



**NOTICE OF
PRIVACY
PRACTICES**



NOTICE OF PRIVACY PRACTICES

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

Le'Chris must collect information about you to provide quality services. We know that information we collect and your health is confidential, and we are required to protect this information by Federal and State law.

The Notice of Privacy Practices tells you how Le'Chris may use or disclose information about you. As required by law, only the minimum necessary information will be used and disclosed.

If you have questions, please contact the Privacy Officer at your office location.

WHO WILL FOLLOW THIS NOTICE

This notice describes Le'Chris practices at all locations and that of:

- Any independent health care professional who treats or cares for consumers at Le'Chris and is authorized to enter information into your medical record.
- All departments and units of Le'Chris.
- All employees of Le'Chris.
- Any volunteers we allow to help you while you are in Le'Chris.

- Any vendors or independent contractors who have access to protected health care information of consumers at Le'Chris.
- All students or trainees.
- Any Le'Chris corporate office staff.

All of the above listed persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment or Le'Chris operations purposes and the purposes described in this notice. The independent health care professionals who provide care at Le'Chris and have agreed to follow the terms of this notice are not employees or agents of Le'Chris, and Le'Chris is not responsible for how they fulfill their professional responsibilities.

LE'CHRIS MAY USE & DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION

- **For Treatment.** Le'Chris may use or disclose protected health care information with health care providers who are involved in your health care to create and carry out a plan of treatment.
- **For Payment.** Le'Chris may use or disclose protected information in order to get payment or to pay for the health care services you receive. For example, your protected information may be used within our company for billing purposes.
- **For Health Care Operations.** Le'Chris may use or disclose your protected information in order to review the quality of services you receive and for resolving grievances and appeals.



- **For Appointments.** Le'Chris may contact you to remind you of an appointment.
- **For Public Health.** Le'Chris is required by law to report suspected communicable diseases.
- **As Required By Law.** Le'Chris may use and disclose protected health care information when required or permitted by Federal or State law or if required by a court order.
- **For Abuse Reports and Investigations.** Le'Chris is required by law to report any suspected abuse, neglect, or exploitation.
- **For Government Programs.** Le'Chris may use and disclose protected health care information for public benefits under government programs. An example of this would be for Medicaid benefits.
- **To Avoid Harm.** Le'Chris may use and disclose protected information in order to avoid a serious threat to the health and safety of a person or the public.
- **In Case of Emergency.** Le'Chris may use and disclose protected health care information in emergency situations. An example of this would be in the case of a medical or psychiatric emergency or criminal behavior. Another example would be a disaster relief organization such as the Red Cross if we need to notify someone of your location or condition.
- **For Minors.** Le'Chris may use and disclose protected health care information regarding a minor to a parent, legal guardian, or others responsible for the minor except in limited circumstances.

- **To Persons Involved in Your Care.** Le'Chris may use and disclose protected health care information about you to a relative or any person that you identify if that person is involved in your care and only if that information is relevant to your care except as mandated by State and Federal regulations.

You may ask us not to disclose protected health care information to persons involved in your care, and we will agree to your request and not disclose the information except in circumstances such as an emergency or if you are a minor. If you are a minor, we may or may not be able to agree with your request.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

For other situations, Le'Chris will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. We cannot take back any uses or disclosures already made with your authorization.

YOUR PRIVACY RIGHTS

The Right To Request Restrictions On Uses And Disclosures. You have the right to request that we limit the use and disclosure of protected health care information about you. We are not required to agree to your request. If we agree to your request, we must follow your restrictions except when the information is necessary for emergency treatment. You may cancel these restrictions at any time, and 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.



The Right To Request An Alternative Method Of Contact. You have the right to be contacted at a different location or by an alternative method. For example, you may request that written information be sent to your work address or a post office box instead of your home address. Your request for this alternative method of contact must be in writing.

The Right To See And Get Copies Of Your Records. You have the right to request to view or receive copies of your records in most cases. This request must be in writing and there may be a charge for the cost of copying your records.

The Right To Get A List Of Disclosures. You have the right to ask Le'Chris for a list of certain disclosures. You must make this request in writing, and the list will not include the times that the information was disclosed for treatment, payment, or health care operations. It will also not include information provided directly to you or your family or information that was sent with your authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated, you may file a complaint. We will not take any actions against you or change our treatment of you in any way if you file a complaint.

To file a complaint with Le'Chris, you may bring your complaint to our office or mail it to the office that provides your service:

New Bern

1425 S. Glenburnie Rd, #8
New Bern, NC 28562
252-636-6105

Jacksonville

57 Office Park Dr.
Jacksonville, NC 28546
910-577-8200

Greenville Office and PSR

2050 Eastgate Dr. Ste E and E1
Greenville, NC 27858
252-353-8452

Rocky Mount

130 Jones Rd.
Rocky Mount, NC 27804
252-451-1333 or 443-0480

Wilson

316 Douglas Street
Wilson, NC 27893
252-206-1215

Morehead City

Office/Day Tx

3332-A Bridges St.
Morehead City, NC 28557
252-726-9006

PSR

301 Maple Lane
Morehead City, NC 28557
252-726-9732

Elizabethtown

Bladen Day Treatment
P.O. Box 562
Elizabethtown, NC 28337
910-879-9996

Wilmington

New Hanover Day Treatment
1806 S. 15th Street
Wilmington, NC 28401
910-772-2515 x 808