

NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2003

THIS NOTICE DESCRIBES HOW WE MAINTAIN MEDICAL INFORMATION ABOUT YOU, HOW IT MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Cardinal Clinic, LLC provides or contracts for many types of services. In order to provide you with or contract for services on your behalf, Cardinal Clinic, LLC must collect information about you. The information collected about you is stored in a Medical Record. Cardinal Clinic, LLC understands that the information collected about you and your health is private and confidential. We are required to protect this information by both state and federal laws. At times, state and federal laws contradict each other regarding your right to privacy. If the laws contradict each other, we are required to follow the law that is most restrictive, that is, most protective of your privacy. Much of the information that we collect about you or your health status has the potential to identify you as an individual. That information is referred to as "protected health information" (PHI). Please be aware that we maintain the written PHI in your Medical Record. We also maintain some PHI in electronic records (computers). We may use or disclose your PHI in electronic or written forms, or we may do so verbally. Certain conditions must exist for us to use or disclose your PHI and those conditions are discussed later in this handout.

UNDERSTANDING YOUR MEDICAL RECORD INFORMATION

Each time you visit, receive a service from, or speak to a representative of Cardinal Clinic, LLC, a record of that contact may be maintained. The information is collected and maintained in your Medical Record. Your Medical Record contains information about your mental health history, your physical health (as appropriate), current symptoms, assessments, test results (if appropriate), diagnosis, treatment, medications, legal history (as appropriate), demographic information, financial information, family history (as appropriate), your progress, and a plan for your current and future treatment. You may provide us some of the information contained in your Medical Record, while others involved in your care may provide additional information. The information contained in your Medical Record serves the following purposes:

- It is the basis for the planning of your care and treatment.
- It is a way for the various professionals involved in your care to communicate.
- It is a legal document describing the care that you have received.
- It is a means by which you or an insurance payer can verify that you actually received the services that were billed.
- It is a tool for staff education.
- It is a source of information for state health officials who are charged with improving health care across the state.
- It is a tool to assess the appropriateness and quality of care that you received.
- It is a tool to improve the quality of health care and achieve better patient outcomes.

Understanding what information is contained in your Medical Record and how it is used helps you to:

- Ensure the accuracy and completeness of the information.
- Understand who, what, where, why, and how others may have access to your health information.
- Make informed decisions about authorizing disclosures to others.
- Better understand your health information rights that are detailed below.

If you request to view the clinical information contained in your Medical Record, Cardinal Clinic, LLC will make a clinical professional available to you to help explain the information so that you can understand it. If you request to view financial or billing related information, Cardinal Clinic, LLC will make available someone from our financial office to you to help you to understand the information.

Cardinal Clinic, LLC

Cardinal Clinic, LLC is required to give you a copy of this Notice of Privacy Practices. This Notice of Privacy Practices tells you how Cardinal Clinic, LLC may use or disclose the information we collect and keep about you. Not all situations are described. Cardinal Clinic, LLC is required to follow the terms of the Notice currently in effect. However, we reserve the right to revise the Notice of Privacy Practices at any time. If we make revisions to this document, the changes will be posted in the lobbies of our centers and on our website. Copies of the Notice that is in effect are always available from our receptionists or our Privacy Officer. We will also retain copies of outdated versions of the Notice of Privacy Practices for seven years.

Cardinal Clinic, LLC May Use and Disclose Information Without your Authorization

Cardinal Clinic, LLC will use and disclose only the minimum information necessary to meet the following requirements. These uses and disclosures do not require your authorization.

