



PhoenixCenter

Prevent • Treat • Recover

CHILD & ADOLESCENT OUTPATIENT SERVICES

A Handbook to Aid in Your Recovery Journey

OUR VISION

Inspiring Hope, Promoting Health, Strengthening Communities

OUR MISSION

Serving and loving our community by nurturing safety, developing trust, offering choices, engaging partners, and empowering families.

PHOENIX CENTER

1400 CLEVELAND STREET, GREENVILLE, SC 29607 PHOENIXCENTER.ORG

The Greenville County Commission on Alcohol and Drug Abuse





A Special Message from the Executive Director...

Welcome to the Phoenix Center. On behalf of the entire staff, thank you for making the choice to be here. Many of us have been in the same place you are right now. This is my story and I hope it encourages you to know that you are not alone.

I know a lot about addiction and the negative effects of substance use. I watched my dad struggle for years, in and out of the hospital, until he finally died of cirrhosis when he was 43. When he died, he weighed less than 100 pounds and had yellow skin and eyes because his liver had stopped working. I saw my aunt attempt suicide multiple times as she struggled with her substance use and depression. She finally lost her life during emergency surgery to remove her gall bladder that was destroyed due to substance use. I saw my uncle lose both of his legs related to smoking and alcohol use. I saw my grandma broken hearted as she buried her children.

I tried desperately to save all of them. I begged them to go to AA meetings. I told them that they should be ashamed for hurting their families this way. I told them that God was not happy with them. Shame, shame, shame. I didn't fully understand it at the time but they were already consumed with shame. My shame wasn't helping. It was pushing them away. When I finally understood this as an adult, I was horrified at what I had done. Why hadn't I loved them more instead of shaming them? This left me feeling overwhelmed and very depressed.

The weight of this sadness and loss was killing me. I had just returned home from college and I took a job at a treatment facility in my home town. The weight piled on. I was carrying the weight of my lost family members, the weight of my own shame, and the weight of my patients' success. I couldn't save them but I wanted desperately to save them. I began to binge drink and I became very depressed.

Thankfully, I told my supervisor and she helped me get admitted to Carolina Center. When I was discharged, I started counseling and went to some recovery meetings. I reconnected with my church. Slowly, I made peace with myself. Over the years since then, I have learned more about this disease of substance use. I understand now that I can't save anyone. That is not within my power. I can love the person for all the things he/she is, apart from the substance use. I am proud that I have my dad's eyes and dimples. I'm proud that he taught me that my grandma is always right and I should not raise my voice to her. I've also learned to set healthy boundaries. I don't take phone calls from a certain family member at 7 in the morning because I know he is high.

One of the most important things I have learned is that each person's recovery is his/her own. I don't have the right to dictate anything to anyone. My job as a friend, family member, mentor, or employer is to walk alongside the person who is struggling to offer support, love unconditionally, and do what I'm asked to do, whatever that may be.

Every day offers another chance for recovery. As a professional in the substance use treatment field, my job is to find the resources that people in my community need. One of the most important resources is a team of staff who will walk alongside our patients, not in front of or behind, and encourage them to do what it takes to stay alive. I'm proud that we have a team just like this at Phoenix Center. I wish my dad had found long term recovery but more importantly, I wish he was still alive, because being alive means there is still hope. That is what I wish for everyone who is still struggling with this vicious disease. I hope we can all agree that having someone alive is worth trying anything. Just one more day, one day at a time.

Rebecca Maddox

Serve and Love Every Day

Executive Director

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Trauma Informed Care

Outpatient staff practices the principles of Trauma Informed Care (TIC). This means that we focus on understanding, recognizing, and responding to the effects of trauma. We do this by being mindful of our actions, words, or practices that may make a person uncomfortable or afraid due to a negative memory or experience. The Outpatient staff wants you to feel comfortable and safe here; and we want to respond to any issues that make you feel uncomfortable or unsafe. If you have any interactions with a staff member, volunteer, or visitor who makes you feel unsafe, please share this with your counselor. If there is anything about our building or grounds that make you feel unsafe or uncomfortable, please share this with your counselor. Your safety and comfort are our number one priority.

Welcome to the Phoenix Center

Person and Family Centered Care

Phoenix Center services are person and family centered with a focus on the needs, strengths, abilities, and preferences of both the individual and the family unit. Staff interactions with clients are positive, encouraging, and non-judgmental to support both the individual and family unit to make the changes necessary for initiation into recovery.

