



## Notice of Privacy Practices

**NOTICE OF PRIVACY PRACTICES  
OF  
P&G CLINICAL SERVICES, PLLC.**

*P&G Clinical Services, PLLC* must collect timely and accurate health information about you, the patient/client and make that information available to members of this practice so that they can accurately diagnose your condition and provide the most effective care. There may also be times when your health information will be sent to service providers outside this practice for services that this practice cannot provide. It is the legal duty of *P&G* to protect your health information from unauthorized use or disclosure while providing services, obtaining payment for that health care and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within P&G as well as reasons why your health information could be sent to other service providers outside of this practice.

This *Notice* describes your rights, in regard to the protection of your health information and how you may exercise those rights. This *Notice* also gives you contact information should you have questions or comments about the policies and procedures P&G uses to protect the privacy of your health information. Call P&G at (704) 408-8489 at any time for clarification if you do not understand any portion of this document.

Review this document carefully and ask for clarification if you do not understand any portion of it.

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**NOTICE OF PRIVACY PRACTICES  
OF  
P&G CLINICAL SERVICES, PLLC.**

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

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**Responsibilities of P&G Clinical Services**

P&G is required by state and federal law to protect the privacy of your health information that may identify you. This health information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This practice is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted in our practice offices. Copies of any revised *Notices* will be available to you upon request. If at any time, you have questions or concerns about the information in this *Notice* or about our practice's privacy policies, procedures and practices, you may contact our practice at (704) 408-8489.

**Use and Disclosure of Health Information without Your Authorization**

**When disclosure is required or may be required by law:** Some of the circumstances where disclosure is required or may be required by law are where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a person presents a danger to self, to others, to property, or is gravely disabled; or when an individual's family members communicate to your provider that the patient/client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the therapy records and/or testimony by your provider. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Your provider will use their clinical judgment when revealing such information. P&G will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult patient/client.

**Treatment**

P&G may use your health information, as needed, in order to provide, coordinate or manage your health care and related services. This includes sharing your health information with other health care providers within this practice.

**Example:** Your treatment, composed of staff such as doctors, nurses, and social workers, therapist, will need to review your treatment and discuss plans for your discharge.

We will disclose your health information outside of this practice for treatment purposes only with your consent or when otherwise allowed under state or federal law. [*The following is based upon State law (GS 90-109.1) and applies to substance abuse providers, "If you request treatment and rehabilitation for drug dependence, your request will be treated as confidential. We will not refer you to another person for treatment and rehabilitation without your consent."*]

**Example:** We may disclose your health information to other mental health facilities or professionals (i.e., community-based area mental health, developmental disabilities and substance abuse services program or psychiatric service at UNC Hospitals) in order to coordinate your care.

**Example:** We may share your health information with a health care provider for emergency services.

### **Payment for Services**

The treatment provided to you will be shared with our practice's billing department so a bill can be prepared for services rendered. We may also share your health information with practice staff who review services provided to you to make certain you have received appropriate care and treatment. We will not disclose your health information outside of this practice for billing purposes (i.e., bill your insurance company) without your consent except in certain situations when we need to determine if you are eligible for benefits such as private insurance, Medicaid, Medicare or Social Security.

**Example:** A Social Worker may contact your local Department of Social Services to determine if you are currently eligible for Medicaid or if you would qualify for Medicaid.

**Example:** Our billing department will collect insurance and other financial information from you at the time of admission.

### **Health Care Operations**

P&G may use or disclose your health information in performing a variety of business activities that we call "health care operations". Some examples of how we may use or disclose your health information for health care operations are:

- Review the care you receive here and evaluating the performance of your treatment to ensure you have received quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of you.
- Provide training programs for practice staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that you receive.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our practice attorney to use your health information when representing this practice in legal matters.
- Resolve grievances within our practice.
- Provide information to your internal advocate who is available to represent your interests upon your request.

## Other Circumstances

P&G may disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law.
- For public health activities. For example, we may disclose health information to public health authorities if you have a transmissible disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a transmissible disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your transmissible disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director.
- Regarding abuse, neglect or domestic violence.
- For health oversight activities such as licensing of nursing homes.
- For law enforcement purposes unless otherwise prohibited by state or federal law.
- For court proceedings such as court orders to appear in court.
- Related to death such as disclosure to a funeral director.
- Related to donation of organs or tissue.
- To avert a serious threat to the health or safety of a person or the public.
- Related to specialized government activities such as national security.
- To correctional institutions or other law enforcement officials when you are in their custody.
- For Worker's Compensation in cases pending before the Industrial Commission.
- To your next of kin or other person involved in your care upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request; and
- Related to medical research.

