

COMMUNITY WORKFORCE SOLUTIONS, INC.

NOTICE OF PRIVACY PRACTICES

Effective July 2003

REVISED FOR AGENCY NAME CHANGE JANUARY 2008; Revised 2011; 2013

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 policy is to protect your rights and to keep any information about you or that can identify you safe and private. We are required by a federal law to maintain the privacy of protected health information, and we must abide by the terms of this Notice.

To provide support and vocational services, we keep written and computer files with information about you, including information given to us by the agency/person referring you, papers you sign, and your goal/service plan. This information is called your healthcare record. This Notice tells you your rights and our legal duties relating to your records. In any situation when we give information to other agencies or persons, the minimum amount of information will be given. We may change the information in this Notice if allowed or required by law. If we change this Notice it may apply to information before the change. If we do make a significant change, the new Notice will be available to you upon request.

USE AND DISCLOSURE OF PROTECTED HEALTHCARE INFORMATION

To Establish Benefits: Disclosure of confidential information is permitted to establish benefits if you seek our services, and we feel that you are eligible for financial benefits. After receiving benefits, your consent is required for further release of confidential information.

For treatment: We may use or disclose “give” protected health information to others involved in your care, such as Vocational Rehabilitation or your county’s LME/MCO, if they are involved in your care or providing services for you.

For payment: We may use or disclose information to obtain payment for services to you.

For Healthcare Operations: We may use or disclose your healthcare information for our operations. This may include quality tests/ improvement activities, reviewing the abilities of our staff, resolving complaints, and obtaining licenses and accreditations from other agencies.

Audits: We may disclose confidential information to persons responsible for conducting general research or clinical, financial, or administrative audits if there is a justifiable documented need for this information. A person receiving the information may not directly or indirectly identify any individual in any report of the research or audit or otherwise disclose an individual’s identity in any way.

Permission: Unless you give us written permission, we cannot use/give out your health information except as stated in this Notice. You may give us permission to give information to others for any reason and you may cancel this permission in writing at any time.

Giving information to your family or friends: With your permission, we can give healthcare information to a family member, friend, or other person you chose to help with your services.

Other persons involved in your care: We may give health information to notify a person responsible for your care if the information is relevant to your care. This may include information about your location or general condition. You have the right to say that we may not give this information, and we will honor this request, except in certain emergencies or if you should become incapacitated. We will use professional judgment to make certain decisions about your best interests, such as in emergencies. If you have provided us with any advance instruction regarding your mental health or physical care, we may disclose confidential information related to that to a physician, psychologist, or other QP when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

To avoid harm: We may give health information to avoid a serious threat to the health and safety of you or the public. We will report suspected communicable diseases as required by law.

Abuse or Neglect: We may give health information to the appropriate authorities if we reasonably believe that you may be the victim of abuse, neglect, exploitation, domestic violence, or other crimes. We will give out only necessary information to try to prevent additional harm or a serious threat to your health and safety or the health and safety of someone else.

Law Enforcement: We will use and give out information when required or allowed by Federal or State law or court order.

Marketing our Services: We will not use your name, picture, or health information in marketing communications without your written permission.

Emergencies: We may use or give out health information in health related or other emergencies or if we have reasonable belief you are involved in criminal behavior, including abuse/neglect of other persons.

National Security: We may give out information to military authorities under certain circumstances, such as required for lawful intelligence, counterintelligence, or other national security activities.

Minors: If you are a minor, we may give out information to the parent, guardian, or other person responsible for you except in limited situations.

Appointments: We may use or give health information to provide you with appointment reminders or to attempt to contact you in your absence. This may be voicemail messages, letters, or emails, and will include minimal information.

We may ask for your written permission before using or disclosing health information. You may cancel this at any time in writing. We will honor this request as of the date given to us, but cannot take back any information already disclosed. This agency further abides by other Federal and State laws restricting the use and disclosure of information about you.

YOUR PRIVACY RIGHTS

Your access to information: You have the right to look at or get copies of your healthcare information, with some exceptions (see your Program Manager if you want more details). If you request a format other than photocopies, we will try to honor it but may not be able to do so. Requests for information should be in writing. A fee may be charged for copies.

Right to restrict the use and disclosure of information: You have the right to request that we limit the use/disclosure of your health information. We are not required to agree to your request. If we do agree, we will use and give out information according to that agreement, except in emergencies. You may cancel restrictions at any time. We may also cancel restrictions and appoint those which were in effect before the cancellation.

List of Disclosures: You have the right to receive a list of times that we gave out information to persons/agencies other than for treatment, payment, healthcare operations or certain other activities for the last 6 years (not before April 14, 2003). If you request this list more than once in 12 months, we may charge you a cost-based fee.

Right to Request a Correction or Change in your Records: You have the right to ask us to change or add missing information to your records if you feel there is mistake. Your request must be in writing and explain why you want this change. We may deny your request under certain circumstances.

Right to an Alternative Method of Contact: You have the right to be contacted or for information to be disclosed at a different location or in a specific method. For example, you may wish to use a family member's address/phone for us to contact you. We will agree to any reasonable written request.

Right to receive a copy of this Notice and any revisions: You have the right to receive a copy of this notice and any revisions made to this notice at any time. This Notice or a revised Notice, if applicable, will be posted in the front office of each agency. You may request a copy of this Notice by contacting any Community Workforce Solutions employee.

Privacy Breach: If electronic information about you is compromised and there is a risk that others may see this information, we will contact you and other authorities per HIPAA requirements.

NOTE: For any request or statement that we say should be in writing, you may contact your Program Manager to assist you. Program Managers must assist you in making any request in writing.

QUESTIONS OR COMPLAINTS

If you have questions or concerns about our privacy policy or practices, please contact our Privacy Officer at (919) 231-3325 (Raleigh) or (252) 492-9555 (Henderson). If you feel we have not protected your privacy rights, you may make a complaint by calling the numbers above or by sending a written complaint to: Privacy Officer, Community Workforce Solutions, 3011 Falstaff Road, Raleigh, NC 27610.

You may also file a complaint with the Federal government by calling 1-866-627-7748 or by writing to Office for Civil Rights, DHHS, 61 Forsyth Street SW, Suite 16T70, Atlanta, GA 30303-8909, online at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf, or via email at OCRComplaint@hhs.gov

We support your right to the privacy of your healthcare information. We will not take any action against you nor make negative changes in the way we provide services to you if you decide to make a complaint against Community Workforce Solutions either with us or with the Federal government.