

Notice of Privacy Practices

The effective date of this notice is: 4/3/17

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

This notice describes the practices of Veritas Collaborative (Veritas) including (but not limited to) Veritas Collaborative, LLC, Veritas Collaborative Georgia, LLC, Veritas Collaborative North Carolina, LLC, and Veritas Collaborative Virginia, LLC, and the practices of all employees, staff, volunteers, and other members of the Veritas workforce including contracted business associates of Veritas. In this Notice of Privacy Practices, “We” includes all the above listed persons and entities.

This Notice of Privacy Practices (Notice) describes how we may use and disclose your health information in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may access and control your health information.

Veritas is committed to protecting your personal and health information as contained in your health record. Protected Health Information (PHI) is information that may identify you and that relates to your past, present or future physical or mental health or need for related health care services. Veritas may use and share PHI for your treatment, to obtain payment for treatment, for administrative and marketing purposes, and to evaluate the quality of care that you receive. We will:

- Provide you with this Notice
- Abide by the terms of this Notice and our legal duties
- Make sure any health information that identifies you is kept private
- Notify you, following management review, if we are unable to agree to a requested restriction on how your PHI is used or disclosed
- Accommodate reasonable requests for communicating your PHI in a particular manner or to a location other than your permanent address
- Obtain your written authorization to disclose your PHI for reasons other than those listed below and/or required by law
- Notify you if we determine a breach of your PHI has occurred

We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by:



A SPECIALTY HOSPITAL SYSTEM FOR
THE TREATMENT OF EATING DISORDERS

- Posting a copy on our website
- Sending a copy to you in the mail, upon request or
- Providing one to you at the time of admission

How we may use and disclose health information about you

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, managing, and improving your health care treatment and related services during and after your care at Veritas. We may disclose your PHI for consultation within and across facility sites. For example, if you complete care as a patient at the Veritas RTP-Durham location, and continue follow up care at the Atlanta facility, the doctor treating you in Atlanta may access, as needed for the coordination of your on-going care, the records of your stay in RTP. Disclosures to other consultants, outside the Veritas network, require your authorization.

For Payment. We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. In certain situations, you may request that we not send information about your treatment to your health plan or insurance company. See the instructions below for requesting a restriction under “Your Health Information Rights”. If it becomes necessary to use a third party collection agency to recover payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business associate that requires the associate to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

To Individuals Involved in Your Care or Payment for Your Care. We may disclose PHI to an authorized representative, a family member, or friend, directly involved in your care or payment of your care, based on your consent (written or verbal), or as necessary to prevent serious harm. If you do not want information about you released to those involved in your care or payment for your care, see instructions below for requesting a restriction under “Your Health Information Rights”.

For Fundraising Activities. We may send you fundraising communications periodically. You have the right to opt out of such fundraising communications at any time.

For Appointment Reminders. We may contact you to provide appointment reminders or information about other health-related benefits or services.

Other Disclosures. Incidental disclosures of your PHI may take place in the health care setting and are allowed by law. As an example, discussion of your treatment plan is permitted at a nurses’ station or in other treatment settings where conversation may be overheard.

How we may disclose your health information outside of Veritas

Without Your Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization in a limited number of situations. Following is a list of the categories of uses and disclosures permitted by HIPAA where we may disclose your PHI without your authorization:

- **When Required or Permitted by Law.** We may disclose PHI about you when required or permitted to do so by federal, state, or local laws, such as in the reporting of child abuse or neglect to a state or local agency authorized by law to receive report of child abuse or neglect. We may disclose PHI at your request or the request of the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. We may also disclose PHI about you in response to a court order, a court-ordered subpoena, or other subpoenas in limited circumstances in accordance with applicable law. We may disclose PHI to law enforcement personnel in response to a court order, to report alleged abuse, or if it is suspected that you are likely to commit a felony or violent misdemeanor.
- **For Public Health Risks.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, if directed by a public health authority, or to a government agency that is collaborating with that public health authority.
- **To Avert a Serious Threat to Health and Safety.** We may disclose your PHI if doing so is necessary to prevent or lessen a serious and imminent threat to the health or safety of yourself, another person, or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **For Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies, accreditation organizations, and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- **To Coroners, Medical Examiners, and Funeral Directors.** We may disclose health information to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.
- **For Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **For Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel in order to prevent serious harm.

- **For Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons, and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm. **For Research.** PHI may only be disclosed after a special approval process or with your authorization.

Uses and disclosures that require your authorization

Your written authorization is required for the following uses and disclosures:

- Uses and disclosures except as permitted or required by applicable law
- Most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications
- Disclosures that constitute a sale of PHI

Your health information rights

You have the right to:

- **Receive a copy of this notice.** You have the right to receive an electronic or paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.
- **Request to inspect and obtain a copy of your health record.** Your health information is contained in records that are the physical property of Veritas. You have the right to access a copy of your health information and billing records in written or electronic form. We may charge a fee for the costs associated with providing you or a third party paper or electronic copies of your records. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial. Veritas maintains original health information records for the period of time required by law and then destroys such records pursuant to its records destruction policy and applicable law.
- **Request to correct or amend information in your health record.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, complete the Patient Request for Amendment Form and submit the form to the Privacy Officer. If we determine that the health information is incorrect or incomplete, we will revise your health record. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and we will provide you with a copy.
- **Request an accounting of disclosures.** With some exceptions under the law, you have the right to request a listing of how your health information has been shared, other than for treatment, payment and health care operations. Your request must be submitted in writing to the Medical Records Department at 4024 Stirrup Creek Drive, Durham, NC, 27703, and must state the time period for which you want this listing, which may not be longer than 6 years

before the date of your request. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Request confidential communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternate address or other method of contact as a condition for accommodating your request.
- **Request a restriction on uses and disclosures of your health information.** Except where we are required by law to disclose your health information, you have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to grant your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for, in full, out of pocket. In that case, we are required to grant your request for a restriction. To request a restriction, complete a Client Request for Restriction on Use and/or Disclosure of PHI form, and submit the form to the Privacy Officer. In your request, you must tell us:
 - What information you want to limit
 - Whether you want to limit our use, disclosure, or both
 - To whom you want the limits to apply, for example disclosures to your spouse.

If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Please note, that if information relates to a service that has already been submitted to your health plan or insurance company, we may not be capable of granting your request.

Investigation of privacy breaches

Veritas Collaborative will investigate any discovered, unauthorized use or disclosure of your PHI to determine if it constitutes a breach of the federal privacy or security regulations protecting such information. If we determine that a breach has occurred, we will notify you in writing about the breach, the steps Veritas has taken, or intends to take, to mitigate the damage (if any) caused by the breach, and about what steps you should take to protect yourself from potential harm resulting from the breach.

Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 4024 Stirrup Creek Drive, Durham, NC 27703 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.