

# Privacy Statement

Novant Health Physician Practice

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. Our staff are committed to protecting your health information, which is a right you have and one detailed in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. Listed at the end of this document are all the organizations and providers utilizing this Notice of Privacy Practices.

**Effective: April 14, 2003**

**If you have any questions or requests, please contact the Novant Health Privacy Official at 800-473-6610 Ext. 49829 or PO Box 33549, Charlotte, NC 28233-3549.**

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## **A. WE MUST PROTECT HEALTH INFORMATION ABOUT YOU.**

We must protect the privacy of your protected health information or "PHI" for short. This Notice explains the ways that we will use your PHI. It also explains the ways that we will share, or disclose, PHI about you. In addition, we may make other uses and disclosures that occur as a result of the permitted uses and disclosures described in this Notice.

We must follow this Notice. We may change this Notice. We may make the changes apply to all PHI that we already have if we:

- Post the new notice in our offices.
- Make copies of the new notice available if someone asks for it (either at our offices or through the Novant Health Privacy Official).
- Post the new notice on our Web site: [www.novanthealth.org](http://www.novanthealth.org).

## **B. WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR PERMISSION IN CERTAIN SITUATIONS.**

### **1. We may use and disclose your PHI to provide healthcare treatment to you.**

We may use and disclose your PHI to provide, coordinate or manage your healthcare and related services. This may include sharing information with other healthcare providers about your treatment and coordinating and managing your healthcare with others. For example: We may use and disclose your PHI when you need medicine, lab work, an x-ray or other healthcare services. We also may use and disclose your PHI when we send you to another healthcare provider.

**EXAMPLE :** A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different facility departments may also need to share your PHI to coordinate services you may need. Such services include getting medicine, lab work, meals and x-rays. We may also disclose your PHI to people outside the hospital who may be involved in your medical care after you leave the facility. These people may include home health providers or others who may provide services to you.

### **2. We may use and disclose your PHI to obtain payment for services.**

- Generally, we may use and give your PHI to others to bill and collect payment for services. Before we provide scheduled services, we may share information with your health plan(s) so that we can ask whether your plan or policy will pay for the service. We may also share PHI with:
  - Billing departments.
  - Collection departments or agencies.
  - Insurance companies, health plans and their agents who provide coverage.
  - Hospital departments that review your care to see if the care and the costs were appropriate.
  - Government agencies to try to get you qualified for benefits.
  - Consumer reporting agencies (such as credit bureaus).

- Other departments, agencies and/or companies to obtain payment.

**EXAMPLE:** Let's say you have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed. We may also send the same information to our hospital department that reviews our care.

### **3. We may use and disclose your PHI for healthcare operations.**

We may use and disclose PHI to perform business activities, which we call "healthcare operations." These "healthcare operations" allow us to improve the quality of care we provide and reduce healthcare costs. Examples of the way we may use or disclose your PHI for "healthcare operations" include:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and others. For example, we may use your PHI to develop ways to help our healthcare providers and staff in deciding what medical treatment should be given to others.
- Improving healthcare and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information about treatment choices, classes or new procedures.
- Reviewing and evaluating the skills, qualifications and performance of healthcare providers taking care of you.
- Training students, healthcare providers or other professionals (for example, billing clerks or assistants) to help them practice or improve their skills.
- Working with outside organizations that assess the quality of the care that we and others provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- Working with outside organizations, such as the National Cancer Data Base for quality assurance and data aggregation service.
- Working with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a given field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as an expert in a certain field of nursing, such as pediatric nursing.
- Helping people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers and others who help us in following the law.
- Planning for our future and raising money for our organization.
- Managing our business and performing general administrative activities related to our organization and the services we provide.
- Solving problems or complaints within our organization.
- Reviewing activities and using or disclosing PHI in the event that we sell our business or property or give control of our business or property to someone else.
- Complying with this Notice and with the law.

### **4. We may use and disclose PHI in other situations without your permission.**

We may use and/or disclose PHI about you without your permission. Those situations include when the use and/or disclosure:

- Is required by law.
- Is needed for public health activities.
- Is about the abuse or neglect of a child or disabled adult.
- Is for health oversight activities.
- Is for legal proceedings.
- Is for police or other law enforcement purposes.
- Relates to a person who has died.
- Relates to organ, eye or tissue donation.
- Relates to medical research. In certain situations, we may share your PHI for medical research.
- Is to prevent a serious threat to health or safety.
- Relates to special government purposes.
- Relates to someone who is in jail, prison or police custody.

