

**Coastal Horizons Center, Inc.**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

Coastal Horizons Center is required by law to maintain the privacy and confidentiality of information about your health, health care, and payment for services related to your health and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information (PHI). Not all situations are described. Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Parts 160 & 164, the Confidentiality Law 42 C.F.R. Part 2 governing substance abuse treatment records, and state law North Carolina General Statute 122-C that governs mental health, substance abuse, and developmental disability services. Under these laws, Coastal Horizons Center may not say to a person outside of Coastal Horizons Center that you attend(ed) or receive(ed) services, nor may Coastal Horizons Center disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by these laws. We must protect and secure health information that we created or received about your past, present and future health condition, services we deliver or payment for your health care. When we use or disclose this information, we are required to abide by the terms of this notice.

There are other entities (such as a laboratory) with whom we have entered into a Business Associates Agreement and share your health information necessary to the service they provide for us. These Business Associates are obligated by law to appropriately safeguard your health information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. Coastal Horizons Center staff involved in your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.

**For Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. We may use your information to develop accounts receivable information, bill you, and with your written consent, provide information which may include your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment, to your insurance company or other third party payors.

**Health Care Operations.** Health Care Operations refers to activities undertaken by Coastal Horizons Center that are regular functions of management and administration activities. We may use your information in monitoring our service quality, staff training and evaluation, medical reviews, contacting you for appointment reminders, provide you with additional information regarding your treatment or other health-related benefits, auditing functions, compliance programs, business planning and accreditation, certification, licensing and credentialing activities.

**Public Health Activities.** We may use or disclose your protected health information for public health activities to a public health authority authorized by law to collect or receive such information. This would be for the purpose of preventing or controlling disease (such as HIV/AIDS, tuberculosis, syphilis), injury, or disability.

**Required by Law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law we must make disclosures of your protected health information to you upon your request. We must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Law Enforcement.** We may disclose protected health information to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, or in connection with the reporting of a crime in an emergency. We may disclose your protected health information if you committed a crime on program property or against program personnel.

**Public Safety.** If you are in a mental health treatment program only, we may disclose your protected health information to avert a serious threat to health or safety, such as physical or mental injury being inflicted on you or someone else.

**Child Abuse and Neglect.** We may disclose your protected health information to a state or local agency that is authorized by law to receive reports of child abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

**Medical Emergencies.** We may use or disclose your protected health information in a medical emergency situation to medical personnel only.

**Health Oversight.** We may disclose your protected health information to health oversight agencies for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information

include government agencies and organizations that provide financial assistance to the program and peer review organizations performing utilization and quality control.

**Specialized Government Functions.** If you are or have been a member of the United States Armed Forces, we may disclose your protected health information as required by military command authorities. We may disclose your protected health information to authorized federal officials for national security and intelligence reasons and to the Department of State for medical suitability determinations.

**Persons Involved in Your Care.** We may disclose your protected health information to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose the minor's protected health information to a parent, guardian or other person responsible for the minor except in limited circumstances.

**Research.** We may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your PHI without your approval.

**Deceased Patients.** We may disclose protected health information regarding deceased patients for determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death by coroners or medical examiners.

**Health Information Exchange (HIE)** We may provide your information to a HIE in which we participate. We may share information about you through HIEs for treatment, payment, health care operations, or research purposes. The HIE is a secure computer system that allows other providers involved in your care to share information with one another (as long as they are a participant of the HIE). Sharing your information with the HIE is beneficial should you need to see a healthcare provider, other than your primary care provider. For example, if you went to the emergency department at a participating hospital, they may have access to portions of your medical information (i.e. your medical conditions, medications, allergies, laboratory results – from your other healthcare providers). The sharing of this information will facilitate more informed decisions about your care. It will not include any information about you that federal law prohibits sharing without your written authorization, such as psychotherapy notes and substance abuse treatment records.

Coastal Horizons Center Inc. is a participant with both the local and state HIE referred to as Coastal Connect and NC HealthConnex. You may opt out and disable access to your health information available through either one or both HIEs if you so choose by visiting the websites below. Please be sure to follow the specific instructions provided regarding completing and submitting forms. It may take several business days for your request to go into effect.

#### **Coastal Connect (CCHIE)**

<https://coastalconnect.org/for-care-providers/opt-out/>

Complete the Opt-Out Request Form per the instructions provided. Once you have opted out, if at any point you decided you would like to participate, revisit the website and complete the Revoke Opt-Out Request Form.

#### **NC HealthConnex**

<https://hiea.nc.gov/patients/your-choices>

Complete the Opt-Out Form per the instructions provided. Once you have opted out, if at any point you decide you would like to participate, revisit the website and complete the Rescind Opt-Out section of the form.

