



# Joint Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## I. Who will follow this notice

THIS JOINT NOTICE OF PRIVACY PRACTICES applies only to care and treatment you receive at New Hanover Regional Medical Center in North Carolina or its affiliated healthcare facilities, collectively referred to as "Affiliated Covered Entity." Terms defined in the Health Insurance Portability and Accountability Act (HIPAA) Rules will have the same meaning in this Notice. This Notice also applies to all the people who provide healthcare services at a New Hanover Regional Medical Center in North Carolina or its affiliated healthcare facilities, even if they are not our employees or agents. These people provide care along with us as part of an "organized healthcare arrangement." It does not cover the privacy practices of members of the Medical Staff who are not affiliated with the organization in their private practices. All of these healthcare providers are referred to as "we" in this Notice. For further information on the specific sites included in this Affiliated Covered Entity or for other questions about this notice, please call Ph. 910.343.7000 and ask for the Privacy Officer.

## II. Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive and we need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the organization whether made by hospital personnel or your personal healthcare provider. Your personal healthcare provider may have different policies or notices regarding the provider's use and disclosure of your medical information created in the provider's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that are currently in effect

## III. How we may use and disclose medical information about you

Protected health information may be made available to personnel at NHRMC affiliated healthcare facilities as necessary to carry out treatment, payment and healthcare operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

The following categories describe different ways we will use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

■ **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose medical information about you to people who

may be involved in your medical care after you leave, such as family members, clergy, or others we use to provide services that are part of your care, such as therapists or physicians.

■ **For Payment.** Generally, we may use and share your health information with others to bill and collect payment for the treatment and services we provide you. Before you receive scheduled services, we may contact your health plan to ask for approval of payment, or we might contact Medicare and Medicaid to inquire as to whether you qualify for coverage. We may also share portions of your health information with billing departments, insurance companies, health plans and their agents, and consumer reporting agencies. For example, if you broke your leg, we may need to share information about your condition, the supplies used (such as plaster for your cast or crutches), and the services you received (such as X-rays) or surgery) with your health plan so they pay. We also may disclose information about you to another healthcare provider, for their payment activities concerning you.

■ **For Healthcare Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to conduct business activities and make sure that all of our patients receive quality care. We may also share your medical information with affiliated healthcare providers so that they may jointly perform certain business operations. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other healthcare personnel for review and learning purposes. We may also combine the

medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning the identities of specific patients. We may disclose information about you to another healthcare organization for their operations if you also have received care at that organization.

■ **Appointment Reminders.** We may use and disclose medical information to provide a reminder to you about an appointment you have for treatment or medical care.

■ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.

■ **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

■ **Business Associates.** We sometimes hire other people to help us perform our services or operate our entities. We may share your health information with them so that they can perform the job we have asked them to do. They are also required to protect your health information and keep it confidential. For example, we may hire a transcription service to transcribe parts of your medical record, or collection agencies to collect payment.

■ **Research.** Under certain circumstances, your medical information may be disclosed for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Additionally, as part of the research process, your medical information may be reviewed by auditing parties such as the FDA, the study sponsor, the study doctor and research staff, as well as New Hanover Regional Medical Center and its Institutional Review Board (IRB). All research projects are subject to a special approval process through the IRB, which is a Board designed to protect the rights

of patients. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been reviewed and approved through the IRB.

■ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law (such as mandatory cancer reporting, birth registration, or reportable communicable diseases).

■ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### IV. Special situations

■ **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

■ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

■ **Workers' Compensation.** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

■ **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report death

- To report reactions to medications or problems with products
- To notify people of recalls of product they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law

■ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

■ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

■ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct on our campuses
- In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description, or location of the person who committed the crime

- **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients to funeral directors as necessary to carry out their duties upon the request of the patient's family.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution, we may release medical information about you to the correctional institution. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

