

# THE PHOENIX CENTER

## 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) 467-3779**. 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) 467-3779**. 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) 467-3779.**

- 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) 467-3779.**
- 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) 467-3779.** 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](http://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  
Child & Adolescent 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

**Serenity Place**

6 Dunean Street  
Greenville, SC 29611  
Main Number: 864-467-3751  
Women's Residential Treatment  
Children's Therapeutic Services

## **Acknowledgement of Receipt of Notice of Privacy Practices**

I \_\_\_\_\_ acknowledge that I have received the Notice of Privacy Practices from the Phoenix Center. I am aware of the possible uses and disclosures of my protected health information and privacy rights.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_