## Contacting You

P&G may use your health information to contact you to:

- Remind you of upcoming appointments.  
**Example:** This practice may send an appointment reminder via text, and/or email and/or on a folded postcard to your home to remind you of a scheduled appointment.  
**Example:** This practice may send a letter to your home concerning the need for follow up care of medical conditions.
- Make you aware of alternative treatment, services, products or health care providers that may be of interest to you.  
**Example:** If you are receiving treatment for a particular condition and your health care provider learns of new or alternative treatments, we may contact you to inform you of such possibilities.

- Contact you to request your participation in raising funds for this practice. If you object to being contacted in this way for fund-raising efforts, you must notify our practice who is listed in this *Notice*.

**Example:** If our practice Foundation requested information be sent to you about an upcoming fund-raising event, we may send the information to your home.

### **Disclosure of Your Health Information That Allows You an Opportunity to Object**

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for your care may disclose your admission to or discharge from this practice to your next of kin
- Disclosure to public or private agencies providing disaster relief.

**Example:** We may share your health information with the American Red Cross following a major disaster such as a flood.

If you would like to object to our disclosure about your health information in either of the situations listed above, contact our practice listed in this *Notice* for consideration of your objection.

### **Disclosure of Your Health Information That Requires Your Authorization**

*P&G* will not disclose your health information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing our practice that you do not want any additional health information about you exchanged with a particular person/practice. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information. Disclosure of health information to external patient advocates will require authorization by you and your personal representative if one has been designated.

### **Your Rights Regarding Your Health Information**

You have the following rights regarding your health information as created and maintained by this practice.

#### **Right to receive a copy of this *Notice***

You have the right to receive a copy of *P&G's Notice of Privacy Practices*. At your first treatment encounter with this practice, you will be given a copy of this *Notice* and asked to sign an acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been provided.

In addition, copies of this *Notice* have been posted in several public areas throughout this practice. You have the right to request a paper copy of this *Notice* at any time from our practice staff.

### **Right to request different ways to communicate with you**

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this practice be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our practice.

### **Right to request to see and copy your health information**

Whether you are a minor, incompetent adult or competent adult, you have the right to request to see and receive a copy of your health information in medical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our practice. You can expect a response to your request within 30 days. If your request is approved, you will be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of your health information record, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by a provider designated by our practice under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our practice to request that a copy of your health information be sent to a physician or psychologist of your choice.

Whenever you have a personal representative who consented to your treatment, the personal representative has the same rights to request to see and copy your health information.

### **Right to request amendment of your health information**

You have the right to request changes in your health information in medical, billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our practice and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change your health information, we will add your amendment but will not destroy the original record. In

addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

We may deny your request if:

- The information was not created by this practice (unless you *prove* the creator of the information is no longer available to change the information).
- The information is not part of the records used to make decisions about you.
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change your health information, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of your record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

### **Right to request a listing of disclosures we have made**

You have a right to a written list of disclosures of your health information. The list will be maintained for at least six years for any disclosures made after April 14, 2003. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This practice is not required to include the following on the list of disclosures:

- Disclosure for your treatment.
- Disclosure for billing and collection of payment for your treatment.
- Disclosures related to our health care operations.
- Disclosures that you authorized.
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to individuals involved in your care.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12-month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

### **Right to request restrictions on uses and disclosures of your health information**

You have the right to request that we limit our use and disclosure of your health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about you to your next of kin or someone who is involved in your care. (Example: you could ask that we not disclose information about your family history of heart disease.) We will provide you with a form to document your request.

We will make every attempt to honor your request but are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time, and we will ask that your request be in writing. In addition, this practice may cancel a restriction at any time, as long as we notify you of the cancellation.

**Rights provided to every individual:** Which includes the following: Basic human rights, which include dignity, privacy, respect and humane care.

- Right to freedom from mental, and physical abuse, harm, neglect or exploitation.
- Right to live as normally as possible while receiving care and treatment
- Right to receive age-appropriate treatment
- Right to individualized written plan for service within 15 days of admission
- Right to be informed in advance of potential risks and alleged benefits of treatment choices,
- Right to consent to, or refuse consent to any treatment offered, except in certain emergency situations.
- Right to confidentiality.
- Right to be informed of any emergency procedure
- Right to be free from unnecessary or excessive medication and that medication is not used for punishment, discipline or staff convenience.
- Rights to exercise all Civil Rights (right to dispose of property, execute instruments, make purchases, enter into contractual relationship, register and vote, bring civil actions, marry and divorce) unless adjudicated incompetent.
- Right to social integration and self-governance while in program
- Right to be free from threat of unwarranted suspension or expulsion
- Right to file grievance.
- Rights to contact advocacy services
- Right to be informed of the right to treatment, including access to medical care & habilitation, regardless of age/degree of disability.
- Right to be informed of the right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability

Additional Rights (if a Minor)

- Rights to proper adult supervision and guidance
- Right to communicate and consult with parents/guardian/legal counsel.
- Right to contact/consult with legal counsel or other professionals.
- Right to ask questions regarding the above individual rights.