Under 42 C.F.R. Part 2, generally, you must sign a written authorization before Coastal Horizons Center can share information for treatment purposes, for health care operations or payment of services. You may revoke any written authorization. The revocation must be in writing. You should understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the treatment and care that we have provided to you. However, the federal law permits Coastal Horizons Center to disclose minimum necessary information without your written permission:

1. For research, audit or evaluations,
2. To report a crime committed on Coastal Horizons Center's premises or against Coastal Horizons Center personnel;
3. To medical personnel in a medical emergency,
4. To appropriate authorities to report suspected child abuse or neglect;
5. As allowed by a court order.
6. Among our workforce, on a need to know basis, to coordinate your care,
7. Among our workforce or within an entity having direct administrative control, on a need to know basis, to conduct our health care operations,
8. To individuals or entities that help Coastal Horizons Center conduct duties in serving you with whom we have a Qualified Service Organization (QSO) or Business Associate (BA) agreement.

#### **Your Rights**

This section will briefly mention your privacy rights. If you would like to know more about these rights, please contact the Privacy Officer at (910) 343-0145.

**Right to a Copy of Notice:** You have a right to receive a paper copy of our Notice at any time. In addition, a copy of this Notice will always be posted in our waiting area and on the Coastal Horizons Center website: <http://www.coastalhorizons.org>.

**Right to inspect and request copy of record:** In most cases, you have the right to look at or get copies of your records. You must make the request by writing a letter to the Privacy Officer or completing an Access Request Form. You may obtain an Access Request Form from the receptionist. You may submit the completed

Access Request Form to your service provider or the receptionist. Coastal Horizons Center will respond to your request within 30 days. In some cases, Coastal Horizons Center may deny your request.

**Right to Request Amendment to Record:** If you believe that your health information is wrong or some information is missing in your record, you must request, in writing, that Coastal Horizons Center correct or add to the record by writing a letter to the Privacy Officer or completing an Amendment Request Form. You may obtain an Amendment Request Form from the receptionist and you may submit the completed Amendment Request Form to your service provider or the receptionist. Coastal Horizons Center will respond within 60 days of receiving your request. Coastal Horizons Center may deny the request if it is determined that the information is:

- correct and complete, or
- not created by Coastal Horizons Center and/or not part of agency records, or
- not permitted to be disclosed, i.e., information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement that you provide in response, added to your health information. If Coastal Horizons Center approves the request for amendment, we will change the information in your record, inform you, and tell others who need to know about the change.

**Right to Request an Accounting of Certain Disclosures:** You have the right to request an accounting (a detailed listing) of disclosures that Coastal Horizons Center has made for the previous 6 years (beginning April 14, 2003). If you would like to receive an accounting, you may send a letter to the Privacy Officer or complete an Accounting Request Form. You may obtain an Accounting Request Form from the receptionist.

**Request a Restriction of Uses or Disclosures:** You have the right to ask that Coastal Horizons Center limit how your health care information is used or disclosed. You may make requests in writing by completing a Restriction Request Form. You may obtain a Restriction Request Form from the receptionist and submit the completed form to the receptionist or your service provider.

**Right to Request an Alternate Method of Contact:** You have the right to ask that we send your health care or billing information to or contact you at an address or phone number than is different than your home. We must agree to your request as long as it is reasonably easy for us to do so. You must make this request in writing by completing an Alternate Contact Request Form. You may obtain these forms from the receptionist and submit the completed form to the receptionist or your service provider.

**Breach Notification:** You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your protected health information.

**Out of Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to your health plan for purposes of payment or health care operations, and we will honor that request.

**Psychotherapy Notes:** We will, in accordance to Federal law, obtain your written authorization to release your psychotherapy notes, if any, that are contained in your health records.

**How to File a Complaint or Report a Violation:** If you believe your privacy rights have been violated or you are dissatisfied with the Coastal Horizons Center privacy policies, procedures or practice, you can file a complaint or grievance in person or in writing with/to any appropriate staff member or the Privacy Officer. You may obtain a complaint form from the receptionist or the Privacy Officer. Individuals may also file a written complaint with the US Department of Health and Human Services (DHHS) Office for Civil Rights (OCR) by mail or e-mail at the address listed below:

Office for Civil Rights  
U.S. Dept. of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(877) 696-6775  
E-mail: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov)

Or by visiting the following website: [www.hhs.gov/ocr/filing-with-ocr/](http://www.hhs.gov/ocr/filing-with-ocr/)

Violations of the Confidentiality Law is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Coastal Horizons Center will not take any action against you or change our treatment of you in any way if you file a complaint.

Coastal Horizons Center may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health care information that we maintain.

If we make changes to the Notice, we will:

- Post the new Notice in public access areas at our service sites,
- Have copies of the new Notice available upon request,
- Post the new Notice on the agency website at: <http://www.coastalhorizons.org>

**For More Information:** If you have questions or would like additional information, you may speak to your service provider or the Privacy Officer at (910) 343-0145.

This Notice is effective on April 14, 2003

This Notice revision is effective on March 3, 2017

This Notice revision is effective on November 1, 2020