- **For Treatment.** Cardinal Clinic, LLC may use or disclose information with health care providers who are involved in your health care. For example, Cardinal Clinic, LLC may disclose PHI to a contract provider to ensure that your treatment is adequately planned and carried out. We may also disclose PHI to another physician if that physician referred you to us for services.
- **For Payment.** Even though federal law allows that Cardinal Clinic, LLC use or disclose information to get payment for the health care services that you receive, North Carolina law requires that you consent to such an action. We will always ask you to sign a consent form for us to seek payment for the health care services that we provided to you.
- **For Health Care Operations.** Cardinal Clinic, LLC may use or disclose information in order to manage its programs and activities. For example, Cardinal Clinic, LLC may use PHI to review the quality of the services that you receive, conduct utilization management activities, or seek approval for your treatment. Cardinal Clinic, LLC is also required to disclose PHI to the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services for purposes of tracking, monitoring, and planning.
- **Appointments and Other Health Information.** Cardinal Clinic, LLC may send you reminders for care or checkups. We may also send you information about services that may be of interest to you. If we do this, we will send the information only to the address that you specify. Phone calls will only be made to a number that you specify and you must inform us if we can leave a message on a recording device.
- **For Public Health Activities.** Cardinal Clinic, LLC may use or disclose PHI as required by law to report certain communicable diseases to health agencies. For example, we are required to report any cases of HIV, certain sexually transmittable diseases, or tuberculosis to the Health Department.
- **For Health Oversight Activities.** Cardinal Clinic, LLC may use or disclose PHI necessary to inspect or investigate health care providers.
- **As Required by Law and for Law Enforcement.** Cardinal Clinic, LLC will use and disclose information when required or permitted by federal or state law or by a court order. PHI regarding substance abuse information can only be disclosed with your authorization or by a court order.
- **For Abuse Reports and Investigations.** Cardinal Clinic, LLC will use and disclose information required by law to report any suspicion of abuse, neglect, or exploitation to the Department of Social Services (DSS). Cardinal Clinic, LLC is required by North Carolina law to cooperate with DSS investigations into possible abuse, neglect, or exploitation allegations.
- **For Government Programs.** Cardinal Clinic, LLC may use and disclose information for public benefits under other government programs. For example, Cardinal Clinic, LLC may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** Cardinal Clinic, LLC may disclose PHI to law enforcement in order to try to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** Cardinal Clinic, LLC may use and disclose information for studies and to develop reports. These reports do not identify specifically identify you as an individual.

Cardinal Clinic, LLC

- **Disclosures to Family, Friends, and Others.** Cardinal Clinic, LLC may disclose information to your family or other persons who are involved in your care. You have the right to object to the sharing of information with any of persons within this classification. We will make every attempt to honor any reasonable wishes in regard to restricting the PHI shared, but we do retain the right to deny your request if it interferes with our ability to conduct treatment, payment, or other health care operations (TPO).
- **In Emergency Situations.** Cardinal Clinic, LLC may use or disclose information as necessary to meet the demands of emergency situations, such as medical, psychiatric, or behavioral conditions that require immediate attention.
- **Oversight and Evaluation.** Cardinal Clinic, LLC collects NCTOPPS data and shares this PHI with state and local government agencies for the purpose of oversight and evaluation of the quality and effectiveness of services.

It is important for you to remember that we will use and disclose only the minimum amount of PHI necessary to comply with the above requirements.

Other Uses and Disclosures Require Your Written Authorization

For all other situations, Cardinal Clinic, LLC must ask for your written authorization before using or disclosing information. You may authorize us to disclose information to anyone that you wish. We will disclose only that information contained in your Medical Record that was created by us. In other words, if you want documents sent to us from other sources to be disclosed, you must make that request directly to the agency, individual, or others that created those documents. You may cancel an authorization at any time in writing. Cardinal Clinic, LLC is not responsible for any uses or disclosures already made before you cancel an authorization.

- **Other Laws Protect PHI.** Many other laws govern the protection of your information. North Carolina General Statutes § 122-C, federal law 42 CFR Part 2 and others are among those that require protection of information. An example of how the federal law protects your PHI is that Cardinal Clinic, LLC may only disclose information about chemical dependency with your authorization or by court order. North Carolina law places limits on the amount of time that an authorization to disclose may cover (up to one year).

Please be aware that Cardinal Clinic, LLC staff are trained in the allowable uses and disclosures of PHI. If a question ever exists as to whether PHI can be used with or without your authorization, the staff of Cardinal Clinic, LLC will consult an outside opinion.

