

Dear Member or Guardian,

You are receiving this information because you live in Mecklenburg County or Orange County, have Medicaid or are uninsured, and are eligible for Medicaid or State-funded mental health (MH), intellectual and developmental disabilities (I/DD), and substance use disorder (SUD) services. As of December 1, 2021, Alliance Health is the manager of these services.

Alliance does not directly provide services. We are a public agency that contracts with a large and diverse group of local providers and professionals to provide care. Alliance works to ensure that there are enough different kinds of services available to meet the needs of our communities and that the care being provided is of high quality.

We are working to make sure that your transition into our care coordination program is as smooth as possible. If you are currently eligible for care management services, it is Alliance's plan to continue all Care Coordinator assignments as they were with Cardinal Innovations if your Cardinal Care Coordinator has come to work at Alliance. We have been working to hire as many Cardinal Care Coordinators as possible. However, not all Cardinal Care Coordinators have applied to come to Alliance and in these cases, some people will be getting new Care Coordinators. Be assured that we are committed to assigning you a Care Coordinator who will effectively meet your needs.

Good customer service is very important to Alliance and our Access and Information Center is here to assist you with questions or concerns about your services, or if you have a complaint or just want to provide some positive feedback. You can reach the Access and Information Center 24 hours a day toll-free at (800) 510-9132. You can call that same number for help if you feel that you are in a mental health or substance use crisis.

The Access and Information Center can provide you with information about:

- Your rights and responsibilities as a consumer of services.
- How to file a complaint, grievance or appeal.
- What kinds of services you are eligible for and why – including benefit restrictions.
- How to access services including inpatient, outpatient, partial hospitalization, and specialty care, as well as help when you are in crisis.
- Resources available in your community.
- How to obtain services when you are outside of our service area.
- Information about how Alliance can help you get your needs met.

We also offer free translation services for clients who do not speak English as well as Relay for our deaf and hard of hearing members.

At AllianceHealthPlan.org you will find a variety of useful materials and other resources, including the Alliance Individual and Family Handbook. This handbook describes how to obtain

services and information about your rights and responsibilities as a member. A list of those rights and responsibilities is included with this letter. You can also find our Provider and Clinician Directories which contain valuable information regarding contact information, qualifications, and training. Also, we are enclosing a copy of Alliance's Notice of Privacy Practices, which describes how Alliance can and cannot use your private health information, as well as information about the Alliance Crisis and Assessment Centers located in each county in the Alliance region.

If you do not have access to the internet or for any reason would like to have printed copies of materials available on the website, including the NC Innovations Individual and Family Guide and the Alliance Provider Directory, please call (800) 510-9132 or send your request to 5200 W. Paramount Pkwy. Morrisville, NC 27560 Ste. 200 and they will be sent to you.

We look forward to working with you. Please do not hesitate to contact us if we can be of assistance. That is what we are here for.



If English is not your first language, we can help. Call 1-800-510-9132 (TTY: 711). You can ask us for the information in this material in your language. We have access to interpreter services and can help answer your questions in your language. You can get this material and other plan information in large print for free. To get materials in large print, call our Member and Recipient Service Line at 1-800-510-9132 7am to 6pm, Monday through Saturday.

Spanish: Si el inglés no es su primer idioma, podemos ofrecerle ayuda. Llame al 1-800-510-9132 (TTY: 711). Puede solicitarnos la información contenida en este material en su idioma. Tenemos acceso a servicios de interpretación y podemos ayudarlo a responder sus preguntas en su idioma. Puede obtener esta guía y otra información del plan impresa en letra grande de forma gratuita. Para obtener materiales impresos en letra grande, llame a nuestro equipo y a nuestro miembro del servicio de asistencia al 1-800-510-9132 en el horario de 7 a. m. a 6 p. m., de lunes a sábado.

Chinese: 如果英語不是您的母語，我們可以提供協助。請致電 81-800-510-9132（聽障專線 (TTY) : 711)。您可以用自己的語言詢問本資料中的資訊。我們可提供口譯服務，並協助您以自己的語言回答問題。您可免費獲得本手冊和其他計劃資訊的大字版。如欲索取大字版的資料，請致電我們的會員和受益人服務專線，電話：1-800-510-9132，服務時間：週一至週六，上午7時至下午6時。

Vietnamese: Nếu tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, hãy để chúng tôi trợ giúp. Vui lòng gọi đến số 1-800-510-9132 (TTY: 711). Quý vị có thể yêu cầu chúng tôi cung cấp thông tin trong sổ tay này bằng ngôn ngữ quý vị đang dùng. Chúng tôi có dịch vụ phiên dịch có thể giúp trả lời các câu hỏi của quý vị bằng ngôn ngữ mà quý vị đang dùng. Quý vị có thể nhận miễn phí cuốn sổ tay này và các thông tin khác về chương trình theo dạng in khổ lớn. để nhận sổ tay in khổ lớn, vui lòng gọi đường dây

Dịch vụ Hội viên và Người nhận của chúng tôi theo số 81-800-510-9132 từ 7 giờ sáng đến 6 giờ chiều, Thứ Hai đến Thứ Bảy.