## V. Uses of health information from which you may opt out

- **Fundraising Activities.** We may share information with the New Hanover Regional Medical Center Foundation, a foundation related to the hospital, so that the Foundation may contact you regarding its mission to educate the community about programs and projects at the hospital and to request donations to benefit the hospital. We may contact you for this purpose. You have the right to opt out of the fundraising communications.
- **Patient Information Listing.** Unless you opt out, we may include certain limited information about you in the patient information listing while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. Patient

information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. If you do not want anyone to know this information about you, you must indicate your preference on the Patient's Acknowledgment and Information Instructions Form that you will receive when you are registered or notify the Privacy Officer.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable healthcare power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

- **Health Information Exchanges.** We may provide your health care information to a health information exchange (HIE) in which we participate. An HIE is a medical record database where other health care providers caring for you can access your medical information from wherever they are, assuming they are members of the HIE. These providers may include your doctors, nursing facilities, home health agencies or other providers who care for you outside of our organization. For example, you may be traveling and have an accident. If the doctor treating you is a member of the HIE in which we participate or uses the same medical record system that we use, s/he may access information about you that other providers have

contributed. Accessing this additional information can help your doctor provide you with well-informed care quickly because s/he will have learned a lot about your medical history or allergies or prescriptions from the HIE. If you do not want your medical information to be contributed to the HIE and shared with these member health care providers, you can opt out by contacting the Health Information Management Department at Ph. 910.667.7109 or the Privacy Officer at Ph. 910.343.7000. Please allow 7 business days for the opt out to take effect. The opt out request does not allow us to retract information that has been sent to an HIE prior to the opt out. If you choose not to allow your electronic health record to be available through an HIE, another provider who is involved in your care may not be able to retrieve your full medical history electronically.

## VI. Other uses of medical information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

## VII. Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. This includes medical information, completed lab test reports, and billing records, but does not include psychiatric and other mental health records under certain circumstances.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you (or your personal representative) must submit your request in writing to the

Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and obtain a copy of your medical information in certain very limited circumstances, such as when your physician determines that for medical reasons this is not advisable. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this person decides.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us
- Is not part of the medical information we maintain
- Is not part of the information which you would be permitted to inspect and obtain copy
- Is accurate and complete

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of some of the disclosures we made of medical information about you that were not specifically authorized by you in advance.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you

for the costs of providing the list. We will notify 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.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *Your request must be in writing. We do not have to agree to your request in most cases.* But, we do have to agree if you ask us not to disclose protected health information to your health plan or for our healthcare operations if the protected health information is about an item or service you paid for, in full, out-of-pocket. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

To request restrictions to your health plan, you can complete the form *HIPAA Restriction* which is available at Registration or you may contact the Privacy Officer at 910.343.7000. You may contact the Privacy Officer to inquire about other restrictions as well.

- **Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at a particular mailing address, besides your home address. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. Inform Registration if you require such confidential communications.

- **Mental Health Information.** Under North Carolina law, we may share your mental health information with other providers or business associates involved in your care, outside of the Behavioral Health Hospital, for the purposes of treatment, payment, and health care operations, unless you object in writing. You may request an Opt Out form regarding

the disclosure of your mental health information by contacting the Health Information Management Department at Ph. 910.667.7109 or the Privacy Officer at Ph. 910.343.7000. Please allow 7 business days for the opt out to take effect. The opt out request does not allow us to retract information that was shared prior to the opt out. There are some circumstances in which we may disclose your mental health information even if you opt out, such as in an emergency, to help determine your eligibility for financial benefits through a governmental agency, or as required by law.

- **Right to a Paper Copy of This Notice.** You have the right to and will be offered a paper copy of this notice. You may also ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, request a copy from Registration. You may also call 910.343.7000 and request a copy from the Privacy Officer.

- **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 information.

## VIII. Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at each Affiliated Covered Entity. The notice will contain the effective date. In addition, each time you register at or are admitted to an Affiliated Covered Entity for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

## IX. Complaints

If you believe your privacy rights have been violated, you may file a complaint by calling 910.343.7000 and asking for the Privacy Officer.

If you feel your complaint or issue has not been addressed, it is your right to file a complaint with the Secretary of the Department of Health and Human Services. ***You will not be penalized for filing a complaint.***