

# CAROLINAEAST HEALTH SYSTEM NOTICE OF PRIVACY PRACTICES

**ORIGINAL EFFECTIVE DATE: April 14, 2003**

**Revised: 5/1/07; 6/1/08; 11/1/09**

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.

If you have any questions about this notice, please contact the Privacy Director at (252) 633-8794.

## **WHO WILL FOLLOW THIS NOTICE**

This notice describes CarolinaEast Health System's (including, but not limited to: CarolinaEast Medical Center, CarolinaEast Rehabilitation Hospital, CarolinaEast Primary Care, CarolinaEast Surgery Center, CarolinaEast Diagnostic Center, CarolinaEast Heart Center, CarolinaEast Primary Care, CarolinaEast Home Care, and Crossroads - hereafter collectively referred to as "CarolinaEast") practices at all its locations and that of:

- Any independent health care professional who is on the medical staff and authorized to enter information into your medical record.
- All departments and units of CarolinaEast.
- Any member of a volunteer group we allow to help you while you are in CarolinaEast.
- All employees, staff and other CarolinaEast personnel and contract providers.
- All students or trainees.

All the above persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment, payment, or CarolinaEast operations purposes and the purposes described in this notice. Independent health care professionals who provide care at CarolinaEast and have agreed to follow the terms of this notice are not employees or agents of CarolinaEast and CarolinaEast is not responsible for how they fulfill their professional responsibilities.

## **OUR PLEDGE REGARDING YOUR 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 at CarolinaEast, which is the physical property of CarolinaEast. 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 and billing for care that are created at CarolinaEast, whether made by CarolinaEast personnel or your personal doctor or other independent health care providers. Your personal doctor or other independent health care providers may have different policies regarding confidentiality and disclosure of your medical information that apply to medical information that is created in their offices or at locations other than CarolinaEast.

This notice will tell you about the ways in which the people listed above may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your 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 at CarolinaEast with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we 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 the categories. Where specific State or federal law may require your consent to make certain disclosures described in this Notice, CarolinaEast will request your consent, in accordance with such law, through the consent forms signed at admission, acknowledgement of this Notice, or otherwise at a later time.

- **For Treatment.** We may use and disclose medical information about you to provide you with medical treatment or services. We may disclose medical information about you to independent doctors who are members of CarolinaEast's medical staff, nurses, technicians, CarolinaEast personnel, representatives of equipment distributors and other vendors, or students who are involved in taking care of you at CarolinaEast. For example, a doctor treating you for a broken leg 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. Different departments of CarolinaEast may share medical information about you in order to coordinate what you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside CarolinaEast who may be involved in your medical care before or after you leave CarolinaEast, such as family, friends, doctors, health care professionals, and employees of skilled nursing facilities or home health agencies
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at CarolinaEast may be billed by CarolinaEast or another provider and payment may be collected from you, an insurance company or health plan, Medicare, Medicaid, or a third party. For example, we may give your insurance company or health plan information about surgery you received so your insurance company or health plan will pay us or reimburse you for the surgery. We may also tell your insurance company or health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance company or health plan will cover the treatment.
- **For Health Care Operations.** We and our business associates may use and disclose medical information about you for CarolinaEast operations. These uses and disclosures are necessary to run CarolinaEast and make sure that all of our patients receive quality care. For example, we may disclose medical information to obtain certification to participate in the Medicare and Medicaid programs, to be licensed or to obtain accreditation, or use medical information to review our treatment and services and to evaluate the qualifications and performance of our staff and medical staff in caring for you. We may also combine medical information about many CarolinaEast patients to decide what additional services CarolinaEast should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to nurses, technicians, doctors, students, and other personnel affiliated with CarolinaEast for review and learning purposes. We may also share the medical information we have about you with national or regional registries or quality improvement 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 health care and health

care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider, and we also may disclose information about you to other providers for use in their health care operations.

