

NOTICE OF PRIVACY PRACTICES

FOCUS POINT, INC. is required by law to protect the privacy of health care information about you and 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, presence, or future health care condition.

Information regarding your health care at FOCUS POINT, INC. is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC - 1320 et.seg., 45 CFR Parts 160 & 164 and, when applicable, Federal Drug and Alcohol Confidentiality, 42 CFR Part 2; and North Carolina Mental Health, Developmental Disabilities and Substance Abuse Law (NCGS 122-C52 through 122C-56). Under the laws, FOCUS POINT, INC. may not say to a person outside FOCUS POINT, INC. that you attend the program, nor disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected health information except as permitted by the state and federal laws listed above or with your written authorization.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We at FOCUS POINT, INC. understand that information about you and your health is personal and sensitive in nature. We are committed to protecting the privacy of this information

OUR RESPONSIBILITIES

Our primary responsibility for your personal health information is to keep it safe. FOCUS POINT, INC. is also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practice with respect to health care information. We are legally bound to follow the terms of this Notice. In other words, we are only allowed to use and disclose health care information in the manner that we described in this Notice.

FOCUS POINT, INC. may use and disclose your protected health information in the following instances. **You may agree or object to the use or disclosure of all or part of your protected information for these purposes.**

Treatment. We must use or disclose your health information to provide you with medical treatment and health care treatment or service. We may share your health information with doctors, nurses, technicians, medical students, interns, or other personnel or facility that have a legitimate need for such information in order to take care of you.

Payment. FOCUS POINT, INC. may use and disclose health information about you with your written consent to obtain payment for health care service that you received. This means that, FOCUS POINT, INC. may use health care information about you to

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arrange for payment (such as preparing billing for services you have received and managing accounts. Medicaid, Medicare or Health Choice is contacted to determine eligibility for services. Value Options required certain medical information to approve and determine authorization for services.

Health Care Operations. FOCUS POINT, INC. may use and disclose health care information about you in performing a variety of business activities or “health care operations.” These health care operation activities allow us to 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 the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Proving training programs for interns/students, trainees, health care providers or non-health care professions to help them practice or improve their skills. **(All would have signed a Confidentiality Form).**
- Cooperating with outside organizations that FOCUS POINT, INC., evaluate/assess the quality of the care FOCUS POINT, INC. staff and organization provides, certify or license health care providers, staff services or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide, to you and other consumers.
- Resolve complaints, grievance, and appeals with our organization and/or business associates.

Business Associates. There are some services provided in our organization through contracts with third parties who are business associates of FOCUS POINT, INC. We may share your health information with our business associates so that they can perform the job we’ve asked them to do.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment or leaving messages on answering machine or person other than yourself.

SITUATIONS THAT REQUIRE YOUR SPECIFIC WRITTEN “AUTHORIZATION”

Other uses of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called “authorization”). If you authorize us to use or share your health information, you may cancel that authorization in writing at any time. If you cancel your authorization, we will no longer use or share health information about you for the reasons covered by your written authorization. We are unable to take back any information we have already made with your permission, and we are required to retain our records of the care that we provided to you. Some typical situations that require your authorization are as follows:

Drug and Alcohol Abuse Treatment Disclosures. We will share drug and alcohol treatment information about you only in accordance with the Federal Privacy Act. In general, the Privacy Act requires your written authorization.

Disclosure of Mental Health Treatment Information. We will share your Mental Health Treatment information only in accordance with state law.

**SITUATIONS THAT DO NOT REQUIRE VERBAL AGREEMENT OR
WRITTEN AUTHORIZATION**

The following uses of your Health Information are permitted by law without any oral or written permission from you:

Organ and Tissue Donation. If you are an organ donor, we may share your health information with organizations that handle organ procurement or organ, eye or tissue transplantation, or with an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Averting a Serious Threat to Health or Safety. We may use and share your health information when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. **This information would only be shared with someone able to help prevent the threat.**

Public Health Activities. We share your health information for public health activities. These generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect
- To report reactions to medications, problems with products or other adverse events;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate authority if we believe a patient has been the victim of abuse (including child abuse), neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.

Health Oversight Activities. We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may share your

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health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement. We may share your health information if asked to do so by law enforcement officials in the following circumstances.

- When we receive a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When the consumer is the victim of a crime if we are unable to obtain the person's agreement.
- When we believe the consumer's death may be the result of criminal conduct.
- Criminal conduct at our facility.
- In emergency circumstances 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 Home Directors. We may share your health information with a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also share health information about consumers at our agency with funeral home directions as necessary to carry out their duties.

National Security and Intelligence Activities. We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may share your health information with the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with healthcare to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

Legal Requirements. We will share your health information without your permission when required to do so by federal, state or local law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of FOCUS POINT, INC. because FOCUS POINT, INC. created it, the information in the health record belongs to you.

You have the right to:

Request a restriction on certain uses of your protected health information. We are not required by law to agree to your request.

Obtain a copy of this Notice of Privacy Practices upon request.

Inspect and request a copy of your protected health information. We may deny your request under limited circumstances. If we deny you access to health information, you may request that the denial be reviewed by another staff member chosen by the Director. We will abide by the outcome of that review.

Request an Amendment to Your Health Record. If you feel the information is incorrect or incomplete. We may deny your request for an amendment if:

- It is not in writing,
- Does not include a reason to support the request,
- The information was not FOCUS POINT, INC. created by our staff,
- It is not part of the information kept by our facility,
- It is not part of the information which you would be permitted to inspect and copy,
- The information already in the record is accurate and complete.

Please note that even if we accept your request, we are not required to delete any information from your medical record. If we disagree with your request you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question.

Obtain a Record of the Sharing/Disclosure of Your Health Information. The accounting will only list information shared for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization. You have a right to receive specific information about disclosures that were made April 14, 2003.

Request Confidential Communication of Your Health Information by Alternative Means or to Alternative Locations. We will honor reasonable requests when you provide the alternative address/contact information and information on how payment will be handled. For example, you can ask that we only contact you at an alternate location from your home address, such as work, or only contact you by mail instead of by phone.

Revoke Your Authorization. To use or share health information except to the extent that action has already been taken.

Changes to This Notice. We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of this notice at any time. The new notice will apply to all Protected Health Information we maintain at that time.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with FOCUS POINT, INC. or the US Secretary of the Department of Health and Human Services. **You Will Not Be Penalized For Filing a Complaint.**

FOCUS POINT, INC.

Contact Privacy Officer:

Mildred Denise Coley, Executive Director

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