Consent for Treatment

Your participation in the treatment process is voluntary. If you are unwilling to participate in the services that are recommended for you, notify a staff member so that he or she may assist you with other referrals. If you are under the age of 16, you must have written permission from your parent or guardian in order to receive services.

Client Rights

As a Phoenix Center client you are entitled to the following rights, which may not be revoked for any reason:

- Respectful treatment in a dignified, secure and private manner which includes respect for property
- Privacy during treatment, visits, and while receiving personal care
- Confidential services that are protected by Federal Law with specific restrictions in regard to the use, storage and disclosure of any record of participation in this program
- Access to all services regardless of race, sex, national origin, physical or mental handicap, gender, age, sexual orientation, or personal ability to pay
- Professional services which do not include any form of abuse, neglect or humiliation as part of the treatment model
- Protection from financial or other exploitive activity
- Provision of care in the least restrictive environment
- Explanation of grievance procedures to include the address and phone number of SC DHEC, access to forms and other resources to initiate grievance, receive a decision in writing, and appeal to unbiased sources
- Protection from retaliation in the event of a grievance or other complaint against a staff member being filed

- Access to records and timely response to requests for copies of records
- Protection from the behavioral disruptions of other residents
- Timely access to information necessary to make decisions in regard to treatment including evidence based information about alternative treatments, medications, and modalities
- Informed consent, refusal, or other expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team and involvement in research projects
- Access or referral to legal entities, self-help support services, or advocacy support
- Adherence to research guidelines and ethics
- Complete and timely investigation and resolution of alleged infringement of rights or other inappropriate staff activity
- Individual evaluation and treatment recommendation based on strengths, needs, abilities and preferences, with full opportunity to participate in the Individual Plan of Care
- Assessment of fees and development of payment plan in a manner that is fair and consistent
- To refuse treatment or withdraw from services at any time without affecting re-entry at a later time; however, the Treatment Team may place time limits for re-entry if you are not making progress and refusing other services. This time frame is generally between 1-6 months unless you are in crisis or can demonstrate a commitment to recovery and the helping process
- Other legal rights protected by law

If you feel that your rights have been violated please contact the Client Advocate at (864) 467-2632 to discuss your concerns. You may also contact the Department of Health and Environmental Control – Bureau of Health Facilities Licensing at (803) 545 – 4370 or 2600 Bull Street, Columbia, SC 29201 to discuss your concerns.

Client Responsibilities

- Be on time for all appointments.
- Call the counselor or group leader if an appointment will be or has been missed. Unexcused absences may result in being dropped from the group roster and charged a broken appointment fee. In the event you are dropped from a group, you can be placed on the bottom of the waiting list, recommended for a higher level of care and/or unsuccessfully completed.
- Complete your goals in the Individualized Plan of Care.
- Attend all sessions totally alcohol and other drug free. A positive drug screen for alcohol, illicit drugs, and prescription medications not prescribed to you or refusal to submit to a drug screen may result in changes in treatment including level of care.
- Notify Phoenix Center staff immediately if there is an address and/or telephone number change.
- Attend the first available group.

Federal Confidentiality Regulations

Federal laws and regulations, HIPPA and 42CFR, protect the confidentiality of alcohol and other drug abuse client records maintained by this program. Program staff may not say to any person outside of the program that a person attends the program or disclose any information that identifies an individual as an alcohol or other drug abuser unless:

- You consent in writing
- The disclosure is allowed by court order, accompanied by a subpoena specifically authorizing disclosure
- The disclosure is made to personnel for research, audit or program evaluation purposes or in case

- of medical emergency
- You commit or threaten to commit a crime either at the program or against any person who works for the program
- The disclosure is made pursuant to a suspicion of child abuse or neglect

Violation of the Federal Laws and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Ethical Standards

Employees abide by a Code of Business Conduct which addresses the following topics:

- Person and Family Centered Care
- Service Philosophy
- Compliance and Duty of Care
- Professional Conduct
- Communications
- Fair Dealing
- Confidentiality
- Conflict of Interest
- Employment Practices
- Protection and Proper Use of Agency Property

In addition, counselors employed by the Phoenix Center abide by a National Code of Ethical Standards set forth by the National Association of Alcohol and Drug Abuse Commission (NAADAC). This code addresses the following topics:

- Non-Discrimination
- Responsibility
- Competence
- Legal and Moral Standards
- Public Statements
- Publication Credit
- Client Welfare
- Confidentiality
- Client Relationships
- Inter-Professional Relationships
- Remuneration
- Societal Obligations

If you feel that an employee has committed an ethics violation, you may contact the Client Advocate for assistance. The Client Advocate can be contacted by phone at (864) 467-3742 or you can place a comment in the suggestion box.