Korean: 영어가 모국어가 아닐 경우, 저희가 도움을 드릴 수 있습니다. 1-800-510-9132(TTY: 711)번으로 전화하십시오. 귀하가 사용하는 언어로 본 자료의 정보를 요청하실 수 있습니다. 통역 서비스를 이용하실 수 있으며 귀하가 사용하는 언어로 귀하의 질문에 대한 답변을 받도록 도움을 드릴 수 있습니다. 본 안내서와 기타 계획 관련 정보를 큰 활자체로 무료로 받으실 수 있습니다. 큰 활자체로 된 자료를 받으시려면, 월요일부터 토요일까지 오전 7시에서 저녁 6시 사이에 1-800-510-9132번으로 당사의 회원 및 수취인 서비스 회선으로 전화하십시오.

French: Si l'anglais n'est pas votre langue maternelle, nous pouvons vous aider. Appelez le 1-800-510-9132 (TTY : 711). Vous pouvez demander à recevoir les informations contenues dans ce document dans votre langue. Nous avons accès à des services d'interprétariat et pouvons vous aider à recevoir des réponses à vos questions dans votre langue. Vous pouvez obtenir gratuitement ce manuel, ainsi que d'autres informations sur le programme en gros caractères. Pour obtenir des documents en gros caractères, veuillez appeler notre Ligne de services aux membres et aux bénéficiaires au 1-800-510-9132 (du lundi au samedi de 7 h à 18 h).

Hmong: Yog hais tias Lus As Kiv tsis yog thawj hom lus ntwam koj, peb muaj peev xwm pab tau. Hu rau 1-800-510-9132 (TTY: 711). Koj muaj peev xwm nug peb txog cov lus qhia paub nyob rau hauv qhov khoom siv no hais ua koj hom lus. Peb muaj kev nkag cuag tau rau cov kev pab cuam ntsig txog tus neeg txhais lus thiab muaj peev xwm pab teb tau cov lus nug hais ua koj hom lus. Koj muaj peev xwm tau txais phau ntawv qhia no thiab lwmm cov ntaub ntawv qhia txog qhov phiaj xwm kev npaj tuav pov hwm ua ntawv luam tawm uas pom tus niam ntawv loj yam tsis tau them nqi li. Yog xav tau cov ntaub ntawv ua ntawv luam tawm uas pom tus niam ntawv loj, hu rau peb Tus Xov Tooj Muab Kev Pab Cuam Rau Tus Tswv Cuab thiab Tus Neeg Tau Txais Kev Pab Cuam (Member and Recipient Service Line) ntwam 1-800-510-9132 thaum 7 teev sawv ntxov txog 6 teev tsaus ntuj, hnuv Monday txog Saturday.

Russian: Если ваш родной язык не английский, мы можем помочь. Позвоните по телефону 1-800-510-9132 (линия ТTY: 711). Вы можете попросить нас предоставить информацию, содержащуюся в этом документе, на вашем языке. У нас есть доступ к услугам переводчика, и мы можем помочь ответить на ваши вопросы на вашем языке. Вы можете бесплатно получить это руководство и другую информацию о плане крупным шрифтом. Чтобы получить материалы крупным шрифтом, позвоните на нашу линию обслуживания участников и выгодоприобретателей по телефону 1-800-510-9132 с 7 am до 6 pm с понедельника по субботу.

Tagalog: Kung hindi Ingles ang iyong unang wika, makakatulong kami. Tumawag sa 1-800-510-9132 (TTY: 711). Pwede kang humingi sa amin ng impormasyon sa materyal na ito sa iyong wika. Mayroon kaming akses sa mga serbisyo ng interpreter at makakatulong na sagutin ang iyong mga tanong sa iyong wika. Libre mong makukuha ang handbook na ito at iba pang impormasyon sa plano sa malaking imprinta. Para kumuha ng mga materyal sa malaking imprinta, tumawag sa aming Linya ng Serbisyo para sa Miyembro at Tagatanggap sa 1-800-510-9132 7am hanggang 6pm, Lunes hanggang Sabado.