#### **5. You can object to certain uses and disclosures.**

Unless you tell us not to, we may use or share your PHI as follows:

- If you are a patient in one of our hospitals, we may share your name, your room number and your condition in our patient directory with church or religious leaders and with people who ask for you by name. We also may share information about any church or other religious memberships with religious leaders.
- We may share your PHI with a family member, friend or other person identified by you. We may share information directly related to that person's involvement in your care or payment for your care. We also may share PHI needed to let these people know where you are, your general condition or your death.
- We may share your PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you ask us not to, we may share your PHI, if we need to for an emergency.
- If you do not want us to use or disclose your PHI in the above situations, tell the person who registered you or call the Novant Health Privacy Official. If you ask not to be included in the patient directory, you will not receive any cards or flowers that are sent to the facility for you. Also, we will not tell callers or visitors that you are here.

#### **6. We may contact you to remind you of an appointment.**

We may use and/or disclose PHI to contact you to remind you about an appointment you have for treatment or medical care.

#### **7. We may contact you with information about treatment, services, products or healthcare providers.**

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

**EXAMPLE:** If you learn that you have diabetes, we may tell you about nutritional and other counseling services that may help you.

#### **8. We may contact you to raise money for our organization.**

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money. We will only share your name, address, telephone number and the dates you received treatment or services at the hospital, unless you give us written permission to share more information. If you do not want to be contacted in this way, you must write to the Novant Health Privacy Official.

### **\*\* ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN PERMISSION\*\***

In any situations other than those listed above, we will ask for your written permission before we use or disclose your PHI. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. We will not disclose PHI about you after we receive your cancellation, except for disclosures that were made before we got your cancellation.

#### **C. YOU HAVE SEVERAL RIGHTS REGARDING YOUR PHI.**

##### **1. You have the right to ask us to restrict the uses and disclosures of your PHI.**

You have the right to ask that we restrict the use and disclosure of your PHI. You must ask us in writing. We do not have to agree to your request. Even if we agree to your request, in certain situations your restrictions may not be followed. You may ask for a restriction by filling out a form that you can get from the registration desk or your caregiver. We will write to you to tell you if your request was granted.

##### **2. You have the right to ask for different ways to communicate with you.**

You have the right to ask how and where we contact you about PHI. For example, you may ask that we contact you at your work address or phone number instead of contacting you at home. If your request is reasonable, then we must do what you ask, if we can. In order for us to do this, you must give us information about how payment, if any, will be handled. You also must give us another address or other way to reach you.

##### **3. You have the right to see and copy your PHI.**

You have the right to see and get a copy of your PHI. You must ask us in writing by filling out a form that you may get from our Department of Health Information Services or the registration desk. We may charge you a fee to do this. There are some situations where we do not have to do what you ask.

##### **4. You have the right to ask for changes to your PHI**

You have the right to ask us to make changes to your PHI. You must ask us in writing by filling out a form that you can get from the Department of Health Information Systems or the registration desk. You must tell us why you want us to make the change. We do not have to make the change.

**5. You have the right to a list of certain people or organizations who have gotten your PHI from us.**

If you ask in writing, you can get a list of certain of our disclosures of your PHI. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosures made before April 14, 2003. We must give you a list of only certain disclosures. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may ask for a listing of disclosures by filling out a form that you can get from our Department of Health Information Services or the registration desk.

**6. You have the right to a copy of this Notice.**

You can get a copy of this Notice by asking the Novant Health Privacy Official. We will give you a copy of this Notice on the first day we treat you at our facility (in an emergency, we will give this Notice to you as soon as possible) after April 14, 2003.

**D. YOU MAY HAVE ADDITIONAL RIGHTS UNDER OTHER LAWS.**

Some North Carolina laws give greater protection of privacy than federal laws. We must follow both federal and state law. These North Carolina laws may apply to our treatment of you:

- North Carolina law protects the privacy of PHI about mental health treatment. Before sharing mental health information about you with others for treatment, payment or healthcare operations, we will ask that you sign a form giving us permission to share that information.
- If you ask for treatment and rehabilitation for drug abuse, your request will be confidential. We will not give your name to any police officer or other law enforcement officer unless you give us permission to do so. Even if we refer you to another person for help, we will keep your name confidential.
- If you have a communicable disease (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be kept confidential, and will not be shared without your written permission except in limited situations. For example, we will get your permission to share this information for payment purposes. However, we do not need to get your permission to report information about your disease to state and local health officials or to prevent the spread of the disease.
- Because it supervises our services, the North Carolina Department of Health and Human Services may inspect our operations and may review PHI. If you get care from one of our special services, including our home health agency, hospice, ambulatory surgical facility or cardiac rehabilitation program, before we release any health information about you to this agency, we will give you a written notice and a chance to tell us not to release your PHI.
- Under North Carolina law, our pharmacy will only disclose or give a copy of prescription orders for you to:
  - You, your guardian, or, if you are under the age of 18, your parent, guardian or someone acting in the place of your parent; or to you, if you are under 18 and have given permission for the treatment of the condition relating to the prescription.
  - The provider who wrote the prescription or who is treating you.
  - A pharmacist who is providing pharmacy services to you.
  - A person who gives us written permission to share the information that is signed by you or your authorized representative.