Seclusion and Restraint

Phoenix Center does not allow the use of seclusion or restraint measures by staff. All staff is trained on the prevention of workplace violence and receive initial training and on-going competency-based training on how to handle a crisis without restraints, in a supportive and respectful manner.

Complaint and Appeal Procedures

Any client with a grievance regarding any Phoenix Center service will have the grievance resolved within five days and without retaliation from program staff. Forms are available at the suggestion boxes or by asking a staff member for a form. The form should be completed and placed in the suggestion box. A Client Advocate is available to assist you with the grievance process or to attend meetings between you and program staff to discuss your grievance. The Client Advocate can be contacted at (864) 467-2632. Concerns or problems may also be discussed directly with your primary counselor or an outpatient coordinator.

Ways You Can Provide Input

We want to hear your comments and suggestions regarding ways we can improve our services. A suggestion box is located in the child & adolescent waiting area. You may also speak directly to a staff member. Input is also encouraged from your parent or guardian.

Fee Payment & Refund Policies

Program and service fees are communicated through the Fee Agreement which is completed during the orientation process. Your parent or guardian is responsible for any charges not covered by a third party and may complete a Financial Assessment for possible reduction in fees. No one is refused services based on a documented inability to pay for services. Phoenix Center accepts self-pay, private insurance and Medicaid as payment sources. Your parent or guardian is notified of any outstanding charges in the form of a monthly statement. If he or she fails to pay the agreed upon amount, Phoenix Center reserves the right to seek legal measures provided by SC law and/or collect outstanding balances through the SC Department of Revenue under the terms of the Setoff Debt Collection Act of 1988 (section 12-59-20).

Request for Accommodations

If you need special accommodations due to hearing, visual, language or physical impairments, please inform a staff member at any time during your admission.

Assessment and Treatment Planning

Completion of the Assessment and Individual Plan of Care are led by staff but they require your active participation. Please work with your primary counselor by providing accurate information during the assessment process and identifying your goals and objectives to develop the individual plan of care.

Course of Treatment

Other than assessment and individual treatment planning, most sessions are held in a group setting. Based on information obtained from the assessment and treatment planning process, your primary counselor, along with consultation from the treatment team as necessary, proposes the most appropriate level of care based on standard practice. This level of care determines the number of days you are asked to attend sessions each week and the length of time you are expected to be here on each of those occasions. The overall length of time you are in services is based on completion of at least 75% of your treatment goals.

Coordination of Care

The outpatient staff works as a team to ensure that you receive the best possible care during your admission. They also work together to ensure that referrals are completed prior to your discharge to ensure a seamless transition to other services. Your group leader is the primary contact for questions and concerns.

Drug Testing

Clients receive random drug tests throughout treatment. Specimens for drug testing are obtained in a respectful manner and for therapeutic purposes only to provide verification of abstinence and/or at the request of a referring agency.

Drug tests returned positive and/or dilute are staffed by the treatment team and discussed with the client. Positive or dilute drug tests may result in recommendation of further treatment and/or increase in level of treatment required for completion of services. Dilute drug tests may be counted as positive. Clients may be asked to take an observed drug test if the sample is dilute, if the temperature of the sample is too hot or cold, and/or there is suspicion of tampering with the specimen. In the event an observed test is requested, it is performed by a same-sex staff member.

Transition and Discharge

Your primary counselor will work with you to monitor progress toward your treatment goals. Regular attendance, participation in the group process, and submission of negative drug screens are important measures in determining readiness to discharge. Failure or refusal to do these things consistently may result in unsuccessful discharge, transfer to a higher level of care, or referral to other services. In general, successful discharge may occur when you have met at least 75% of your treatment goals.

Reporting Requirements and Follow-up Contact

Once you have been discharged from services, a staff member may follow-up with you to ensure that you have complied with referral recommendations. Another staff member may contact you approximately 90 days following discharge to conduct an outcome survey and determine if additional services are needed. We encourage you to participate in this process but it is not a requirement for reentry at a later date if needed.