Gujarati: જો અંગ્રેજી તમારી પ્રાથમિક ભાષા નથી, તો અમે મદદ કરી શકીએ છીએ. 1-800-510-9132 પર કોલ કરો (TTY: 711). આ સામગ્રીની રહેલી માહિતી માટે તમે અમને તમારી ભાષામાં પૂછી શકો છો. અમારી પાસે

Alliance Member Rights and Responsibilities

If you get Medicaid from any of the counties in the Alliance Region, you are a member of the Alliance Health Plan. As a member of the Alliance Health Plan, you have rights and responsibilities for your care.

What Are My Rights?

Alliance believes that every member has the following rights:

- The right to receive information about Alliance, its services, its providers, and member rights and responsibilities presented in a manner that you can understand.
- The right to be treated with respect and recognition of your dignity and your right to privacy.
- The right to participate with providers in making decisions regarding health care.
- The right to a candid discussion with providers on appropriate or medically-necessary treatment options for your conditions, regardless of cost or benefit coverage.
- The right to participate in the development of a written person-centered treatment plan that builds on individual needs, strengths and preferences. A treatment plan must be implemented within 30 days after services start.
- The right to take part in the development and periodic review of your treatment plan and to consent to treatment goals in it.
- The right to treatment in the most natural, age-appropriate and least-restrictive environment possible.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- The right to refuse treatment.
- The right to request and receive a copy of your medical record, subject to therapeutic privilege, and to request that the medical record be amended or corrected. If the doctor or therapist determines that this would be detrimental to your physical or mental well-being, you can request that the information be sent to a physician or professional of your choice.
- If you disagree with what is written in your medical records, you have the right to write a statement to be placed in your file. However, the original notes will also stay in the record until the statute of limitations ends according to the MH/DD/SA retention schedule (11 years for adults, 12 years after a minor reaches the age of 18, 15 years for DUI records).
- The right to a second opinion.
- The right to ask questions when you do not understand your care or what you are expected to do.
- The right to voice grievances about Alliance or the care you receive from providers in the Alliance network.

- The right to appeal any Alliance decision to deny, reduce, suspend or terminate a requested service.
- The right to make recommendations about Alliance's member rights and responsibilities policy.
- The right to freedom of speech and freedom of religious expression.
- The right to equal employment and educational opportunities.

If I Am a Minor, Do I Have Any Rights?

Minors have the right to agree to some treatments without the consent of a parent or guardian:

- For treatment of venereal diseases
- For pregnancy
- For abuse of controlled substances or alcohol
- For emotional disturbances.

What are My Responsibilities?

In addition to your rights as a member of the Alliance Health Plan, you can ensure the best outcomes for yourself by assuming the following responsibilities:

- Seeking help when you need it and calling your provider or Alliance if you are in crisis.
- Supplying all information, including information about your health problems, that Alliance and its providers need in order to provide care for you.
- Following the plans and instructions for care that you have agreed to with your providers.
- Understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the degree possible, telling the doctor or nurse about any changes in your health, and asking questions when you do not understand your care or what you are expected to do.
- Inviting people who will be helpful and supportive to you to be included in your treatment planning.
- Working on the goals of your Person-Centered Plan.
- Respecting the rights and property of other consumers and of Alliance and provider staff.
- Respecting the privacy and security of other consumers.
- Keeping all the scheduled appointments that you can and being on time for appointments.
- Canceling an appointment at least 24 hours in advance if you are unable to keep it.
- Meeting financial obligations according to your established agreement.
- Informing staff of any medical condition that is contagious.

- Taking medications as they are prescribed for you.
- Telling your doctor if you are having unpleasant side effects from your medications, or if your medications do not seem to be working to help you feel better.
- Refrain from “doctor shopping” in an attempt to obtain more prescriptions than you need.
- Telling your doctor or therapist if you do not agree with their recommendations.
- Telling your doctor or therapist if and when you want to end treatment.
- Carrying your Medicaid or other insurance card with you at all times, and not allowing friends, family members or others to use your Medicaid card.
- Cooperating with those trying to care for you.
- Following the rules posted in day, evening or 24-hour service programs.
- Being considerate of other consumers and family members.
- Seeking out additional support services in your community.
- Reading, or having read to you, written notices from Alliance about changes in benefits, services or providers.
- When you leave a program, requesting a discharge plan, being sure you understand it and being committed to following it.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of This Notice: May 28, 2020

Alliance Health (“Alliance”) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at Alliance Health, please contact the Privacy Officer at (800) 510-9132 or at 5200W. Paramount Parkway Suite 200 Morrisville, NC 27560.