**As an individual receiving services from P&G:** You have the following rights:

- **To be informed of your rights:** By law you must be informed of all of your rights within the first visit to our practice.
- You also have the right to:
  - Ask that this information *explaining your rights* be given to you in a way that you can understand.
  - Know what to do and who to call if you believe someone is trying to take away your rights.
- **To know what is expected of you:** You must be told about any rules you need to follow. This information should be shared with you when you begin receiving services. If you do not receive this information, ask someone you trust to help you obtain this information.
- **To live as independently as possible:** It is your right to receive care in your community in the least restrictive environment suitable to your individual needs.
- **To always be treated with respect:** Staff should be polite, attentive and responsive to your needs.
- **To have information about you kept confidential:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is the federal law that protects your private health information. The HIPAA law states that medical records, treatment plans and any other information about you (including what you say or share) must be kept private. Anyone not involved in providing your care, including family members, must first obtain yours or your guardian's permission before this information is given to them.
- **To understand and give informed consent:** When you are making a decision about your treatment, you should have the chance to know the most likely results of your decision and what other choices you have. Making decisions after considering all available options is called "informed consent." *Except during an emergency*, informed consent is always your right. Before you give your approval for any service or treatment, be sure you have all of the information you need. This right is based on the idea that you are the person who best knows what works for you. Informed consent includes being given the following information:
  - To know about medication: You have the right to know the possible side effects of medication and to be free from unnecessary or excessive medication. Medication cannot be used as a punishment, discipline or for the convenience of staff.
  - To accept or refuse services: By law, you can accept or refuse any service, medication, assessment or treatment. However, during an emergency situation, treatment may be necessary without your permission.
  - To be involved in the service plan: It is your right to be involved in your service plan, which is developed within 15 days of admission to the practice. You have a right to be involved in the development and review of your plan before you sign it and receive a copy of all updated plans. You simply need to provide a written request for a copy.
  - To make certain treatment choices: It is your right to be informed of the potential risks, benefits and alternatives to the treatments being offered to you.
- **To exercise your rights as a citizen:** You have many rights as a citizen. These include buying or selling property, signing a contract, registering to vote, marrying or getting a divorce. Unless the court has declared you incompetent, you will **always** have these rights.

- **To make advance instructions:** You have the right to a written plan called an “advanced instruction for mental health treatment.” This written plan describes how you want to be cared for if you ever become unable to decide or speak for yourself. You can also name a “health-care power of attorney” in your advanced instruction. This lets another person you have identified make decisions about your care if you become unable to do so. For help in preparing these plans, you should speak with someone you trust.
- **To review your medical records:** You will have the right to review information in your medical records, which includes your service plan. P&G’s Clinical Director may meet with you to discuss sensitive areas of your file prior to your review.
- **To see a medical care provider:** If you are sick or need medical care, you have the right to treatment.
- **To know the costs of services:** The charges or fees for services you receive should be discussed with you at your first visit. You shall also be given a written copy of the fees. Ask the staff member that conducts your intake or have someone you trust talk to the Clinical Director if you have questions about any costs or fees that you may be charged. See *Payment for Services Section* in this document.
- **To be accepted for treatment:** You have a right to receive age-appropriate treatment. Services cannot be denied, interrupted or reduced without good cause. If your services are denied, interrupted or reduced you can appeal the changes to your services.
- **To freely file an appeal:** Before anyone can change your service or deny your request for a service, you will receive a notice explaining your rights. You have a right to appeal any changes to the services you already receive or any services you and your service provider have requested to receive. The way you appeal the changes depends on how your services are funded:
  - If Medicaid pays for your services, you may appeal the changes through the Division of Medical Assistance. Follow the directions in the written letter for your federal rights. If you appeal the decision by the deadline in the letter, your services will continue during the appeal.
  - If your services are paid for by state funds (sometimes called IPRS funds), you may appeal the decision to the MCO. If you still are unsatisfied with what the MCO decides, you may appeal to the state DMH/DD/SAS to review the decision. Your services may or may not continue while you are appealing this decision.
  - If your private insurance company pays for your services, you can appeal their decision through your insurance company. If you are unsure how to appeal changes to your services or if you have questions about appeals, contact your MCO customer service office at (704) 336-6404 or contact the Advocacy & Customer Service Section at DMH/DD/SAS at (919) 715-3197. For all appeals, call the number on your appeal notice.
- **To Request Special Accommodations:** If you need help or accommodations to participate in services, you may request:
  - **Accessibility and Accommodations:** In accordance with federal and state laws, all buildings and programs of the NC Department of Health and Human Services are required to be physically accessible to individuals with all qualifying disabilities. If you need to request an accommodation on behalf of yourself or a family member or a friend,

you can contact the MCO customer service representative. If you need more information, you can contact your MCO.