Notification to Referral Source

If you are entering services as a requirement from another entity such as the criminal justice system, Department of Social Services, etc., you must complete a Release of Information Form in order for staff to verify your admission and discharge. If you authorize this release, the referral agency is notified when you are discharged and whether or not you completed services successfully.

Emergency Exits and Procedures

Please note the location of the nearest exit door. While you are enrolled in the program, you may be asked to participate in an emergency drill. A staff member will assist you in the proper procedure to follow in the event of a drill or an actual emergency.

Behavior Policy and Loss of Privileges

There are no additional privileges above and beyond the rights noted above that are granted or denied to outpatient clients. However, in order to ensure the safety of clients and staff and to provide effective treatment, Phoenix Center does not tolerate disruptive and/or violent behavior. You may be administratively discharged for the following behaviors: violating another client's confidentiality, committing a crime on Phoenix Center property or against Phoenix Center property, aggression toward another client or staff member, continued refusal to participate in outpatient services, selling drugs or any other inappropriate item, inappropriate sexual activity and threats of harm toward another client or staff member. If you are administratively discharged you may be referred elsewhere for continued services. Please dress appropriately for all services. This means appropriately fitting shirt, dress, pants, shorts, etc. It also means not wearing any clothing which contains alcohol or other drug related themes. Please do not wear pajamas or bedroom slippers. If you are dressed inappropriately, you may be asked to leave and your referral source may be notified if it becomes an ongoing problem.

There are cameras throughout the building and property. These cameras are monitored by staff for security purposes. Cell phones are allowed in the building but should be turned off when speaking to staff and during sessions. Neither clients nor visitors should not take photos, videos, or otherwise record other clients, staff, or visitors. This violates the privacy of clients and compromises the therapeutic relationship with staff.

Smoking and Other Tobacco Products

Not only is smoking horrible for your health and illegal if you are under the age of eighteen, continuing to smoke cigarettes while trying to quit alcohol or other drugs actually increases your odds of relapsing. Smoking is not permitted for anyone under the age of 18 anywhere in the building, on the grounds or on properties adjacent to Phoenix Center. **If you are caught smoking, you will be required to attend a four hour course on a Saturday at your expense. The cost is \$25.00, which insurance and Medicaid does not cover.** The full amount is due at the time of the scheduled class. If caught smoking, this class must be successfully completed and the fee paid prior to being eligible for successful completion of services.

Prohibited Items

In order to maintain a safe environment that is conducive to treatment and recovery, the following items may not be brought onto the premises: alcohol of any form, illegal drugs, prescription drugs for which you do not have a valid prescription and weapons or items that can be used as weapons. If you bring a non-prescription or prescription drug for which you have a valid prescription, you must retain control of the medication the entire time you are on the premises. This includes areas both inside and outside the building. Individuals under the age of 18 are not permitted to have tobacco products on the premises.

Contact Information

The main contact number for Phoenix Center is (864) 467-3790. This phone line is answered from 8:30 am to 8:00 pm, Monday through Thursday. On Fridays, the phone is answered from 8:30 am to 5:00 pm. An administrative staff person is here during these times to assist you with questions or to take payments. For immediate assistance in the event of a crisis, you may contact the Teen Crisis Line by calling (864) 271-8888.

Closures or Delays Due to Bad Weather

If our office is closed or opening on a delayed schedule, it is posted on local news channels including WSPA channel 7 Spartanburg and WYFF channel 4 Greenville. You may also call the main number (864) 467-3790 for a recorded message regarding late openings, cancellations, or closures.

Specific Services

Most sessions are provided in a group setting but individual and family counseling is also available as requested. Phoenix Center services include Outpatient and Intensive Outpatient for adults and adolescents, Residential Treatment for adolescents, Residential Treatment for women who are pregnant or parenting children under the age of 7, Adult Detoxification, a Gambling Curriculum, Offender Based Intervention, ADSAP, Urine Drug Screening, HIV Testing, Peer Support, Family Support and Alumni Support. If you are interested in hearing more information about any of these services, please ask a staff member to assist you.

Unauthorized Areas

For the health and safety of everyone, child & adolescent clients are only allowed in the child & adolescent area. All other parts of the building and grounds are off limits unless you are under the direct supervision of a parent, guardian, or counselor.

