



Autism Society  
of North Carolina

## NOTICE OF PRIVACY PRACTICES

This Notice is effective April 4, 2024

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

*PLEASE REVIEW IT CAREFULLY*

Autism Society of North Carolina, Inc. (ASNC) is designated as a hybrid entity. This Notice of Privacy Practices only applies to the components of ASNC considered a covered entity under HIPAA. For more information about which components of ASNC are considered to be part of the covered entity, please visit: <https://tinyurl.com/4tv5bb82>

### WE ARE REQUIRED BY LAW TO PROTECT HEALTH INFORMATION ABOUT YOU

We are required by law to protect the privacy of health information about you and that identifies you. This protected health information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future health condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to protected health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose protected health information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* protected health information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our regional services offices.
- Post the new Notice on our website.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at **(800) 442-2762 (NC only)** or **(919) 743-0204** to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose health information about you.
- Explain your rights with respect to health information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **(800) 442-2762 (NC only)** or **(919) 743-0204**.

## **WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose protected health information about patients every day. This section of our Notice explains in some detail how we may use and disclose protected health information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose protected health information about you.

### **1. Treatment**

We may use and disclose protected health information about you to provide healthcare treatment to you. In other words, we may use and disclose health information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

**Example:** Jane is receiving services from the Autism Society of NC (ASNC). A receptionist may use protected health information about Jane when setting up an appointment. The Services Coordinator will likely use protected health information about Jane when reviewing Jane's plan of care. If, after reviewing the plan of care, the Services Coordinator determines that Jane is eligible and appropriate for a behavioral consultation, the Services Coordinator may disclose protected health information about Jane to the behavioral specialist to assist the specialist in providing appropriate care to Jane.

### **2. Payment**

We may use and disclose protected health information about you to obtain payment for healthcare services that you received. This means that we may *use* protected health information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* protected health information about you to others (such as insurers, LME-MCOs, and other payors). In some instances, we may disclose protected health information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

**Example:** Jane receives services through ASNC and she receives Medicaid. During the normal course of service delivery, Jane's direct care staff complete documentation of time spent providing a particular service. The Billing Coordinator will *use* protected health information about Jane when he prepares a bill for the services provided. Protected health information about Jane will be *disclosed* to her LME-MCO when the Billing Coordinator sends in the bill.

**Example:** The Services Coordinator referred Jane to a behavior specialist. The specialist recommended the development of an individualized behavior support plan and several hours of follow-up assessments. The behavior specialist's Billing Coordinator may contact Jane's LME-MCO before the specialist develops the plan to determine whether the LME-MCO will pay for the services of the specialist.

### **3. Healthcare Operations**

We may use and disclose protected health information about you in performing a variety of business activities that we call “business operations.” These “business operations” activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose protected health information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing protected health information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** Jane was diagnosed with a co-occurring disorder. ASNC used Jane’s protected health information – as well as protected health information from all of the ASNC services recipients diagnosed with the same co-occurring disorder – to develop an educational program to help direct care staff recognize the impact of this specific co-occurring disorder on the individual’s symptoms of autism. (Note: The educational program would not identify any specific service recipients without their permission).

**Example:** Jane complained that she did not receive appropriate services that were focused on her goals. ASNC reviewed Jane’s record as part of the process of evaluating the quality of the care provided to Jane. ASNC also discussed Jane’s care with her direct care staff.

### **4. Persons Involved in Your Care**

We may disclose protected health information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If you are a minor or adjudicated incompetent, we may disclose protected health information about you to a parent, guardian or other person responsible for you except in limited circumstances.

We may also use or disclose protected health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose protected health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited

circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

#### **5. Required by Law**

We will use and disclose protected health information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose protected health information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

#### **6. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose protected health information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose protected health information that it is acceptable to disclose protected health information without the individual’s permission. We will only disclose protected health information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law.

- **Threat to health or safety:** We may use or disclose protected health information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose protected health information about you for public health activities. Public health activities require the use of protected health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose protected health information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose protected health information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose protected health information about you to a court or an officer of the court (such as an attorney). For example, we would disclose protected health information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose protected health information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited protected health information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose protected health information about you to a coroner, protected health examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose protected health information about you in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose protected health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of protected health information.

- **Certain government functions:** We may use or disclose protected health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose protected health information about you to a correctional institution in some circumstances.

## **7. Disclosure to Health Information Exchanges**

Autism Society of North Carolina participates in the North Carolina Health Information Exchange Network, called NC HealthConnex, which is operated by the North Carolina Health Information Exchange Authority (NC HIEA). We will share your protected health information, or PHI, with the NC HIEA and may use NC HealthConnex to access your PHI to assist us in providing health care to you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from North Carolina programs like Medicaid and State Health Plan. We may also share other patient data with NC HealthConnex not paid for with State funds. If you do not want NC HealthConnex to share your PHI with other health care providers who are participating in NC HealthConnex, you must opt out by submitting a form directly to the NC HIEA. Forms and brochures about NC HealthConnex are available in our offices and online at [NCHealthConnex.gov](http://NCHealthConnex.gov). You may also contact our Privacy Officer at (919) 743-0204. Again, even if you opt out of NC HealthConnex, we are still required to submit your PHI if your health care services are funded by State programs. Your patient data may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law. For more information on NC HealthConnex, please visit [NCHealthConnex.gov/patients](http://NCHealthConnex.gov/patients).

## **8. Authorizations**

Other than the uses and disclosures described above (#1-7), we will not use or disclose protected health information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose protected health information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose protected health information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose protected health information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of protected health information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of protected health information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

## **YOU HAVE RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION ABOUT YOU**

You have several rights with respect to protected health information about you. This section of the Notice will briefly mention each of these rights.

### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our regional services offices and on our website. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at **(800) 442-2762 (NC only)** or **(919) 743-0204**.

### **2. Right of Access to Inspect and Copy**

You have the right to inspect (which means see or review) and receive a copy of protected health information about you that we maintain in certain groups of records. If we maintain your protected health records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your protected health records. You may also instruct us in writing to send an electronic copy of your protected health records to a third party. If you would like to inspect or receive a copy of protected health information about you, you must provide us with a request in writing. You may write us a letter requesting access.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the protected health information about you, we may charge you a fee to cover the costs of the copy. Any fees for electronic copies of your protected health record, if available, will be limited to the direct labor costs associated with fulfilling your request.

### **3. Right to Have Protected Health Information Amended**

You have the right to have us amend (which means correct or supplement) protected health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may write us a letter requesting an amendment.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your protected health records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

## **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of protected health information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The protected health information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your protected health information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

## **6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

## **7. Right to Notification if a Breach of Your Protected Health Information Occurs**

You also have the right to be notified in the event of a breach of protected health information about you. If a breach of your protected health information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

## **8. Right to Opt-Out of Fundraising Communications**

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

**YOU MAY FILE A COMPLAINT  
ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

AUTISM SOCIETY OF NORTH CAROLINA  
ATTN: PRIVACY OFFICER  
5121 KINGDOM WAY, SUITE 100  
RALEIGH, NC 27607

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: 1 (877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)