



## NOTICE OF PRIVACY RULES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

EFFECTIVE DATE: January 01, 2020

The Blanchard Institute ( “us – we – our” ) operates the <https://theblanchardinstitute.com> website (the “service”)

## OUR COMMITMENT REGARDING YOUR HEALTH INFORMATION

We are committed to protecting your health information. We will create a record of the services you receive while a client of The Blanchard Institute. We will use and share the record to provide you quality care and to comply with legal requirements. Your record will be accessible to our health care professionals who need access as described in this Notice, many of whom will be involved in your treatment at any of our facilities. This Notice will apply to all records of your care that we maintain.

This Notice will tell you the ways we may use and share your information. It will also describe your rights and obligations on how we use and share your health information.

We’re required by law to:

1. Maintain the privacy of your health information as outlined in this Notice
2. Provide you notice of our legal duties and privacy practices with respect to your health information
3. Follow the rules of the Notice that are currently in effect

## WHO WILL FOLLOW THIS NOTICE?

1. All health care professionals authorized to enter information into your medical record, including providers on the clinical, administrative and medical staff while a client at one of our health care facilities.
2. All employees, staff, volunteers and other personnel.

## HOW IS YOUR INFORMATION USED?

**For Treatment.** We may use and share your health information to provide, coordinate or manage your health care among our own providers and others involved in your care. This may include our providers treating you for a substance use and/or mental health disorder but needing to know about a medical condition that you are being treated for because certain psychotropic medications can affect medications being prescribed by your primary care physician.

**For Payment.** We may use and share your health information with others to bill and collect payment for the treatment and services we provide. We will contact your insurance plan and/or financial guarantors to verify

coverage and benefits and for approval of payment. We may also share your health information with billing departments, insurance companies, health plans and their agents and consumer reporting agencies. We may email or mail documentation for billing purposes to all parties involved in the financial responsibilities of the services being provided to you.

**For Health Care Services.** We may use and share health information to conduct our business activities and health care services that assist us in improving the quality and cost of the care we provide to you and other clients. We may use client information to add new services or decide what services are not needed and whether new treatments are effective. We may share information for education, licensing, legal and other purposes.

**Appointment Reminders.** We may use and share information to contact you as a reminder that you have an appointment for treatment or care.

**Health Related Benefits and Services.** We may use and share health information to you about health related benefits or services that may be of interest to you or to advise you of new facilities and/or services we are opening and can provide.

**Business Associates.** We may hire other people to help us perform our services, operate our facilities or improve our operations. We may share your health and financial information with them so they can perform the job we have asked them to do. We require them to protect your information and keep it confidential. For example, we may hire collection agencies to collect payments.

## **USE OF HEALTH INFORMATION FROM WHICH YOU MAY OPT OUT**

### **Marketing Activities**

We may use your Personal Demographic information to contact you with newsletters, marketing or promotional materials and other information that may be of interest to you. You may opt out of receiving any, or all, of these communications from us by following the unsubscribe link or instructions provided in any email we send.

### **Mental Health**

Your information can be shared with other providers outside of the facility for purposes of treatment, payment and health care services. You have the right to opt out of the mental health information being available by requesting to opt out in writing and submitting it to your facility provider. Please allow (5) business days for the opt out to take effect. You can opt back in by giving similar notice. Note there are some situations in which we can share your mental health information even if you opt out, such as an emergency.

### **Individuals, Family Members and Guarantors Involved in Your Care or Payment for Your Care**

We may share your health information with a family member, personal representative, friend or other person you identify. We will share your information that is directly related to their involvement in your care or payment for your care. Example, if you are on your spouse's insurance plan, your spouse may have access to a bill of

services provided. We may share information when it is necessary to notify them of your location, general condition or death. In the event of an emergency, we will use our professional judgement to decide if it is in your best interest to share your health information with a person involved with your care. If you bring family members or others to your appointments and do not tell us that you object to them hearing your information, then we are allowed to interpret that as your consent for them to do so.

## **SPECIAL SITUATIONS**

In some situations, we may use or share your health information without your permission or allowing you an opportunity to object. Examples include:

1. When required by Law
2. For public health activities such as to prevent or control disease, injury, or disability, to report reactions to medicine or problems with medical products.
3. For health oversight activities for a legal proceeding
4. To law enforcement
5. To avoid a serious threat to health or safety
6. To coroners, and medical examiners for disaster relief
7. For research
8. For specialized government functions for worker's compensation

## **STATE OR FEDERAL LAWS**

State and Federal laws require us to protect your health information in keeping with or in addition to this Notice. State law protects your health information under the provider-client privilege – HIPAA. Federal law protects your health information in keeping with or in addition to this Notice under the provider-client privilege for treatment of substance Use Disorders (SUD) 42 CFR Part 2. If there is an emergency or if you threaten to hurt someone, we can share the information as necessary.

## **OTHER USES OF HEALTH INFORMATION**

In most cases, we require your written permission to use or share psychotherapy notes, or to share your information in a way that constitutes sale of health information. Before we use or share your health information in a manner not covered by this Notice or required or permitted by applicable laws, we will ask for your written permission. We may also remove all identifiers from your information to make it anonymous and use or share it for other purposes.