NOTICE OF PRIVACY and CONFIDENTIALITY PRACTICES

Effective August 11, 2017

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

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) and Federal Regulation 42 C.F.R. Part 2. This Notice describes the privacy practices of Greenville County Commission on Alcohol and Drug Abuse – doing business as “The Phoenix Center” and its facilities listed on the back page of this Notice (collectively “The Programs” or individually a “Program”). When your protected health information is used or disclosed, we are required by law to abide by the terms of this privacy notice, or any other Notice of Privacy Practices that is currently in effect at the time of the use or disclosure, and to provide you with notice of our legal duties with respect to your protected health information.

- I. **Acknowledgement of Receipt of this Notice.** You will be asked to provide a signed acknowledgement of your receipt of this Notice to ensure that you are aware of the possible uses and disclosures of your protected health information and privacy / confidentiality rights. Delivery of services is not conditioned upon your signature. If you decline to provide a signed acknowledgement, we will continue to provide treatment to you, and will use and disclose your protected health information as described in this Notice.
- II. **Privacy and Confidentiality.** As an alcohol and other drug treatment provider, the Programs are covered by two distinct federal laws that protect the privacy and confidentiality of information about your health, health care, and payment for services. In addition, there are state laws that may provide additional protections for your health information.
 - A. Privacy – The Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (45 CFR Parts 160 and 164) protect all health information which identifies an individual, without limit to the type of information.
 - B. Confidentiality – Federal law also protects the Confidentiality of Alcohol and Drug Abuse Patient Information (42 CFR Part 2) as it relates to health information that identifies you as being a patient in a federally assisted alcohol or other drug treatment program, or as having an alcohol or other drug related problem. This includes information if you have applied for, participated in, or received an interview, counseling or any other service from a federally assisted alcohol or other drug treatment program.
 - C. State Law – Several state laws protect health information gathered by certain licensed health care providers, such as physicians, counselors, and mental health professionals. (SC Code §§44-22-90; 19-11-95; 40-75-190).
- III. **Your Health Information** will be handled by the Programs in compliance with all applicable laws. Where one law provides more protection for your information than another, the Programs will follow the stricter law. All uses and disclosures of your health information will be limited to that information necessary to carry out the purpose of the disclosure. The Programs will comply with applicable law regardless of whether the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, or has obtained a subpoena.

IV. Uses and Disclosures of Health Information WITH Your Consent.

- A. Form of Consent or Authorization. We may use or disclose your protected health information if you have signed a written consent or authorization form that meets the requirements of HIPAA and/or 42 CFR Part 2. Except for the limited circumstances described below, the Programs will not use or disclose your protected health information for any purpose unless you give us your written consent or authorization. Circumstances that may require written consent or authorization include disclosure of information to your family physician, your probation officer, or the Department of Social Services and Guardian ad Litem, or our use of your protected health information for marketing purposes.
- B. Revocation of Consent or Authorization. If you give us a consent or authorization, you can withdraw or amend it at any time. To withdraw your consent or authorization, deliver or fax a written revocation to the **Privacy Officer at PO Box 1948 Greenville, SC 29602 or fax: (864) 467-3948**. If you revoke your consent or authorization, we will no longer use or disclose your protected health information as allowed by your written consent or authorization, except to the extent that we have already relied on your permission to do so.
- C. Your Presence in Certain Programs and Facilities. We must obtain your written consent or authorization or receive a valid court order accompanied by a subpoena before we can acknowledge to any third party your presence in any of our Programs or part of a facility that is publicly identified as a place where only alcohol or other drug abuse diagnosis, treatment or referral is provided.

V. Uses and Disclosures Health Information WITHOUT Your Consent.

- A. Your Treatment. We may use or disclose your protected health information without your consent or authorization to communicate information between or among Program personnel having a need for the information in connection with your diagnosis, treatment, or referral for medical and behavioral health services, including substance abuse prevention, intervention, and treatment. Otherwise, you must sign a written consent or authorization before we can share your information with other treatment providers outside the Program who are providing, managing, and coordinating your overall care.

For example, we may disclose your protected health information without your consent to a counselor or case manager within our Programs so he or she can make decisions related to your care. If you consent in writing, we may disclose information to a pharmacist about other drugs you have been prescribed to avoid potential adverse interactions.