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at CarolinaEast. We will send you a letter at the address you have provided or will leave a message for you at any telephone number you give us stating the time of the appointment and the name of the person with whom you have the appointment unless we have agreed in writing to your written request to handle appointment reminders in a different way.
- **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. You may elect not to receive any communications from us that encourage you to purchase or use any particular product or service by notifying the Privacy Director in writing. If we receive direct or indirect payment in exchange for such communications to you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of CarolinaEast acting on our behalf and in accordance with a written agreement between the business associate and Carolina East.
- **Fundraising Activities.** CarolinaEast does not use patient information for fundraising activities. We also will not share information about you with people or organizations that are involved in general fundraising activities.
- **CarolinaEast Patient Directory.** Unless you tell us otherwise, we may include certain limited information about you in the directory while you are a patient at CarolinaEast, such as your name and your location in CarolinaEast. In certain circumstances, we may also provide information about your general condition (e.g., fair, stable, and critical). This information may be released to people who ask for you by name, and may be made available in press releases to the media. Additionally, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. This information is provided so that your family, friends and clergy can visit you in CarolinaEast and generally know how you are doing. If you choose not to be listed in the directory, then we will not be able to acknowledge that you are present at CarolinaEast to your family, friends, clergy or florists. If you do not want anyone to know this directory information about you, you must notify the Privacy Director in writing or indicate your choice on CarolinaEast's **Patient Directory Exclusions Form**. If you are a patient in the Crossroads Unit, your information will not be included in the patient directory. CarolinaEast also reserves the right, in its discretion, to not include patients in the directory.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose medical information about you to a friend or family member who is involved in your medical care, including persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care or who is listed as an insured on your insurance policy. 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 may object to these disclosures by telling us that you do not wish any or all individuals involved in your care to receive this information on CarolinaEast's **Patient Directory Exclusions Form**. 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 disclose relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

- **Research.** Under certain circumstances, we may use and disclose medical information about you 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 medication for the same condition. All research projects, however, are subject to a special approval process. We will seek your consent for disclosure of medical information to any researchers that are not already involved in your care if the disclosure will identify who you are. Medical information about you that has had identifying information removed may be used for research without your consent. We are not permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization.
- **As Required or Permitted By Law.** We may disclose medical information about you when required or permitted to do so by federal, State, or local law. For example, North Carolina law requires that certain injuries to children or disabled adults be reported to State officials.
- **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 would be to someone who appears able to help prevent the threat and would be limited to the information needed.

#### **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** We are required by law to release medical information concerning deceased patients to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary for them to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation.** In accordance with State law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness. We may also release without your consent medical information about you in response to a workers' compensation medical status questionnaire approved by the Industrial Commission.
- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include, but are not limited to, the following:
  - to report, prevent or control disease, injury, or disability;
  - to report births and deaths;
  - to report suspected abuse or neglect as required by law;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using; and
  - 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.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and accreditation. The oversight agencies use

these activities to monitor the health care system, government programs, and compliance with applicable laws. Under State law, a patient of a hospice, home health agency, freestanding ambulatory surgical facility, or nursing home has the right to object in writing to the inspection of his or her records by licensure officials.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute in State court.
- **Law Enforcement.** We may release without your consent certain medical information to a law enforcement official:
  - In response to a court order, grand jury demand, search warrant, or similar process authorized under law;
  - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
  - In response to a request from law enforcement for information to help locate a fugitive, material witness, suspect, or missing person;
  - To report a death or injury we believe may be the result of criminal conduct;
  - To report suspected criminal conduct committed at CarolinaEast;
  - To report suspected criminal conduct witnessed by Emergency Medical Technicians outside the CarolinaEast campus; or
  - To respond to a request from law enforcement for your name, current location, and whether you appear to be impaired if you were involved in a motor vehicle accident

If you are charged with driving while impaired, North Carolina law gives the charging law enforcement official the right to require hospital personnel to obtain a blood or urine sample from you even without your consent.

Other than the above, if you have been a victim of a crime, CarolinaEast will provide requested information to law enforcement only with your consent, unless you are incapacitated and an emergency situation exists and in our professional judgment provision of information is in your best interest.

We will observe any additional restrictions that may apply under State or federal law if you are a patient in the Crossroads Unit.