Your PHI Privacy Rights

- **Right to See and Receive Copies of Your Records.** You have the right to inspect and to receive a copy of your health care information that we maintain in certain groups of records. If you would like to inspect or receive a copy of your health care information, you must make a request. We will ask you to sign a request form that specifically identifies the information you wish to review. We must act on your request no later than 10 business days after receipt of the request. We may deny your request for access in certain circumstances. If it is determined by a clinical professional that the information you requested could prove detrimental or harmful to you or someone else, we will deny access to only that specific information. We may choose to have specific information summarized and present you with that summary information. This is especially true if the documents in question are lengthy and contain information not pertaining to your specific request. In any event, if we deny any part of 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 and how to proceed with that request. If your request is approved, you may view certain information contained in your Medical Record. We cannot provide copies of any information that was sent to us by another source. For example, if we receive information from a hospital about your stay there, we will not release a copy of that information to you. However, you may request a copy of it directly from the hospital. Other limitations may be placed on your access to specific information contained in your Medical Record. We may limit access to information that could be harmful to you or others. You may be charged a fee for the cost of copying your record.

- **Right to Request to Correct or Update Your Records.** You may ask Cardinal Clinic, LLC to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request. Cardinal Clinic, LLC cannot honor requests to change records provided to us by other sources, nor can we change some records that we generate. We will place a statement in the record that indicates if you dispute certain information and will send that statement to anyone who has received a copy of the original information. We will also send your statement along with any future disclosures.
- **Right to Get a List of Disclosures.** You have the right to ask Cardinal Clinic, LLC for a list of disclosures made after April 14, 2003. You must make the request in writing. The list will include to whom the information was disclosed, the date it was disclosed, and what specific information was disclosed. This list will not include the times that information was disclosed for treatment, payment, or other health care operations (TPO).
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask Cardinal Clinic, LLC to limit how your information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. Cardinal Clinic, LLC is not required to agree to the restriction. We cannot honor requests that limit our ability to engage in TPO. You can request that restrictions be terminated in writing or verbally. If you make a verbal request, we will ask that you verify it in writing during your next visit.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate With You.** You have the right to ask that Cardinal Clinic, LLC share information with you in a certain way or in a certain place. For example, you may ask the Cardinal Clinic, LLC to send information to an address other than your home. You may also ask that we not leave messages on a home answering machine. You must make these requests in writing. You do not have to explain your reason for the requests.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how Cardinal Clinic, LLC has used or disclosed your information. How to file a complaint is listed below.
- **Right to get a Copy of This Notice.** You have a right to ask for a paper copy of the Notice of Privacy Practices that is in effect at any time. If we revise our Notice of Privacy Practices, we will retain copies of the older versions for seven years. You may also request a copy of the older versions.

Electronic Mail Communication with Clients

- You may communicate with your clinician via electronic mail (email) **only** if it is agreed upon between you and your clinician.
- Cardinal Clinic, LLC does use an email system that provides password protection and encryption of email messages.
- All emails are printed and are maintained as a part of the client record.
- As with phone conversations, your clinician may require you to schedule an appointment to be seen if the issue being discussed is too complex to discuss via email.

Who to Contact if You Have Questions, Complaints, or Want to Exercise Your Privacy Rights

If you have questions about this Notice, feel free to ask to speak with Dr. Keeton, our Compliance Officer or Chrissy Lee, our Privacy Officer. They may be reached at 910-867-8889. If you wish to exercise your Privacy Rights as listed above, please ask the receptionist at our Clinics for the form(s) that you need.

Please remember that we may deny your request to look at, copy, or change your records. If we deny your request, we will send you a letter explaining why your request was denied and how you may ask for a review of our decision. You will also receive information on how to file a complaint with Cardinal Clinic, LLC or with the U.S. Department of Health and Human Services, Office of Civil Rights.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or report a problem with how Cardinal Clinic, LLC used or disclosed information about you. Your benefits will not be affected by any complaints that you make. Cardinal Clinic, LLC cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

To file a complaint or report a problem with Cardinal Clinic, LLC, please contact Dr. Keeton at 910-867-8889. You may send the complaint or report in writing to:

Dr. Keeton, Compliance Officer
Cardinal Clinic, LLC
1540 Purdue Drive, Suite 200
Fayetteville, NC 28303

To file a complaint or report a problem to the U. S. Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services, Office of Civil Rights
Medical Privacy Complaint Division
200 Independence Avenue, SW
Washington, DC 20201
Phone: 866-627-7748