- B. Payment for Services. We may use or disclose your protected health information without consent or authorization to personnel in our billing department so a bill can be prepared for services rendered. You must give your written consent for us to bill and collect payment from a third party (including your insurance company), and for us to obtain prior approval or determine whether your insurer will pay for the treatment.

For example, we can bill you directly for services received from a Program. We need your written consent to give your health plan information about a planned drug screening so your health plan will preauthorize payment for the screening.

- C. Health Care Operations. We may use or disclose your protected health information without your consent or authorization internally with those who have a need for the information

performing administrative, business management, quality assurance, internal audit, and educational functions. We may disclose information to government agencies that regulate one of our Programs (like state licensing or certification agencies), and peer review organizations that conduct program audits or evaluations (like the Commission on Accreditation of Rehabilitation Facilities). Any reports compiled by as a result of these health care operations activities will not disclose your personal identity.

For example, we may use or disclose your protected health information to conduct competence and qualification evaluations of our staff that care for you. We may use health information to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective.

- D. Business Partners. We may enter into written agreements with qualified persons or organizations that perform services on our behalf or assist the Programs in performing a function or service. These business partners typically provide data processing, bill collecting, laboratory analysis, medical direction, and legal or accounting services. The services provided by our business partners may require the use or disclosure of your protected health information by the business partner, and we may make disclosures to these business partners and they may use your protected health information in their work for us without your consent or authorization.
- E. Court Orders. Your protected health information may be used or disclosed in a manner authorized by a valid court order that meets the requirements of 42 CFR Part 2 accompanied by a subpoena. Both you and the Program will be notified by the Court if a petition is made to permit the use or disclosure of your protected health information.
- F. Medical Emergencies. We may disclose your protected health information to medical personnel to the extent necessary to treat a condition which poses an immediate threat to your health and which requires immediate intervention.
- G. Crimes on Center Premises. We may disclose your protected health information to law enforcement officers if you commit a crime on our premises or against Program personnel, or as required by state law if your threat to commit such a crime results in an emergency and law enforcement intervention is needed to prevent you from harming yourself or others. In such instances, we may only disclose the circumstances of the incident, your patient status, your name and address, and your last known whereabouts.
- H. Child Abuse or Neglect. We may disclose your protected health information to law enforcement and/or the Department of Social Services where mandated by state law (SC Code §63-7-310) to report information received by Program personnel in their professional capacity which gives them reason to believe that a child has been or may be abused or neglected, as defined in SC Code §63-7-20. After the initial report, we will abide by the privacy and confidentiality restrictions described above in making any further disclosures.

- VI. **Minor Patients**. Married minors and any minor who has reached the age of 16 may consent to Program services under state law. If a minor acting alone has consented to Program services, then any written consent or authorization for the use or disclosure of the minor's protected health information may be given only by the minor. This includes disclosures to the minor patient's parent or guardian. We may require a minor to authorize disclosures that are needed to obtain reimbursement for services rendered to the minor, and may refuse to provide services to the minor unless this authorization is obtained.

VII. **Incompetent or Deceased Patients.** If you are legally deemed to not have the capacity to manage your own affairs, any required consent or authorization may be given by your legal guardian or other person authorized by state law to act on your behalf. Protected health information of deceased patients may be disclosed through the consent or authorization of a personal representative or executor appointed by the Probate Court, or if no appointment is made, by your spouse or other responsible family member.

VIII. **Your Individual Rights Regarding the Privacy of Protected Health Information.**

You have certain rights regarding the privacy of your protected health information, which are listed below. If you want to exercise any of your rights, you must do so in writing. In some cases we may charge you for the costs of providing materials to you. You can get more information about how to exercise your rights and about any costs that we may charge by contacting the Privacy Officer at (864) 467-2632.