Understanding Your Medical Record/Health Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnosis, treatment plan, and treatment recommendations. These records may also disclose or reveal that you are a recipient of public welfare benefits. This Protected Health Information (PHI), often referred to as your medical record, serves as a basis for planning your treatment, a means to communicate between service providers involved in your care, as a legal document describing your care and services, and verification for you and/or a third-party payer that the services billed were provided to you. It can also be used as a source of data to assure that we are continuously monitoring the quality of services and measuring outcomes. Understanding what is in your medical record and how, when and why we use the information helps you make informed decisions when authorizing disclosure to others. Your health information will not be disclosed without your authorization unless required or allowed by State and Federal laws, rules or regulations.

Our Responsibilities

Alliance must protect and secure health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose protected health information in the manner described in this Notice. This Notice is posted on our website and we will provide you a paper copy of this Notice upon your request.

How Alliance Health May Use or Disclose Your Health Information

The following categories describe ways that Alliance may use or disclose your health information. Any use or disclosure of your health information will be limited to the minimum information necessary to carry out the purpose of the use or disclosure. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. Note that we can only use or disclose alcohol and drug abuse records with your consent or as specifically permitted under federal law. These exceptions are:

Payment Functions

We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, NC Health Choice, or private insurance to manage your medical necessity of health care services, determine whether a particular treatment is experimental or investigational, or determine whether a treatment is covered under your plan.

Healthcare Operations

We may use and disclose health information about you to carry out necessary managed care/ insurance-related activities. For example, such activities may include premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities such as handling and investigating complaints; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

Treatment

Alliance Health is not a provider of treatment but some of our functions require that we make a referral for an assessment or perform other activities which include helping formulate a treatment plan, coordinating appropriate and effective care, treatment and services or setting up an appointment with other behavioral health and health care providers. We may also share your health information with emergency treatment providers when you need emergency services. We may also communicate and share information with other behavioral health service Providers who have Contracts with Alliance or governmental entities with whom we have Business Associate Agreements. These include hospitals, licensed facilities, licensed practitioners, community-based service providers, and governmental entities such as local jails and schools. When these services are contracted, we may disclose your health information to our contractors so that they can provide you services and bill you or your third-party payer for services rendered. We require the contractor to appropriately safeguard your information. We are required to give you an opportunity to object before we are allowed to share your PHI with another HIPAA Covered Entity such as your Primary Care Physician or another type of physical health type provider. If you wish to object to us sharing your PHI with these types of providers, then there is a form you must sign that will be kept on file and we are required by law to honor your request.

Required by Law

Alliance may use and disclose your health information as required by law. Some examples where we are required by law to share limited information include but are not limited to: PHI related to your care/treatment with your next of kin, family member, or another person that is involved in your care; with organizations such as the Red Cross during an emergency; to report certain type of wounds or other physical injuries; and to the extent necessary to fulfill responsibilities when a consumer is examined or committed for inpatient treatment.

Public Health

Your health information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Health Oversight Activities

We may disclose your health information to health, regulatory and/or oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system. For example, health information may be reviewed by investigators, auditors, accountants or lawyers who make certain that we comply with various laws; or to audit your file to make sure that no information about you was given to someone in a way that violated this Notice.

Judicial and Administrative Proceedings

We may disclose your health information in response to a subpoena or court order in the course of any administrative or judicial proceeding, in the course of any administrative or judicial proceeding required by law (such as a licensure action), for payment purposes (such as a collection action), or for purposes of litigation that relates to health care operations where Alliance is a party to the proceeding.

Public Safety/Law Enforcement

We may disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent danger or threat to the health or safety of a particular person or the general public or when there is likelihood of the commission of a felony or violent misdemeanor.

National Security

We may disclose your health information for military, prisoner, and national security.

Worker's Compensation

We may disclose your health information as necessary to comply with worker's compensation or similar laws.

Marketing

We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with the information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

Disclosures to Plan Sponsors

We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

Research

Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

Applicability of More Stringent State Laws

Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws or rules that are more stringent than Federal laws or regulations, including disclosures related to mental health and substance abuse, intellectual/developmental disabilities, alcohol and other drug abuse (AODA), and HIV testing.

Use and Disclosure of Health Information without your Authorization

Federal laws require or allow that we share your health information, including alcohol and drug abuse records, with others in specific situations in which you do not have to give consent, authorize or have the opportunity to agree or object to the use and disclosure. Prior to disclosing your health information under one of these exceptions, we will evaluate each request to ensure that only necessary information will be disclosed. These situations include, but are not limited to the following:

- To a county Department of Social Services or law enforcement to report abuse, neglect or domestic violence; or
- To respond to a court order or subpoena; or
- To qualified personnel for research, audit, and program evaluation; or
- To a health care provider who is providing emergency medical services; or
- To appropriate authorities if we learn that you might seriously harm another person or property (including Alliance) in the future or that you intend to commit a crime of violence or that you intend to self-harm; or
- For the purpose of internal communications, as outlined above; or
- To qualified service organization agencies when appropriate. (These agencies must agree to abide by the Federal law.)

