



## 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: December 1, 2022

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, please contact the Privacy Officer at (800) 510-9132 or at 5200 W. Paramount Parkway Suite 200, Morrisville, NC 27560.

### Understanding Your Medical Record/Health Information

Each time you visit a health care 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 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 just the 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 listed below.**

**Treatment:** Alliance is not a provider of treatment but some of our functions require that we share information with professionals regarding your care:

- to make a referral for an assessment
- to help formulate a treatment plan
- to coordinate appropriate and effective care, treatment, and services
- to set up an appointment with other behavioral health and health care providers
- to facilitate emergency treatment services

We may also communicate and share information with providers that meet the definition of facility under NCGS Chapter 122C. These include hospitals, licensed facilities, licensed practitioners and community-based service providers. When these services are contracted, we may disclose your health information to our contractors so that they can provide you services. We require the contractor to appropriately safeguard your information.

**We may share your PHI with another HIPAA Covered Entity such as your Primary Care Physician or another type of physical health provider unless you exercise your right to object. If you wish to object to us sharing your PHI with these types of providers, you must request and sign a form that will be kept on file.**

**Payment Functions:** We may use or disclose health information about you to determine eligibility for plan benefits, 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, NC Medicaid, NC Health Choice, and Prepaid Health Plans to manage your medical necessity for health care services, determine whether a particular treatment is experimental or investigational, or determine whether a treatment is covered under your plan.

**Health Care Operations:** We may use and disclose health information about you to carry out necessary managed care/ insurance-related activities, including:

- activities relating to plan coverage
- quality assessment and improvement activities such as handling and investigating complaints
- conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs
- business planning, management, and general administration

**Required by Law:** Alliance may use and disclose your health information as required by law. Some examples where we may share limited information include:

- if the law requires the use and/or disclosure
- reporting certain types of wounds or other physical injuries
- reporting to the Department of Social Services suspected child abuse or neglect, or suspected abuse or neglect of a disabled adult
- to report responsibilities when a member/recipient is examined or committed for inpatient treatment

**Public Health:** Your health information may be reported to a public health authority or another appropriate government authority authorized by law to collect or receive information for purposes related to:

- preventing or controlling disease, injury or disability
- reporting problems with products and reactions to medications to the Food and Drug Administration
- 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 ensure that your information has not been disclosed in a way that violates this Notice.

**Judicial and Administrative Proceedings:** We may disclose your health information in response to a court order in the course of any administrative or judicial proceeding, or 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 relate 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.

**Specialized Government Functions:** We may disclose your health information for certain military and veteran activities, for national security purposes, and for health and safety purposes at correctional institutions.

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

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

## Use and Disclosure of Substance Use Disorder Health Information

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 uses and disclosures:

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

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). Your identifying information obtained via NC-TOPPS assessments may be disclosed without your 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 member/beneficiary-identifying information only to the designated provider facility and to the member/beneficiary'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, although we will be unable to take back any disclosures we have already made with your permission. Circumstances when Alliance Health may not use or disclose your protected health information include:

- your authorization is necessary for most uses and disclosures of psychotherapy notes
- we may contact you to provide appointment reminders, to give you information about treatment alternatives, or to give you information about health-related benefits and services that may be of interest to you. However, 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
- we will not sell your information
- we are prohibited by law to use or disclose genetic information to determine eligibility or benefits except to determine appropriateness of a benefit
- 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, cost-based 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 it. 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, health care operations or treatment, or made to 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 [AllianceHealthPlan.org](http://AllianceHealthPlan.org).

**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 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.

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 will not retaliate against you in any way for filing a complaint. All complaints to Alliance 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 [hhs.gov/ocr/privacy/hipaa/complaints/](https://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 NC-TOPPS; 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

Revised: May 12, 2022 Payment Functions: removed obtain premiums because Alliance does not obtain premiums, and added sharing with Prepaid Health Plans. Removed Disclosure to Plan Sponsors. Added information to when Alliance May Not Use or Disclose Your Health Information: compensation from a third party for providing you with the information about other products or services, genetic information to determine eligibility or benefits, selling your health information.