- A. Right to Inspect and Copy. With some exceptions, you have the right to request access to your patient record so that you may review and/or get a copy of the record. For the portion of your patient record maintained in an electronic format, you may request we provide that information to or for you in an electronic format. You can make your request to the **Privacy Officer at PO Box 1948 Greenville, SC 29602 or fax: (864) 467-3948.** We will act upon your request no later than 30 days after its receipt. We may charge a fee for searching for your record, and a fee per each page copied. We may deny your request to inspect and/or copy your record or portions of your record in certain limited circumstances. If you disagree with a decision made about access to your records, please contact the **Privacy Officer at PO Box 1948 Greenville, SC 29602 or fax: (864) 467-3948.**
- B. Right to Amend Your Record. You have the right to request an amendment to health information kept in your patient record. We will require that you provide a reason for the request, and may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete. If your request is accepted, you will be notified of the acceptance and a copy of the amendment will become a permanent part of your patient record. We may make an amendment to an electronic record by identifying the affected record(s) and appending or providing a link to the location of the amendment. We will work with you to obtain your consent or authorization so that we may notify any relevant persons with whom the amendment needs to be shared. You may make a request for an amendment to the **Privacy Officer at PO Box 1948 Greenville, SC 29602 or fax: (864) 467-3948.**
- C. Right to an Accounting of Certain Disclosures. You have the right to request a list and description of certain disclosures by us of your health information made during the 6 years prior to the date of your request. This does not include disclosures to you, those authorized by your written consent, or those permitted by law without your consent or authorization as described above.
- D. Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose. This can be done by refusing to sign an information release or authorization, or by amending the description of information to be disclosed. This can also be done by requesting that we not disclose protected health information to your health plan, if the disclosure is for payment of a service for which you

have paid us in full (out of pocket). You also have the right to request additional restrictions on the use and disclosure of your protected health information as it is used for treatment, payment, or health care operations. Except for disclosures to your health plan where you have paid out of pocket, we are not required to agree to your request for additional restrictions. If you wish to request restrictions, please contact the **Privacy Officer at PO Box 1948 Greenville, SC 29602 or fax: (864) 467-3948**. Any time we agree to such a restriction, it must be in writing and signed by the Privacy Officer serving as Privacy Officer or his or her designee.

- E. Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain place in order to further protect your confidentiality. We will accommodate reasonable requests. For example, you can ask that we only contact you at work or by email, or send bills to a different address than your home.
- F. Right to a Paper Copy of This Notice. Upon request, we will provide you with a paper copy of this Notice, regardless of whether you may have previously agreed to receive the Notice electronically.
- G. Right to be Notified of a Breach. You will be notified if we discover a breach (a compromise in privacy or confidentiality) has occurred in your unsecured protected health information, or if we have reason to believe that your unsecured protected health information has been accessed, acquired, or disclosed to an unauthorized third party as a result of the breach. We are required to notify you within 60 days of discovery of a breach.

IX. **Revisions to this Notice**. We have the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we receive in the future. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which the material change is reflected. We will post the revised Notice at our Program locations and on our website at www.phoenixcenter.org and provide you a paper or electronic copy of the revised Notice upon your request.

X. **Effective Date**. This Notice of Privacy Practices is effective January 1, 2014.

You have the right to communicate concerns or complaints if you feel your privacy and/or confidentiality rights have been violated, without fear of prejudice or penalty. For further information about your privacy or confidentiality rights, or if you are concerned that your rights have been violated, or if you have any questions about this Notice, please contact the Privacy Officer at (864) 467-2632. You may file a written complaint with the Secretary of the Department of Health and Human Services. You may also file a complaint with the Office of Civil Rights at the regional office at U.S. Department of Health and Human Services, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909 (Phone (800) 368-1019). Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations may be reported to the United States Attorney, District of South Carolina (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations) at (864) 282-2100 or by mail at One Liberty Square Building 55 Beattie Place Suite 700 Greenville, SC 29601. You may also contact the Center for Substance Abuse Treatment at (240) 276-1660.

Greenville County Commission on Alcohol and Drug Abuse –Treatment Programs covered by this Notice:

The Phoenix Center (primary)

1400 Cleveland Street

Greenville, SC 29607

Main Number: 864-467-3790

Adult Outpatient Services

South Carolina Alcohol and Drug Safety Action Program (ADSAP)

Offender Based Intervention Program (OBI)

Department of Transportation Substance Abuse Professional Assessment (DOT/SAP)

Laboratory Urine Drug Screening

The Phoenix Center (secondary)

130 Industrial Drive

Greenville, SC 29607

Main Number: 864-467-3770

Inpatient Medical Detoxification Unit

White Horse Academy

975 Foot Hills Road

Greenville, SC 29617

Main Number: 864-371-1280

Adolescent Residential Treatment

Child & Adolescent Outpatient Services

Serenity Place

6 Dunean Street

Greenville, SC 29611

Main Number: 864-467-3751

Women's Residential Treatment

Children's Therapeutic Services