Nurse
932 Old US 70
Black Mountain, NC 28711
Telephone: (828) 259-6906

Black Mountain Neuro-medical Treatment Center Privacy Official
932 Old US 70
Black Mountain, NC 28711
Telephone: (828) 259-6739

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 the privacy practices, policies and procedures related to the protection of individually identifiable health information. 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

If you file a complaint, we will not take any action against you or change our treatment of you, in any way.