

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.

This Notice describes the privacy practices of Northern Hospital of Surry County (the "Hospital") and certain hospital-based physicians who provide services to patients at the Hospital.

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information. Your health information includes, among other things, information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

This Notice tells you how the Hospital may use and disclose your health information, your rights as they relate to your health information, and how to complain if you believe your privacy rights have been violated.

How We May Use and Disclose Your Health Information: We may use and disclose your health information for a variety of important purposes described below.

1. We may use and disclose your health information without your authorization as follows:

- **Treatment:** We may use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose your health information to other health care providers who are participating in your treatment and to pharmacists who are filling your prescriptions.
- **Payment:** We may use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your insurance company.
- **Health Care Operations:** We may use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.
- **Organized Health Care Arrangement:** The Hospital and certain hospital-based physicians with which it contracts participate in an organized health care arrangement. The Hospital and those physicians participating in the organized health care arrangement may share your health information with each other as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.
- **Required by Law:** We may use or disclose your health information when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities:** We may disclose your health information, including, but not limited to, vital statistics (including births and deaths), disease-related data, and information related to recalls of dangerous products, to public health authorities for public health activities.
- **Abuse, Neglect or Domestic Violence:** We may disclose your health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.
- **Health Oversight:** We may use or disclose your health information to a health oversight agency for oversight activities authorized by law. For example, we may disclose your health information to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.
- **Judicial and Administrative Proceedings:** We may disclose your health information in response to an appropriate subpoena or other lawful request for information in the course of legal proceedings, or pursuant to a court order.
- **Law Enforcement Purposes:** Subject to certain restrictions, we may disclose your health information to law enforcement officials. For example, we may disclose your health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.
- **Coroners/Medical Examiners:** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a decedent, determining a cause of death, or for other purposes as necessary to enable these parties to perform their duties. We may also disclose your health information to a funeral director as necessary to carry out his/her duties.
- **Organ Donation:** We may use or disclose your health information to organ procurement organizations when the use or disclosure relates to organ, eye or tissue donation and transplantation.
- **Research:** Subject to certain restrictions, we may use or disclose your health information for medical research.
- **Serious Threat to Health or Safety:** We may use or disclose your health information 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, may only be to someone able to help prevent the threat.
- **Military and Special Government Functions:** If you are a member or a veteran of the armed forces, we may use or disclose your health information as required by military command authorities. We may also disclose your health information for national security, intelligence, or similar purposes.
- **Inmates:** If you are an inmate of a correctional institution or otherwise in the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.
- **Workers Compensation:** We may disclose your health information to comply with workers compensation laws or similar programs providing benefits for work-related injuries or illness.
- **Limited Marketing and Fundraising:** We may use or disclose your health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication occurs in a face-to-face meeting with you or concerns promotional gifts of a nominal value. We may also use your health information to contact you to raise funds for the Hospital, and you have the right to opt-out of receiving such fundraising communications. If you do not wish to be contacted for fundraising activities, you must notify the Privacy Officer in writing at the address provided below.
- **Appointment Reminders:** We may use your health information to contact you with appointment reminders. We may also use your health information to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Business Associates:** We may use or disclose your health information when the use or disclosure is necessary for our business associates, such as reference laboratories or consultants, to provide services to, or provide business functions for, the Hospital. To protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands.

2. We may use and disclose your health information for the following purposes only after giving you an opportunity to agree or to object to the use or disclosure and you have either agreed or not objected to the use or disclosure:

- **Involvement in Care:** We may disclose your health information to family members, other relatives, or your close personal friends if the information is directly relevant to the family's or friend's involvement in your care or payment for that care, and you have either agreed to the disclosure or have been given an opportunity to object and have not objected to the registration clerk or the Privacy Officer. If you are not present or able to agree or object, or if there is an emergency situation, we may disclose your health information to your family or friends if we determine the disclosure is in your best interest. We may also disclose your health information to notify, or assist in the notification of, a family member, relative, friend or other person identified by you of your location, general condition or death.
- **Facility Directories:** We may share your name, your room number, and your general condition (stable, fair, good) in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.

