

Charleston Center - Privacy Notice (Confidentiality), Ethical Practices, and Exclusion from Services

Your Privacy

General Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Charleston Center may not say to a person outside Charleston Center that you attend the program, nor may Charleston Center disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Charleston Center must obtain your written consent before it can disclose information about you for payment purposes. For example, Charleston Center must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Charleston Center can share information for treatment purposes or for health care operations. However, federal law permits Charleston Center to disclose information without your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit or evaluations;
3. To report a crime committed on Charleston Center's premises or against Charleston Center personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a court order

For example, Charleston Center can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place. Before Charleston Center can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Charleston Center is not required to agree to any restrictions you request, but if it does agree, it will be bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. The Charleston Center will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by Charleston Center, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Charleston Center's records, and to request and receive an accounting of disclosures of your health related information made during the six years prior to your request. You also have the right to limit sharing if you are paying out of pocket, to opt out of fundraising activities, and to receive a paper copy of this notice. HIPAA prohibits the use or disclosure of genetic information and the sale of your PHI.

Charleston Center's Duties

Charleston Center 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. Charleston Center is required by law to abide by the terms of this notice. Charleston Center reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You will receive a copy of this notice at intake or upon request.

Complaints and Reporting Violations

You may complain to Charleston Center and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Your complaint must be in writing and sent to: Privacy Officer, Charleston Center, 5 Charleston Center Drive, Charleston SC. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs. For further information, contact the Privacy Officer at 843-958-3300.

Ethics and Professional Conduct

Individuals seeking services from the Charleston Center will not be discriminated against on the basis of race, religion, language group, age, gender, disability, sexual orientation, or economic condition. Charleston Center staff understands their responsibility to patients, confidentiality, professional competency and integrity, financial arrangements, and interprofessional relationships. They are dedicated to respecting the rights of the persons served and will work to ensure that services are accessible and appropriate. Staff will respect and protect the confidences of their patients in accordance with federal law and will make financial arrangements with patients and third party payers that conform to acceptable professional practices. They will maintain high standards of professional competency and integrity, recognize boundaries and limitations of their competencies, and treat colleagues with respect, courtesy, and fairness.

Exclusion from Services, Loss of Privileges, and Discharge

Charleston Center patients will be discharged from services when they have successfully achieved their treatment plan goals but may also be discharged for other reasons, including but not limited to: moving out of the service area, referral to another agency, becoming physically or psychologically unable to continue with treatment, failing to comply with treatment, refusing to pay fees, failing to meet specific program attendance requirements, violating confidentiality requirements, bringing/ receiving/ using alcohol or other drugs on Charleston Center premises, becoming verbally or physically abusive to others or making threats against others, engaging in theft or destruction of Charleston Center property, and bringing a weapon on Charleston Center premises. Discharge from services will occur after consultation with other staff and with patients' knowledge. Referrals for other appropriate services will be made whenever appropriate and possible. Clients may be given a "time-out" from services with the approval of management when it is believed this period as a negative consequence will improve patients' overall treatment experience and outcomes. The time-out period, its duration, and what conditions must be met in order to re-enter services will be discussed with patients fully. Specific treatment programs may have unique participation requirements, and patients in these programs must agree to meet those requirements in order to remain in those services. When this is the case, written participation contracts will be reviewed with patients, signed by them, and a copy given to each of them.