- **Coroners, Medical Examiners, and Funeral Directors.** We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of CarolinaEast to funeral directors to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release without your consent medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to CarolinaEast that such protected health information is necessary: (1) to provide you with health care; (2) to protect your or other inmates' health and safety; (3) to protect the health and safety of officers, employees or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to receive payment for services provided. If you are in the custody of the North Carolina Department of

Corrections (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

- **Drug and Alcohol Programs and Psychotherapy Notes.** Regardless of the other parts of this Notice, any information obtained about you while you are being treated in a special unit, by a designated program or by medical personnel whose primary function is to diagnose, treat or refer you for treatment of alcohol or drug abuse, will only be disclosed if you sign a specific written consent, pursuant to a court order or in accordance with applicable law. Psychotherapy notes will not be disclosed outside CarolinaEast except as authorized by you in writing or pursuant to a court order or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within CarolinaEast, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against CarolinaEast, unless you have properly authorized such disclosure in writing.
- **Minors.** A minor patient may decide whether and to whom protected health information about him or her may be disclosed when the minor has the right under State or federal law to consent to the treatment related to the protected health information, such as for treatment of sexually transmitted diseases, pregnancy or outpatient treatment of emotional conditions or alcohol or drug abuse. In circumstances in which the minor’s parent must consent to the treatment of the minor, the minor’s parent has the right to decide to whom the protected health information may be disclosed outside CarolinaEast.
- **National Security and Intelligence Activities.** We may give out your medical information as required by applicable law without your permission to authorized federal or state officials for intelligence, counterintelligence or other governmental activities prescribed by law to protect our national security.
- **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 or other authorized persons or foreign heads of state, or to conduct special investigations.
- **Active or Reserve Duty Military Personnel.** If you are an active duty member or reservist of the Armed Forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also disclose information about you to military command authorities to comply with military health surveillance requirements or for an activity necessary to carry out the military mission. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your medical record unless your treating physician determines that providing you with such information would be injurious to your physical or mental well-being. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by CarolinaEast 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 reviewer decides.

Your health information is contained in records that are the property of CarolinaEast. To inspect or receive a copy of your medical record, you must submit your request in writing to Health Information Services. 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 and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to the record, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

- **Right to Amend.** If you feel that written medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CarolinaEast.

To request an amendment, your request must be made in writing and submitted to the Health Information Services Director. 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 created by a provider other than CarolinaEast, unless the provider who created the information is no longer available to consider or make the amendment;
- Is not part of the medical information kept by or for CarolinaEast;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you during the prior six years. We are not required to keep or provide an accounting of disclosures to you made pursuant to your authorization or for treatment, payment or health care operations purposes.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Director. Your request must state a time period that may not be longer than six years prior to the request. Your request should indicate in what form you want the list (for example, on paper or electronically). 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. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may revoke any and all authorizations you had given to us relating to disclosure of your protected health information.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or is required by law to be disclosed.

To request restrictions, you must make your request in writing to the Health Information Services Director. 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. You may also request that we not disclose your medical information to

any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient at CarolinaEast. If you pay all such charges *in full* at the time of such request, we are required to agree to your request.

- **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, or at a mailing address other than your home address.

To request confidential communications, you must make your request in writing to the Privacy Director and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may 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 of this notice.

You may obtain a copy of this notice at CarolinaEast website at [www.carolinaeasthealth.com](http://www.carolinaeasthealth.com). To obtain a paper copy of this notice, contact CarolinaEast Public Relations Department at (252) 633-8154.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice may be made in accordance with your consent or as required or permitted by law. CarolinaEast may not condition treatment of you on your providing permission to release your confidential medical information to any third party not involved in your care at CarolinaEast. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the next business day after the day on which you provide it in writing to the Privacy Director. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. 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.

## **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 in CarolinaEast and on CarolinaEast website. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

## **INVESTIGATIONS OF BREACHES OF PRIVACY**

We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you about what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with CarolinaEast or with the Secretary of the Department of Health and Human Services. To file a complaint with CarolinaEast, contact either the Patient Relations Manager or the Privacy Director, at 2000 Neuse Boulevard, Post

Office Box 12157, New Bern, NC 28561. All complaints must be submitted in writing. You will not be penalized for filing a complaint.