

YOUR PRIVACY, YOUR RIGHTS



WELLNESS SUPPORTS

WANTS YOU TO KNOW.....

- How we keep your medical information private**
- Your Rights as a health/mental health care client**
- How you can access this information**

PLEASE REVIEW THIS CAREFULLY

WELLNESS SUPPORTS NOTICE OF PRIVACY POLICIES

We are required by law to protect Medical Information about you.

Like What?

- **Information about Health or Mental Health care services that we provide to you.**
- **Information about your payment for those services.**
- **Information about your past, present or future health or mental health care conditions.**

Are You Aware...

- **That a medical record chart is kept on every client.**
- **That every time your Wellness Supports staff sees you, talks to you, or contacts anyone else about your situations a written note is put in your medical record chart.**
- **Other items that are kept in your medical record may include:**
 - ◆ *A referral/identification sheet*
 - ◆ *Mental health service admission information*
 - ◆ *Diagnosis*
 - ◆ *Your signed service plan*
 - ◆ *Release of information forms signed by you.*
 - ◆ *A consent for treatment signed by you*
 - ◆ *Psychological and/or physical test results.*
 - ◆ *Other information that may help plan for your future treatment.*
- **The written notes in your record are proof that services were provided to you.**
- **Wellness Supports bills insurance companies or Medicaid for services provided.**
- **You may review documents in your record written by Wellness Supports staff**

If you understand what is in your Medical Record and why it is there, you can make informed decisions about who needs to know your business, and what needs to be disclosed to others.

WHAT WE DO:

All Wellness Supports staff signs a confidential agreement that states we cannot share any information about you or your family without your written permission, except:

- When you sign a release form**
- When we believe that you or a family member might harm yourself or someone else, or that you have committed a crime;**
- In an emergency medical situation;**
- When a judge issues a court order directing the release of your records.**

If we come to your home and we suspect child abuse or neglect, we are required by law to make a report to The Department of Social Services.

In order to provide you with the best care, Wellness Supports staff may need to share information on your case with other Wellness Supports supervisors or representatives for the local mental health center that referred you to us. Please read our Privacy Practices to know your rights.

WHAT CAN YOU DO?

- You can contact the Governor's Advocacy Council for Person's with Disabilities (GACPD), the statewide agency designated under Federal and State law to protect and advocate the rights of persons with disabilities.**

**Governor's Advocacy Council for
Persons with Disabilities
1010 Richardson Drive
Raleigh, NC 27603
919-733-9840**

- If you feel your rights have been violated or if you have a complaint about your services, you have the right to file a grievance or complaint. Please contact a supervisor at: 919-782-8730**

YOUR CLIENT RIGHTS

DO YOU KNOW?

- **As our client you have certain rights.**
- **These rights are based on Wellness Supports policies as well as Article 3 of the North Carolina Mental Health Statutes. Article 3 is what defines a client's rights in receiving mental health, developmental disabilities, or substance abuse services.**

WE PROMISE:

- **To honor your privacy and confidentiality of information.**
- **To treat you with dignity and respect.**
- **To help you make good choices by providing information you need in a timely manner.**
- **To inform you of how to get help in an emergency.**
- **To develop an individualized service plan and include you in the process.**
- **That you can see your service plan or any other information that Wellness Supports has written regarding you any time you request.**
- **To treat you and your family humanely and kindly.**
- **Our staff will not abuse, neglect, humiliate or exploit you mentally, physically, or financially.**
- **To keep you informed of any potential risks of the services when appropriate.**
- **That you have the right to refuse any services offered.**
- **Not to sell any goods to you or buy any goods from you.**
- **To refer you for legal, self-help or advocacy services, if needed.**

PLUS

*We believe that you have the right to the best services we are able to provide.
We will continually try to improve our services.*

“REQUEST FOR ACCOMMODATION”

If there is any barrier preventing your access to treatment, please ask your assigned staff member for the form called “Request for Accommodation”.

WHEN CAN WE GIVE YOUR INFORMATION TO OTHERS?

- **Your health/mental health information may be needed by a therapist, doctor, case manager, psychiatrist or other members of your healthcare team. This can help provide you with the best treatment if everyone necessary has the same information, goals, and future plans.**

- **Your health/mental health care information may be needed by Wellness Supports for payment/billing purposes. The bill may include identifying information about your diagnoses, your Wellness Supports staff, and the services you are receiving.**

- **Your health /mental health care information may be used by Wellness Supports staff to evaluate the quality of our program. Internal audits and reviews are conducted because we want to constantly improve the way we do business. Your medical record may be reviewed to ensure quality assurance and promote best practice.**

- **Your health/mental health care information may be released to a relative, friend, or other person if you give written permission, and if it is important for that person to know your health care business.**

- **If you are a minor, Wellness Supports may give your health/mental health care information to a parent, legal guardian, or other legally responsible adult except when:**
 - ◆ *You are receiving substance abuse treatment.*
 - ◆ *You are pregnant and want services.*

- **In these instances a minor must sign a release of information.**

- **If you sign a release of information or you give verbal permission to speak to a person who is present, we will disclose your health/mental health information to identified parties.**

Wellness Supports may use or disclose certain protected health information without your written authorization in the following circumstances:

- **When there is immediate danger to the health or safety of you or another individual.**
- **When public health safety requires an investigation by a government agency about communicable diseases, adult or child abuse and neglect, or domestic violence.**
- **When the State or Federal government is investigating possible Medicaid /Medicare fraud.**
- **When the National government needs information about you for national security and intelligence services.**

**** PLEASE NOTE THIS IS NOT A COMPLETE LIST ****

Except for the above:

You are the only one who can authorize the release of information about you.

Wellness Supports has a separate “Release of Information” form that must be signed by you for every agency, organization, individual or facility that requires your health/mental health care information.

- **This form also states what specific information Wellness Supports can release.**
- **This form is valid for one year.**
- **You may change your mind at anytime and REVOKE your authorization.**
- **You MAY NOT revoke billing information for services already performed.**
- **We will revoke your authorization upon request except when we have already made contact with your approval.**
- **If you revoke the release of information form – Wellness Supports will write “VOID” across the form and date it.**

You can revoke a “Release” in writing, by telephone or by contacting the Wellness Supports Privacy Officer.

What ARE Your Health Care Information Rights?

1. You have the right to a paper copy of these privacy practices. We will give you another copy any time you ask. A copy of these Privacy Practices is posted in our offices.

2. You may look at your Medical record by making written request. You may obtain a request from the Privacy Officer. Upon receiving your request we will process it within 30 days.

3. If we deny your request we will explain ourselves in writing. You may appeal our denial to the Program Director of Wellness Supports, Wendy Wenzel.

4. You may ask us to change or correct anything in your medical record.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we provide and explain our legal duties and privacy practices with respect to health and mental health care information. We are legally bound to follow the terms of HIPAA as described in this brochure. Any future changes will be posted or copied to you.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the Wellness Supports Privacy Officer listed below:

Wendy Wenzel, Program Director
8390 Six Forks Road, Suite 201
Raleigh, North Carolina 27615
919-782-8730

If you do not receive a satisfactory response to your complaint, you may also contact the following:

Wake County Human Services
Consumer Rights Program
PO Box 46833
Raleigh, NC 27620-6833
919-212-7155

NC Division of MH/DD/SA Services
Advocacy/Consumer Service/
Community Rights 3009
Mail Service Center
Raleigh, NC 27699-3009
919-715-3197

You may also send a written complaint to the Department of Health and Human Services at:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-866-627-7748

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

When you have had these rights explained and have received a copy, please sign the attached form.