- Language Assistance including:
  - Assistance with TTY
  - Sign language interpretation.
  - Interpretive services if you do not speak English.
  - Assistance for the visually impaired.

## NOTICE OF CONFIDENTIALITY PRACTICES OF P&G CLINICAL SERVICES, PLLC.

This *Notice* contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), a new federal law that provides new privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPPA requires that we provide you with a notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and healthcare operations. The Notice explains HIPPA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

**Health insurance & confidentiality of records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct your provider, only the minimum necessary information will be communicated to the carrier. P&G has no control over, or knowledge of, what insurance companies do with the information s/he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**Medical records & forms:** All requests for medical records must be on a HIPPA approved form, which must be properly and completely filled out and signed by the patient or legal guardian. Improperly filled out forms may delay your request. Allow 30 days for processing. Medical records released to a new provider, specialist or school: For continuity of care and as a courtesy to the patient, our office will forward records requested at no charge. Medical records released to the patient, some insurance companies, law firm or miscellaneous requests: Records are subject to copying fees.

**Litigation limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on your provider to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested unless otherwise agreed upon.

**Consultation:** Your provider consults regularly with other professionals regarding cases. However, each patient's identity remains completely anonymous and confidentiality is fully maintained.

**Emails, cell phones, computers, and faxes:** It is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. E-mails, in particular, are vulnerable to unauthorized access due to the fact that internet servers have unlimited and direct access to all e-mails that go through them. It is important that you be aware that e-mails, faxes, and important texts are part of the medical records. P&G 'computers are equipped with a firewall, a virus protection, and a password and s/he also back up all confidential information from his/her computers on a regular basis. Notify your provider if you decide to avoid or limit in any way the use of

any or all communication devices, such as e-mail, cell phone, or faxes. If you communicate confidential or private information via e-mail, your provider will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via e-mail. *Do not use e-mail or faxes for emergencies.*

**Social networking and internet searches:** At times, your provider may conduct a web search on his/her patients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with him/her. Your provider does not accept friend requests from current or former patients on their personal social networking sites, such as Facebook, Instagram, Twitter, etc. unless it is P&G's profile. P&G believe that adding patients as friends on these sites and/or communicating via such sites is likely to compromise patients' privacy and confidentiality. Therefore, for this same reason, we request that patients do not communicate with their provider via any interactive or social networking web sites.

**Records and your right to review them:** Both the law and the standards of P&G's profession requires P&G records to have a longer retention requirement than most fiscal or organizational records. If not subject to other retention requirements, clinical service records of adults may be destroyed 11 years after the date of the last encounter, and the clinical service records of minor children and youth who are no longer receiving services may be destroyed 12 years after the minor has reached the age of majority [18 years of age]. If you have concerns regarding the treatment records, please discuss them with your provider. As a patient/client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when your provider assesses that releasing such information might be harmful in any way. In such a case, your provider will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, your provider will release information to any agency/person you specify unless your provider assesses that releasing such information might be harmful in any way. When more than one patient is involved in treatment, such as in cases of couple and family therapy, your provider will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

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**Recording of sessions:** Recording, screenshots, etc. of any kind of any session is not be permitted and are grounds for termination of the client-provider relationship.

## **NORTH CAROLINA GENERAL STATUTES § 130A-143. CONFIDENTIALITY OF RECORDS**

All information and records, whether publicly or privately maintained, that identify a person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential. This information shall not be released or made public except under the following circumstances:

- Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified.
- Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardian.
- Release is made to health care personnel providing medical care to the patient.
- Release is necessary to protect the public health and is made as provided by the Commission in its rules regarding control measures for communicable diseases and conditions.
- Release is made pursuant to other provisions of this Article
- Release is made pursuant to subpoena or court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties and those engaged in the trial of the case.
- Release is made by the Department or a local health department to a court or a law enforcement official for the purpose of enforcing this Article or Article 22 of this Chapter, or investigating a terrorist incident using nuclear, biological, or chemical agents. A law enforcement official who receives the information shall not disclose it further, except (i) when necessary to enforce this Article or Article 22 of this Chapter, or when necessary to conduct an investigation of a terrorist incident using nuclear, biological, or chemical agents, or (ii) when the Department or a local health department seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition and expressly authorizes the disclosure as necessary for that purpose;
- Release is made by the Department or a local health department to another federal, state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition.
- Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes.
- Release is made pursuant to G.S. 130A-144(b); or
- Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS.