

Eastern Carolina Psychiatric Services
Privacy Policy

In the course of delivering its services, Eastern Carolina Psychiatric Services Collects personal information from its clients. Personal information means any information that could be used on its own, or with other information, to establish the identity of a client, the client's service provider or the client's substitute decision maker. Personal information also includes any other information about a client including information that is contained in a client record.

Eastern Carolina Psychiatric Services is committed to protecting the privacy of its clients and ensuring that:

- The personal information it receives from clients is kept safe, secure, confidential, accurate and up to date
- Clients are able to withdraw their consent at any time to the collection, use and disclosure of their personal information
- Clients have access to their record, except where Eastern Carolina Psychiatric Services is entitled to refuse an access request, and are able to copy or correct their record and ask questions about Eastern Carolina Psychiatric privacy policies and procedures
- Complaints about Eastern Carolina Psychiatric Services privacy policies and procedures are handled efficiently and effectively
- All legal and regulatory requirements regarding client information are met and maintained

Client has been notified that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.

Duty to Warn

Eastern Carolina Psychiatric Services reserves the right to breach confidentiality to notify authorities, persons who know the client and /or persons who are at risk of harm in situations where the individual presents a significant and imminent risk of harm to himself/herself or others. This right is known as "duty to warn". Employees are not under a duty to voluntarily inform authorities regarding a client's past or intended criminal act, except where there is a risk of imminent physical harm. Involving authorities may lead to the determination that the client needs to be detained for an involuntary assessment.

Patient Name (please print)

Patient Signature and Date

Responsible Party Name and relationship to patient (please print)

Responsible Party Signature and Date