

## Your Information.

## Your Rights.

## Our Responsibilities.

Si desea una copia de este aviso de prácticas de privacidad en español, por favor póngase en contacto con 1-866-998-2597.

This notice describes how medical information about you may be used and disclosed and how you can get this information. It also lists your rights and

### Your Rights

#### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights

have been violated

➔ **See page 2** for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services

➔ **See page 3** for more information on these choices and how to exercise

### Our Uses and Disclosures

#### We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➔ **See pages 3 and 4** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (“accounting”) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one “accounting” a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at 1-877-685-2415.
- You can file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to: **200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201**, calling **1-877-696-6775**, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



# Your Choices

## For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information (Trillium will never sell information about members)

# Ours Uses & Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your doctor to coordinate payment for your treatment.*



**How else can we use or share your health information?** We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - ◊ Preventing disease
  - ◊ Helping with product recalls
  - ◊ Reporting adverse reactions to medications
  - ◊ Reporting suspected abuse, neglect, or domestic violence
  - ◊ Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - ◊ For workers’ compensation claims
  - ◊ For law enforcement purposes or with a law enforcement official
  - ◊ With health oversight agencies for activities authorized by law
  - ◊ For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order or in response to a subpoena.



## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

*This notice takes effect on July 2022*

### **This Notice of Privacy Practices applies to the following organizations:**

*This Notice of Privacy Practices applies to Trillium Health Resources only. Providers in Trillium Health Resources' network of providers are required to have their own Notice of Privacy Practices.*

Trillium Health Resources complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religion affiliation, ancestry, sex, sexual orientation, or gender identity.

If you believe that Trillium Health Resources has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religion affiliation, ancestry, sex, sexual orientation, or gender identity, you can file a grievance with: Trillium Health Resources, 201 West First Street Greenville, NC 27858-1132, by phone 1-877-685-2415, by fax 1-252-215-6879, TTY Dial 711 or 1-800-735-2962, by email [Info@TrilliumNC.org](mailto:Info@TrilliumNC.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Trillium's Call Center is available to help you.

### **Privacy Officer**

[Privacy.Officer@TrilliumNC.org](mailto:Privacy.Officer@TrilliumNC.org)

1-866-998-2597



## Your Rights

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- The right to request and receive information about Trillium, its services, its providers/practitioners, and member rights and responsibilities presented in a manner you can understand. Trillium notifies members of this right, annually.
- The right to be treated with respect and recognition of your dignity and right to privacy.
- The right to participate with providers or practitioners in making decisions regarding health care and the right to refuse treatment.
- The right to a candid discussion with service providers/practitioners on appropriate or medically necessary treatment options regardless of cost or benefit coverage. You may need to decide among relevant treatment options, the risks, benefits and consequences, including your right to refuse treatment and to express your preferences about future treatment decisions regardless of benefit coverage limitation.
- The right to voice complaints or grievances about the organization or the care it provides. You can do this by calling Trillium at 1-877-685-2415 or visiting the website and clicking on "[Contact Us](#)" at the top of the page.
- The right to appeal decisions with which you disagree.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. If you present a danger to yourself or others, and there are no other means available to protect your safety and the safety of others, physical restraint may be used.
- 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. Therapeutic privilege means 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.
- The right to write a statement to be placed in your file if you disagree with what is written in your medical records. 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 DWI records).
- The right for a treatment plan to be implemented within 30 days after services start. This is known as your Person-Centered Plan.
- The right to a second opinion from a qualified health care professional within or outside the Trillium network, at no cost to you. Upon request, Trillium shall provide one second opinion from a qualified health care professional selected by Trillium, at no cost to you. The second opinion may be provided by a Provider that is in-network or one that is out-of-network. Trillium shall not be required to provide you with a third or fourth opinion.



## Your Rights, continued

- The right to participate in the development of a written person-centered treatment plan that builds on individual needs, strengths and preferences.
- 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 freedom of speech and freedom of religious expression, including the right to refuse treatment on moral or religious grounds.
- The right to equal employment and educational opportunities.
- The right to ask questions when you do not understand your care or what you are expected to do.
- The right to written notice of any “significant change” to the handbook and/or contracts at least thirty (30) calendar days before the intended effective date of the change. A “significant change” is a change that requires modifications to the 1915 b/c Waiver, this Contract or the Medicaid State Plan.
- The right to receive oral interpretation services free of charge
- The right to right to request and receive a State Fair Hearing
- You have the right to develop an Advance Directive for the mental health treatment you would like in the event of an emergency. You may contact Trillium Health Resources for assistance at 1-877-685-2415. An Advanced Directive explains the treatment you would like and the people you would like to be involved. It also explains the things that you do not want. You have the right to file a grievance with the N.C. Division of Health Service Regulation or with Trillium if you feel the laws governing the advance directives have not been followed correctly.
- The right to recommend changes to Trillium’s policies and services.
- Members are free to exercise these rights and the exercise of these rights shall not adversely affect the way the Trillium or its providers treat the member.
- You have the right to be free of mental abuse, physical abuse, neglect and exploitation.
- You have the right to choose your Provider from the Trillium Provider Network. You have the right to change your choice of Provider at any time by calling 1-877-685-2415 or speaking to your care coordinator. When a Provider leaves the Network (either by choice or otherwise), Trillium will contact all members currently in treatment with the Provider. Trillium will make every effort to notify each member in writing thirty (30) calendar days prior to Provider leaving the Network. If Trillium learns of Provider’s departure less than thirty (30) calendar days before termination date, Trillium will make every effort to notify each member in writing fifteen (15) calendar days after Trillium receives notice of the termination or within fifteen (15 ) calendar days after Trillium receives notice that the Provider has terminated the Provider Agreement, Trillium receives notice that the Division of Health Benefits has terminated the Provider Agreement, or after Trillium provides notice of termination to the Provider.