- Obey a subpoena, court order or statute.
- A company that is responsible for providing or paying for your medical care.
- A member or certain employee of the Board of Pharmacy.
- Your executor, administrator or spouse, if you are dead.
- Researchers who have been approved by the Board of Pharmacy, if there are certain protections in place to keep the information confidential.
- The person who owns the pharmacy or his or her agent.

We may also release information about you if we reasonably believe that the release is necessary to protect someone's life or health or prevent a serious danger of violence.

- North Carolina law generally requires that we get your written permission before we may share health information about your mental health, developmental disabilities or substance abuse services. There are some exceptions to this requirement. We can share this information with our workers, our professional advisors and to agencies or individuals that oversee our operations or that help us serve you. We also may disclose information to:
  1. A healthcare provider who is treating you in an emergency.
  2. A healthcare provider who referred you to us, if they ask.
  3. To other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment. If we believe that there is an immediate threat to the health or safety of you, or of someone else, we may share information to prevent or reduce the harm. Sometimes the law makes us share information about you. For example, a court might order disclosure. We have to share information when we believe that a child or disabled adult is being abused or neglected. We also must share information if you have a certain disease or are infected with HIV/AIDS and one of our doctors believes that you are not following safety measures. If we believe it is in your best interests, we may share information about you to get a guardian for you or to commit you to a mental health facility against your wishes. When you are admitted to, or discharged from, a mental health, developmental disabilities or substance abuse facility, we may tell your family if we believe that sharing this information is in your best interests. However, if you ask us not to tell your family, then we generally won't tell them. If you have a family member who is very involved in your care, if he or she asks us to, then we must provide information about your admission or discharge from a facility, including the name of the facility, any decision by you to leave a facility against medical advice and referrals and appointments for treatment after discharge.

If you apply for or receive substance abuse services from us, federal law generally requires that we get your written permission before we share information that would identify you as a substance abuser or a patient of substance abuse services. There are some exceptions to this rule. We can share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If we believe that a child is abused or neglected, we must report the abuse or neglect to the Department of Social Services, and we may share substance abuse treatment information when making the report. We will disclose information to obey a court order. If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report this to the police. If you threaten to harm another person, we may notify that person as well as the police.

Special provisions for persons under the age of 18: Under North Carolina law, persons under the age of 18 may give permission for services to prevent, diagnose and/or treat certain illnesses including: sexually transmitted diseases and other diseases that must be reported to the state (such as HIV); pregnancy; abuse of drugs or alcohol; and emotional disturbances. In general, a person under the age of 18 cannot terminate a pregnancy unless she has permission from a parent, guardian or a grandparent with whom she has been living for at least six (6) months. The only way to terminate a pregnancy without this permission is if a court orders that the person under age 18 can make this decision for herself. If you are under the age of 18 and you give permission for one of these services, you have all the rights stated in this Notice relating to that service. If you are under the age of 18 and you have been married; are a member of the armed services or have been "emancipated" by a judge, then you have the right to be treated as an adult for all purposes. This means that you have all the rights stated in this Notice for all services.

#### **E. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.**

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you may contact the Novant Health Privacy Official.

You also may write to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

#### **F. EFFECTIVE DATE OF THIS NOTICE.**

This Notice of Privacy Practices is effective on April 14, 2003.

Carolina Medicorp Enterprises, Inc  
Carolinas Integrated Healthcare, LLC  
Community General Health Partners, Inc (including Thomasville Medical Center)  
Forsyth Memorial Hospital, Inc (including Forsyth Medical Center)  
Foundation Health Systems Corp (including Hawthorne Surgical Center)  
Medical Park Hospital, Inc  
Novant Medical Group, LLC (Forsyth Medical Group)  
Presbyterian Imaging Center at Mooresville, LLC  
Presbyterian Medical Care Corp (Presbyterian Hospital Matthews)  
Presbyterian Orthopaedic Hospital, LLC  
Presbyterian Professional Services, LLC  
Presbyterian Regional Healthcare Corp  
Presbyterian Regional Healthcare Corp Laboratory, LLC  
Randolph Urgent Care, LLC  
SameDay Surgery Center at Presbyterian, LLC  
The Presbyterian Hospital  
The Rehabilitation Institute of the Carolinas

The providers listed above are called "Novant Health" and are treated as an affiliated covered entity for purposes of the laws that protect the privacy of your healthcare information. This Notice also applies to all persons providing healthcare services at Novant Health facilities, even if they are not our employees or our agents. These persons provide care along with Novant as part of an "organized healthcare arrangement" under the laws

that protect the privacy of your healthcare information. All of these healthcare providers are referred to as "we" in this Notice. This Notice applies to all service delivery locations affiliated with Novant Health. For a list of these locations, contact the Privacy Official at 800-473-6610 Ext. 49829 or PO Box 33549, Charlotte, NC 28233-3549.