

Privacy Notice

TRIANGLE FAMILY SERVICES

THE FOLLOWING NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE OF YOUR RIGHTS AS DEFINED IN THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).

Protected health information (PHI) is individually identifiable health information that relates to the covered person's past, current, or future health status, the provision of health services, or payment for the provision of health care services to covered persons.

- Triangle Family Services is legally required to maintain the privacy of PHI and to abide by the terms of this notice and the Health Insurance Portability and Accountability Act (HIPAA).
- Triangle Family Services will typically ask for your written authorization to share or obtain information from others. However, we may use and disclose information about you without your authorization in the following circumstances:
 - To coordinate treatment within the agency. For example, your therapist may share information with another therapist or with your physician to coordinate services
 - Payment: We may use and disclose necessary information about you to obtain payment for our services. For example, this information could include information that your health insurance plan may require before it approves or pays for treatment services.
 - Health Care Operations: We may need to use or disclose information for our agency activities which might include assessment of the quality of our services, clinical supervision of staff, education and training of students and other professionals, and compliance activities required to ensure that we are following policies, procedures, laws, regulations, and professional standards.
- PHI may be released without your consent to the insurance company, third party administrators, and to providers for the purposes of claims payment, treatment and health care operations.
- PHI may be released without your consent if required by state or federal law.
- We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition. We may leave a message on your answering machine or on voicemail as a means of communication. We may mail you a written notice as a means of communication. We may e-mail you as a means of communication. Unless otherwise instructed in writing, these methods of communication will be used.
- PHI may not be released for any purposes other than those identified in this notice. Other disclosures and uses will be made only with your written authorization or consent and you may revoke such authorization/consent at any time.
- The plan reserves the right to make changes to this notice and to continue to maintain the confidentiality of all healthcare information. You will receive notice of any changes within 60 days of making a change.
- You have the right to inspect and copy your PHI.
- You have the right to request that your PHI be amended when you believe that it is inaccurate or incomplete. If your care provider does not agree to amend it, you may add an explanation to your record.
- You have the right to request restrictions on the use or disclosure of your PHI, even though the agency is not required to agree to the requested restrictions.
- You have the right to obtain an accounting of instances in which the plan has disclosed PHI for purposes other than treatment, payment, or health care operations, except for disclosures made at your request.
- You have the right to receive written notice of the policy regarding privacy and access to PHI. You can also obtain a copy of this Privacy Notice upon request.
- You have the right to complain to Triangle Family Services if you believe your privacy rights have been violated. You can mail your complaint to Privacy Officer, Triangle Family Services, 401 Hillsborough Street, Raleigh, NC 27603. You may also make a written complaint to the U.S. Department of Health and Human Services. This complaint must be filed within 180 days of the time you became or should have become aware of the problem. You will not be retaliated against for filing a complaint.
- If you have any concerns regarding your case, please discuss it with your care provider.
- For further information about this Privacy Notice, please contact Nellie Mejia, (919) 821-0790 ext. 333.
- This notice is effective as of April 14, 2003.

PRIVACY NOTICE

Triangle Family Services

VERIFICATION OF RECEIPT OF PRIVACY NOTICE

Client Name: _____

Please print

Date of Birth: _____

I have received and reviewed a copy of Triangle Family Services Privacy Notice explaining how my Protected Health Information (PHI) will be protected and under what conditions this information will be released.

Client Signature or Legal Guardian if a Minor

Date