NC-TOPPS assessments fall under the audit or evaluation exception of federal confidentiality regulations (42 CFR Part 2 and 45 CFR Parts 160 and 164). Consumer identifying information obtained via NC-TOPPS may be disclosed without consumer consent to the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and to authorized contractors under the audit and evaluation exception. The DMH/DD/SAS or its authorized contractors may re-disclose any individual consumer-identifying information only to the designated provider facility and to the consumer's assigned LME/MCO for which this information has been submitted.

When Alliance Health May Not Use or Disclose Your Protected Health Information

Except as described in this Notice, Alliance will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosures of health information in which the health plan receives compensation.
- Your authorization is necessary for most uses and disclosures of alcohol and drug abuse records (exceptions are listed above).

Statement of Your Health Information Rights

Although your health information is the physical property of Alliance, the information belongs to you. You have the right to request, in writing, certain uses and disclosures of your health information.

Right to Request Restrictions

You have the right to request a restriction on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer at the address listed below. We will let you know if we can comply with the restriction or not.

Right to Request Confidential Communications

You have the right to receive your health information through a reasonable alternative means or at an alternate location. To request confidential communications, you must submit your request in writing to the Privacy Officer at the address listed below. We are not required to agree to your request.

Right to Inspect and Copy

You have the right to inspect and receive an electronic or paper copy of your health information that may be used to make decisions about your plan benefits. To inspect and copy information, you must submit your request in writing to the Privacy Officer at the address listed below. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. There are certain situations where we will be unable to grant your request to review records.

Right to Request Amendment

You have a right to request that we amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can appeal the denial. To request an amendment, you must make your request in writing to the Privacy Officer at the address listed below. You must also provide a reason for your request.

Right to Accounting of Disclosures

You have the right to receive a list or accounting of disclosures of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions, healthcare operations of treatment, or made by you. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address listed below. We will provide one list or accounting per 12-month period free of charge; we may charge you for additional lists or accountings. We will inform you of the cost and you may choose to withdraw or modify your request before any costs are incurred. There are certain exceptions that apply.

Right to a Copy

You have a right to receive an electronic copy of this Notice at any time. To obtain a paper copy of this Notice, send your written request to the Privacy Officer at 5200 W. Paramount Parkway Suite 200 Morrisville, NC 27560. You may also obtain a copy of this Notice at <http://www.alliancebhc.org/consumers-families>.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer at 5200 W. Paramount Parkway Suite 200 Morrisville, NC 27560 or by calling (800) 510-9132.

Changes to this Notice and Distribution

Alliance Health reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. As your health plan, we will provide a copy of our notice upon your enrollment in the plan and will remind you at least every three years where to find our notice and how to obtain a copy of the notice if you would like to receive one. If we have more than one Notice of Privacy Practices, we will provide you with the Notice that pertains to you. The notice is provided and pertains to the named Medicaid beneficiary or other individual enrolled in the plan.

As a health plan that maintains a website describing our customer service and benefits, we also post to our website the most recent Notice of Privacy Practices which will describe how

your health information may be used and disclosed as well as the rights you have to your health information. If our Notice has a material change, we will post information regarding this change to the website for you to review. In addition, following the date of the material change, we will include a description of the change that occurred and information on how to obtain a copy of the revised Notice in any annual mailing required by 42 CFR Part 438.

Complaints

Complaints about this Notice of Privacy practices or about how we handle your health information should be directed to the Privacy Officer at 5200 W. Paramount Parkway Suite 200 Morrisville, NC 27560 or by calling (800) 510-9132. Alliance Health will not retaliate against you in any way for filing a complaint. All complaints to Alliance Health must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019. Si necesita información en español, llámenos al (800) 510-9132.

Alliance Health History of Notice of Privacy Practices

Original Approval Date: June 2012

Revised: September 23, 2013 (Removed activities including fundraising, genetic information & underwriting, research; added information to Rights to be Notified of a Breach; changes to NCTOPPS; added use or disclosure of Substance Abuse with consent or as permitted.)

Revised: August 15, 2017 Added the History of changes to the Notice of Privacy Practices

Revised: May 28, 2020 Changed Alliance Behavioral Healthcare to Alliance Health