



# HOLY ANGELS

Loving, living and learning for the differently able.

## HOLY ANGELS NOTICE OF PRIVACY PRACTICES

Effective 4/14/03

**This notice describes how your protected health information may be used and disclosed and how you can get access to this information. Please review this carefully.**

### **OUR PLEDGE REGARDING YOUR PRIVATE HEALTH INFORMATION**

We at Holy Angels, Inc. are concerned about the privacy of your protected health information, which must be collected in order to give optimal services. The type of information in which we collect and the types of information we may disclose to others are outlined below.

Documenting and collecting protected health information is required in order to provide superior services which our residents need. It is our pledge to keep your protected health information secure and confidential and use this information only as a means to provide necessary services. We agree to abide by your wishes as required by state and federal laws in the use and release of your protected health information.

Holy Angels is required by law to maintain the privacy of protected health information. We will provide you with this privacy notice on an annual basis. Holy Angels reserves the right to change the privacy practice and the terms of the notice as allowed by law. The client/parent/guardian will be provided the new notice provision by mail within thirty days of change. Holy Angels agrees to abide by the notice that is currently in effect.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

- Holy Angels will safeguard and maintain confidentiality of protected health information you share with us about you or your child/ward.
- Holy Angels will only collect and use protected health information required to provide the needed services.
- Holy Angels will only allow authorized staff to have access to your protected health information. This staff will be trained in the proper handling of protected health information.
- Holy Angels will not disclose your protected health information to any external organization without the written consent of the parent or guardian except as permitted by law.

#### **Treatment:**

- We may disclose your protected health information for providing, coordinating and/or managing your healthcare related services. For example: If your primary care physician refers you to a

specialist, we can provide the needed health care information that would enable the specialist to treat you effectively. We may also disclose protected health information to Holy Angels staff and others outside the facility that are involved with your care and treatment, such as family members, physicians or others we use to provide services that are part of your care.

**Payment:**

- We may disclose your protected health information to obtain payment for services that are provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for health services recommended for you. Such as making a determination for eligibility or coverage from your health insurance provider or for utilization review. For example, we may need to share your protected health information by submitting an electronic request for payment with a third party billing service.

**Healthcare Operations:**

- We may disclose your protected health information to support the business activities of Holy Angels, which may include but are not limited to: licensing, review of compliance activity, quality improvement, and fundraising activities. For example, we may have to share your protected health information with state auditor who is reviewing Holy Angels for regulation compliance.

**USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION**

- Holy Angels will not disclose your protected health information without your written consent unless otherwise permitted or required by law. We recognize that you have the right to revoke written authorization to disclose protected health information at anytime except to the extent that action has already been taken or if the authorization was obtained as a condition of obtaining insurance coverage.

**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

- You have the right to request restrictions on certain uses and disclosures of protected health information. However, Holy Angels in some circumstances is not required to agree to the requested restriction.
- You have the right to receive confidential communications by alternative means if applicable.
- You have the right to inspect and copy your protected health information.
- You have the right to amend protected health information.
- You have the right to receive an accounting of disclosure of protected health information.
- You have the right to obtain a paper copy of the notice from Holy Angels upon request.

Holy Angels recognizes that you have the right to make a complaint to the Holy Angels Administration and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You are protected by law against retaliation for filing a complaint. For more information about the complaint process, contact Holy Angels Privacy Coordinator at 704-825-4161.

## **HOW TO REVIEW AND CORRECT YOUR PROTECTED HEALTH INFORMATION**

Requests made in writing will be honored except documents as protected by law, i.e. documents related to claims, lawsuits, etc.

- Requests to review your record at Holy Angels should be made in writing and received by Holy Angels at least five days prior to appointment.
- If you believe any of the information in your record is incorrect, please notify Holy Angels in writing and we will investigate. If errors are found, they will be corrected. If Holy Angels determines the information is correct, you may file a statement with us that disputes the information in client files. We will send this statement to anyone who received or will receive the original information.