• **Disaster Relief:** We may share your health information with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still share the health information about you, if necessary, in emergency circumstances.

3. In any situations other than those described above, we will ask for your written authorization before using or disclosing your health information. If you choose to sign an authorization to allow us to use and disclose your health information, you can later revoke that authorization to stop any future uses and disclosures by contacting the Privacy Officer. However, you cannot revoke your authorization for uses and disclosures that we have made in reliance upon such authorization.

HIPAA specifically requires that we obtain your authorization for the following uses and disclosures:

• **Psychotherapy Notes:** We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations functions or as otherwise required or permitted by HIPAA.

• **Marketing:** We must obtain your authorization for any use or disclosure of your health information for marketing purposes, except if the marketing communication is in the form of a face to face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.

• **Sale of Health Information:** We must obtain your authorization for any disclosure of your health information that is a sale of health information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

In the event that North Carolina law or another federal law requires us to give more protection to your health information than stated in this Notice or required by HIPAA, we will provide that additional protection. For example, we will comply with North Carolina law relating to communicable diseases, such as HIV and AIDS. We will also comply with North Carolina law and federal law relating to treatment for mental health and substance abuse issues.

Individual Rights: You have the following rights with regard to your health information. Please contact the Privacy Officer at the number or address below to obtain the appropriate forms for exercising these rights:

• **Request Restrictions:** You may request restrictions on uses and disclosures of your health information to carry out treatment, payment or healthcare operations described above or to persons involved in your care or for notification purposes. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions. If you request that your health information not be disclosed to a health plan, we must agree to that restriction if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid us in full.

• **Confidential Communications:** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

• **Inspect and Obtain Copies:** In most cases, you have the right to inspect and obtain a copy of your health information. There will be a charge for the copies, postage and the costs of providing a summary of the health information provided, as applicable.

• **Amend Information:** If you believe that health information in your record is incorrect, or if important health information is missing, you have the right to request that we correct the existing information or add the missing information. If we deny your request for an amendment, correction, or update, we will provide an explanation of our denial and allow you to submit a written statement disagreeing with the denial.

• **Accounting of Disclosures:** You may request a list of instances where we have disclosed health information about you during the previous six years. The list will not include certain disclosures including, but not limited to, disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures for the facility's directory or to persons involved in your care. In the event we make disclosures of your health information through an electronic health record, the list will include disclosures for treatment, payment, and health care operations made during the previous three years.

• **Copy of Notice.** You may request a paper copy of this notice at any time.

Our Legal Duty: We are required by law to protect and maintain the privacy of your health information, and we are required to notify you of any breach of your unsecured health information. We are required by law to provide this Notice about our legal duties and privacy practices regarding your health information and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices: We reserve the right to change our privacy policies and the terms of this Notice at any time and to make the new policies and provisions effective for all health information that we maintain at that time. You may obtain a revised Notice at any time by contacting the Privacy Officer or by going to our website at www.northernhospital.com.

Contact Person: For more information about our privacy practices, contact our Director of Health Information Management-Privacy Officer at (336) 719-7000, ext. 5113, or write to:

Northern Hospital of Surry County
Director of Health Information Management/Privacy Officer
PO Box 1101
Mount Airy, NC 27030

COMPLAINTS: If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact our Privacy Officer at the address and/or phone number above. You also may send a written complaint to the U.S. Department of Health and Human Services:

Region IV, Office for Civil Rights
US Department of Health and Human Services
Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW.
Atlanta, GA 30303-8909
Phone (404) 562-7886 or FAX (404) 562-7881

You will not be penalized in any way for filing a complaint.

Rev. 1/2009; 9/13. **Effective Date:** The effective date of this Notice is September 23, 2013.

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