

NORTH STATE MEDICAL CENTER

NOTICE OF PRIVACY PRACTICES

This Notice is effective on April 30, 2003

**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.

**WE ARE REQUIRED BY LAW
TO PROTECT MEDICAL INFORMATION ABOUT YOU**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (336) 599-9257 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you
- Explain your rights with respect to medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (336) 599-9257.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (336) 599-9257.

1. Treatment

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

Example: Jane is a patient at North State Medical. The receptionist may use medical information about Jane when setting up an appointment. The health care practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the health care practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

2. Payment

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that, within North State Medical, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example: Jane is a patient at North State Medical and she has private insurance. During an appointment with a health care practitioner, the health care practitioner ordered a blood test. The North State Medical billing personnel will medical information about Jane to prepare a bill for the services provided at the appointment and for the blood test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

Example: The health care practitioner referred Jane to another facility for special tests. North State Medical may contact Jane's insurance company before the test is scheduled to determine whether the plan would pay for the test. Information about Jane may also be disclosed to the testing facility.

3. Health care operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care practitioners taking care of you.
- Providing training programs for students, trainees, health care practitioners or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care practitioners, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.

- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane was diagnosed with diabetes. North State Medical used Jane's medical information - as well as medical information from all of our other patients diagnosed with diabetes - to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

Example: Jane complained that she did not receive appropriate health care. North State Medical reviewed Jane's record to evaluate the quality of the care provided to Jane. North State Medical also discussed Jane's care with an attorney.

4. Persons involved in your care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited *circumstances*. *For more information on the privacy of minors' information, contact our Privacy Officer at (336) 599-9257.* We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Example: Jane's husband regularly comes to North State Medical with Jane for her appointments and he helps her with her medication. When the health care practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The health care practitioner discusses the new medication with Jane and Jane's husband.

5. Appointment reminders

We may use and/or disclose medical information about you to send you reminders about an appointment.

6. Required by law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

7. National priority uses and disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (336) 599-9257.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency — which is basically an agency responsible for overseeing the health care system or certain government programs.

For example, a government agency may request information from us while they are investigating possible insurance fraud.

- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

8. Treatment alternatives

We may use and/or disclose medical information about you in order to inform you of or recommend new treatment or different methods for treating a medical condition that you have or to inform you of other health related benefits and services that may be of interest to you.

Example: Jane is a patient at North State Medical and she has been diagnosed with diabetes. Organizations have developed educational programs to help diabetes patients manage their disease. North State Medical sends or gives Jane a flyer with information about such programs.

9. Marketing

We may use medical information about you to contact you in person or by other means to encourage you to purchase or use a product or service. In some instances, we may use medical information about you to give you a small promotional gift.

10. Authorization

Other than the uses and disclosures described above (#1-9), we will not use or disclose medical information about you without the "authorization" — or signed permission — of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you must fill out an Authorization Revocation Form that is available from our Medical Records Officer or Office Manager. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action

**YOU HAVE RIGHTS WITH RESPECT
TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (336) 599-9257.

1. Right to a copy of this Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Officer Manager.

2. Right of access to inspect and copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may request access by completing the Patient Access Request Form available from our receptionists or Medical Records Officer. (If a copy of the entire medical record is requested, you may *be required to sign an Authorization to Disclose Health Information.*)

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of the medical record, we will charge you a fee to cover the costs of the copy as follows: 75 cents per page for the first 25 pages, 50 cents per page for pages 26-100, and 25 cents per page for each page in excess of 100 pages with a minimum fee often dollars (\$10).

We may be able to provide you with a summary or explanation of the information. Contact our Medical Records Officer for more information on these services and any possible additional fees.

3. Right to have medical information amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may write a letter requesting an amendment and send to:

**Medical Records Officer
North State Medical Center
609 Professional Drive
Roxboro, NC 27573**

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Medical Records Officer.

We are required to provide a listing of all disclosures except the following:

- For your treatment, billing and collection of payment for your treatment and for our health care operations;
- Made to or requested by you, or that you authorized;
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, such as friends and relatives;
- For national security and intelligence purposes or relates to correctional institutions and other law enforcement custodial situations; and

- As part of information which does not identify you.

The list 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. If, under permitted circumstances, health information about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request an accounting more than once every twelve (12) months, we may charge you a fee of up to \$15.00 to cover the costs of preparing the accounting.

5. Right to request restrictions on uses and disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. You also have the right to request a limit 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

To request restrictions, please make your request in writing to our Medical Records Officer at the address shown in #3 above. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

6. Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Medical Records Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We welcome your input regarding any service problem so that we may remedy the situation promptly. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with North State Medical Center, you may mail it to the following address:

**Medical Records Officer
North State Medical Center
609 Professional Drive
Roxboro, NC 27573**

To file a complaint with the federal government, you may send your complaint to the following address:

**Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909**

Voice Phone (404)562-7886 FAX (404)562-7881 TDD (404)331-2867