## Your Rights, continued

- You have the right to treatment, regardless of your age or disability. The treatment you receive will be age appropriate and in the least restrictive manner possible.
- You have the right to receive Medicaid services at no cost to you (no required co-payments, deductibles, or other forms of cost sharing); you also will not be charged for missed appointments .
- You have the right to invite family or friends to help develop your Person-Centered Plan. The purpose of the Person Centered Plan is to help you make goals to achieve your full potential.
- You have the right to be notified in advance of all potential risks and benefits of treatments.
- You have the right to be free from unnecessary or excessive medications. Medications will not be used as punishment or for the convenience of staff or family.
- You have the right to refuse medications. This should always be discussed with your doctor.
- You CANNOT be treated with electroshock therapy, experimental drugs or procedures, or be given surgery (unless it is an emergency surgery) without your written permission.
- You have the right to make recommendations regarding Trillium policies, procedures and services. If you would like to make recommendations regarding changes, please contact Trillium Health Resources at 1-877-685-2415. You may also write us at: Trillium Health Resources, 201 West First Street, Greenville, NC 27858-1132.
- You have the right to keep your care and medical records confidential. Even the fact that you are receiving services is confidential. Information about you can only be shared when:
  - ◇ You have given written consent
  - ◇ There is a court order
  - ◇ You become a danger to yourself or others and it is necessary for someone to submit involuntary commitment papers or find hospital placement for you
  - ◇ You are likely to commit a serious crime. Your provider will share the information with the appropriate law enforcement agency.
- Unless you have been declared incompetent by a court of law, and have a legal guardian appointed to you, you have the same basic rights as everyone else. This includes a right to:
  - ◇ Dispose of property
  - ◇ Make purchases
  - ◇ Enter into contractual relationships
  - ◇ Vote
  - ◇ Marry and divorce
  - ◇ Develop a discharge plan prior to being discharged
  - ◇ Receive a copy of your treatment plan. Members are free to exercise these rights and that exercising these rights shall not adversely affect the way the Trillium or providers treat the member.





## Your Rights in a 24-Hour Facility/Adult Care Home

If you receive care in a 24-hour facility, you have the rights listed above. You also have the right to:

- Receive necessary medical care if you are sick. If your insurance does not cover the cost, then you will be responsible for payment.
- Receive a reasonable response to requests made to facility administrator or staff.
- Receive upon admission and during the stay a written statement of the services provided by the facility and the charges for these services.
- Be notified when the facility is issued a provisional (temporary) license or notice of revocation (reversal) of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. Your responsible family member or guardian shall also be notified.
- Send and receive unopened mail. Have access to writing material, postage, and staff assistance if requested.
- Contact and consult with an member advocate.
- Contact and see a lawyer, your own doctor, or other private professionals. This will be at your own expense, not at the expense of the facility.
- Contact and consult with your parent or legal guardian at any time, if you are under 18 years of age.
- Make and receive confidential telephone calls. All long distance calls will be at your expense, not at the expense of the facility.
- Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. Visiting hours must be available six hours each day. Two of those hours must be after 6 p.m. If you are under the age of 18, visitors cannot interfere with school or treatment.
- Communicate and meet with individuals that want to communicate and meet with you. This may be under supervision if your treatment team feels this is necessary.
- Make visits outside the facility, unless it has been included in your Person Centered Plan that this is not recommended.
- Be outside daily. Access to facilities and/or equipment for physical exercise several times per week.
- Have individual storage space for your private belongings that can be locked and only accessible by you, the administrator or supervisor-in-charge.
- Keep personal possessions and clothing, except those items that are prohibited by law.
- Keep and spend a responsible sum of your own money; if the facility is holding your money for you, you can examine the account at any time.
- Participate in religious worship if you choose.



## Your Rights in a 24-Hour Facility/Adult Care Home continued

- Retain a driver's license, unless you are not of age or have been prohibited to do so by a court of law.
- Not be transferred or discharged from a facility except for medical reasons, yours or another's welfare, nonpayment, or if mandated by State or federal law. You must be given 30 days' of notice except in case of safety to yourself or others. You can appeal a transfer or discharge (according to rules by the Medical Care Commission), and you can stay in the facility until resolution of the appeal.
- Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:
  - ◇ opportunity for a shower or tub bath daily, or more often as needed;
  - ◇ opportunity to shave at least daily;
  - ◇ opportunity to obtain the services of a barber or a beautician;
  - ◇ provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensils;
  - ◇ bathtubs or showers and toilets which ensure individual privacy shall be available;
  - ◇ adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available;
  - ◇ an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and
  - ◇ accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.
- Each client shall be free to suitably decorate their room, or their portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.

## Your Rights if Under Age 18

If you are under the age of 18, you have the right to:

- Proper adult supervision and guidance
- Age appropriate activities, special education and vocational training if needed
- Appropriate structure and treatment separate from adults.

You also can agree to some treatments without the consent of a parent or guardian. These include:

- ◇ For treatment of sexually transmitted diseases
- ◇ For pregnancy
- ◇ For abuse of controlled substances or alcohol



## Rights of Those with an Intellectual or Developmental Disability

If your primary disability is an intellectual/developmental disability, you have the right to continuity of care. If you are discharged from a residential facility and still need residential care, the provider MUST provide you with a 60-day written notice as written into law General Statute 122C-63 "Assurance for Continuity of Care." This gives you time to find a new residence. This right exists as long as you have not committed any illegal acts or are not a safety threat to others.

*Trillium does not publish materials or share information that is intimidating, misleading, or inaccurate.*