## **RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information we maintain on you:

### **ACCESS TO A COPY OF YOUR HEALTH RECORDS**

1. You can ask to see and get a copy of your health record and other health information. You may not be able to get all of your information in special cases. If your provider determines something in your file might endanger you or someone else, your request may be denied.
2. In most cases, copies of your health record will be given within 30 days, but this time frame can be extended for another 30 days if needed.
3. You may have a cost for the copying and/or mailing if you request copies and/or mailing.
4. To request a copy of your health record, submit a written letter to our facility.

## **REVOKE AN AUTHORIZATION**

1. If you have signed authorization to use or share your information, you may revoke that permission at any time by writing a letter to our facility and/or signing the revocation provided on the consent. If you revoke permission, we will no longer use or share your health information for the reasons covered by your written authorization. You understand that we are unable to take back any information we have already shared before you notified us of your revocation.

## **REQUEST THAT WE CHANGE HOW WE CONTACT YOU**

1. You can make reasonable requests to be contacted at different places or in different ways. Example includes having us contact you on your cell number instead of your home number or ask that lab results be sent to your office instead of your home. To request confidential communications, you must write a letter to our facility, you are not required to tell us the reason for your request. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted. We may also ask how you will handle payments if this takes away the ability to contact guarantors or individuals who were previously assigned financial responsibility.
2. You have the right to a paper copy of this Notice upon request.
3. You have the right to be notified of a Breach. You have the right to be notified if your health information is acquired, used or shared in a manner not permitted under law which compromises the security or privacy of your health record.

## **CHANGES TO THIS PRIVACY NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you, as well as any health information we create or receive in the future. The Notice will contain the effective date on the first page. We will post a copy of the current Notice of Privacy Rules at our facility and on our website.

## **COMPLAINTS AND GRIEVANCES**

Client orientation to treatment includes a review of the rights of the clients at The Blanchard Institute, including the right to file a grievance when a client believes that the program or staff has violated their rights. The formal grievance procedure is posted in a prominent location within where clinical services are provided. The formal

grievance procedure is also included in the Client Handbook.

If you believe your information was used or shared in a way that is not allowed under this Notice of Privacy Rules, or if you have a complaint or problem, please advise your primary therapist or any member of our Leadership Team listed below:

Ward Blanchard, CEO & Founder     [ward@theblanchardinstitute.com](mailto:ward@theblanchardinstitute.com)     704-414-7247

Allison Christie, COO                     [allisonc@theblanchardinstitute.com](mailto:allisonc@theblanchardinstitute.com)     704-414-7232

Clients also have the right to file complaints and grievances to the NC DHHS:

By Mail – Complaint Intake Unit, 2711 Mail Service Center, Raleigh, NC 27699-2711

By Phone – Complaint Hotline within NC – 800-624-3004 or 919-855-4500 Hours 830AM to 4:00PM Weekdays

### Tracking & Cookies Data

We use cookies and similar tracking technologies to track the activity on our Service and hold certain information.

Cookies are files with small amount of data which may include an anonymous unique identifier. Cookies are sent to your browser from a website and stored on your device. Tracking technologies also used are beacons, tags, and scripts to collect and track information and to improve and analyze our Service.

You can instruct your browser to refuse all cookies or to indicate when a cookie is being sent. However, if you do not accept cookies, you may not be able to use some portions of our Service.

Examples of Cookies we use:

- **Session Cookies.** We use Session Cookies to operate our Service.
- **Preference Cookies.** We use Preference Cookies to remember your preferences and various settings.
- **Security Cookies.** We use Security Cookies for security purposes.
- **Advertising Cookies.** Advertising Cookies are used to serve you with advertisements that may be relevant to you and your interests.

If you are located outside United States and choose to provide information to us, please note that we transfer the data, including Personal Data, to United States and process it there.

Your consent to this Notice of Privacy Rules followed by your submission of such information represents your agreement to that transfer.

The Blanchard Institute will take all steps reasonably necessary to ensure that your data is treated securely and in accordance with this Notice of Privacy Rules and no transfer of your Personal Data will take place to an

organization or a country unless there are adequate controls in place including the security of your data and other personal information.

## Advertising

We may use third-party Service Providers to show advertisements to you to help support and maintain our Service.

- **Google AdSense & DoubleClick Cookie**

Google, as a third-party vendor, uses cookies to serve ads on our Service. Google's use of the DoubleClick cookie enables it and its partners to serve ads to our users based on their visit to our Service or other websites on the Internet.

You may opt out of the use of the DoubleClick Cookie for interest-based advertising by visiting the Google Ads Settings web page: <http://www.google.com/ads/preferences/>

## Payments

We may provide paid products and/or services within the Service. In that case, we use third-party services for payment processing (e.g. payment processors).

We will not store or collect your payment card details. That information is provided directly to our payment processors whose use of your personal information is governed by their Privacy Policy. These payment processors adhere to the standards set by PCI-DSS as managed by the PCI Security Standards Council, which is a joint effort of brands like Visa, Mastercard, American Express and Discover. PCI-DSS requirements help ensure the secure handling of payment information.

- **EPSG**

Their Privacy Policy can be viewed at: <https://goepsg.com/privacy-policy/#:~:text=EPSG%20does%20not%20provide%20these%20companies%20with%20personal%20information%20about%20you.&text=They%20do%20not%20collect%20personally,to%20their%20own%20privacy%20policie>  
S.

- **OPEN EDGE**

Their Privacy Policy can be viewed at: <https://www.globalpaymentsintegrated.com/en-us/privacy-policy>

- **TSYS**

Their Privacy Policy can be viewed at: <https://www.tsys.com/privacy-policy.html>