

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 PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at the Carolinas Medical Center-Union (CMC-Union), its subsidiaries and other entities. We need this record to provide you with quality care and to comply with certain legal requirements. This record will be available to all health care professionals who may be involved in your treatment at any CMC-Union health care facility or practice. This notice will apply to all of the records of your care generated by CMC-Union..

This notice will tell you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to your health information.
3. Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE?

This notice describes CMC-Union's practices and that of:

1. Any health care professional authorized to enter information into your CMC-Union medical record, including doctors on the medical staff while at any CMC-Union health care facility or practice.
2. All departments and units of CMC-Union.
3. All employees, staff, volunteers and other CMC-Union personnel.
4. In addition, these CMC-Union facilities may share health information with each other for treatment, payment or health care operations purposes as described in this notice.

For Treatment We may use and disclose your health information to provide, coordinate or manage your health care and related services, both among ourselves and with others involved in your care. 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. The doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different CMC-Union departments may also share your health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

For Payment Generally, we may use and give your health information to others to bill and collect payment for the treatment and services we provide to you. Before you receive scheduled services, we may share information about these services with your health plan so we can ask for approval of payment before we provide the services. We may also share portions of your health information with billing departments and collection departments; insurance companies, health plans and their agents which provide you coverage; consumer reporting agencies (e.g., credit bureaus). For example, if you broke your leg, we may need to give your health plan 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). The information is given to our billing department and your health plan so we can be paid or so you can be reimbursed.

For Health Care Operations We may use and disclose health information to conduct our business activities and health care operations, which assist us in improving the quality and cost of the care we provide to you and other patients. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use health information about many CMC-Union 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 for education, licensing, legal and other purposes.

Appointment Reminders We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services We may use and disclose health 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. We may disclose your health information to them so that they can perform the job we've asked them to do. We require them 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 we may hire a billing agency to bill you or your insurance company for the services rendered.

Fundraising Activities We may use your health information to contact you in an effort to raise money for CMC-Union and its operations. We may disclose health information to a CMC-Union related foundation which may contact you regarding raising money for a treatment or service related cause. We would only release demographic information, such as your name, address and phone number and the dates you received treatment or services. If you do not want CMC-Union to contact you for fundraising efforts, you must notify the CMC-Union Privacy Officer in writing.

Hospital Directory You can object to certain uses and disclosures.

Hospital Directory Unless you object, we may include the following in the CMC-Union hospital directory while you are a patient at the hospital: your name, location in the hospital and your general condition (e.g., good, fair, serious, etc.). The directory information may be released to people who ask for you by name.

Clergy Directory Unless you object, we may list your name, room number and religious affiliation in our Clergy Directory. Your religious affiliation may be given to a member of the clergy affiliated with your church or faith, such as a pastor, priest or rabbi, even if the clergy don't ask for you by name.

To object to being included in the directory, notify the staff member registering you or providing your care.

Individuals Involved in Your Care or Payment for Your Care We may share with a family member, personal representative, friend or other person identified by you, your health information which is directly related to that person's involvement in your care or payment for your care. For example, if you are on a spouse's insurance plan, your spouse may have access to a bill explaining your treatment. We may share your health information with those people when it is necessary to notify them of your location, general condition or death. In an emergency, or if you are incapacitated, we will use our professional judgment to decide if it is in your best interest for us to disclose your health information to a person involved in your care.

SPECIAL SITUATIONS WHEN WE CAN DISCLOSE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION

Required By Law We may be required by state or federal law to disclose your information without waiting for your authorization. For example, we are required by law to report gun shot wounds and poisonings.

Public Health Activities We may disclose your health information for public health activities to public health authorities and certain other people or entities. For example, we may report reactions to medications or problems with products to the FDA or other entities, or we may notify an individual that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse or Neglect We may disclose information regarding abuse or neglect. For example, we are required to report child or disabled adult abuse or neglect.

Health Oversight Activities We may disclose your health information to a health oversight agency for activities authorized by law. For example, we may disclose information in response to a licensing board investigation or because of a state or federal audit or investigation.

Judicial or Administrative Proceedings We may be required to disclose your information in response to a subpoena, court order,

discovery request, or other lawful process for a legal or administrative proceeding.

Law Enforcement We may release health information to law enforcement in certain situations, such as locating a suspect, fugitive or witness, or in certain situations involving criminals or crimes that have occurred. We may also release information to law enforcement in response to a court order, subpoena, warrant, summons or similar process.

To Avert a Serious Threat to Health or Safety We may disclose your health information when necessary to prevent a serious threat to the health and safety of you, the public or another person. We can disclose the information to the intended victim and to those we think can stop the harm from happening. We can also disclose information to law enforcement so they can apprehend a violent crime suspect or an escaped prisoner.

Coroners, Medical Examiners and Funeral Directors We may disclose your health information to a coroner or medical examiner. For example, we can disclose information to them so they can identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

Organ and Tissue Donation We may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as appropriate.

Disaster Relief We may disclose your health information to an entity helping with disaster relief effort so that your family can be notified about your condition, status, and location. For example, if a child is separated from his parents in a hurricane, we can tell the Red Cross where the child is so they can find the parents.

Research Under certain circumstances, we may use and disclose medical information about you for research purposes. In many cases, you will sign a specific authorization and consent before your information can be used or disclosed for research.

Specialized Government Functions We may disclose certain health information in certain situations involving military and veteran's activities, national security and intelligence activities, correctional institutions and custodial situations, protective services for the President, and medical suitability determinations by the Department of State.

Workers' Compensation We may release your health information for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

OTHER USES OF HEALTH INFORMATION

Uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission.

STATE AND FEDERAL LAW

Sometimes, state or federal laws require us to protect or disclose your health information in keeping with or in addition to the ways stated in this notice. For example, state law protects your health information under the doctor-patient privilege and that continues to apply. There are also situations when we are required or permitted to disclose your information under the law, such as our obligation to report gun shot wounds, as discussed earlier. The following are examples of some of the more common situations where state or federal laws require us to protect or disclose your information:

Potential Drunk Driving For example, North Carolina law requires us to provide law enforcement with information about blood alcohol levels on certain patients and give them access to information and to patients who are involved in certain types of accidents.

Treatment for Drug and Alcohol Use & Mental Health Issues If you receive treatment, including counseling or other medical treatment, for drug or alcohol use or mental health issues, state and federal laws prevent us from releasing that information, except in certain situations set forth in the law. For example, if there is an emergency or if a patient is threatening to hurt someone, we can disclose the information appropriately.

HIV & AIDS Treatment In both North and South Carolina, if you are tested or receive treatment for HIV or AIDS, information about your test results or treatment will remain confidential, unless we are required or permitted by law to disclose this information or you give us permission to do so. For example, if our health care worker is exposed to your blood, then we can test you for HIV and use the information to treat the worker appropriately.

Unemancipated Minors In North Carolina, if you are under the age of 18, are not married and have not been legally emancipated, you can consent to treatment for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbances without an adult. This information will remain confidential unless your doctor determines your parents need to know this information because there is a serious threat to your life or health, or your parents have specifically asked about your treatment. Note that minors are still required to get parental or court consent for an abortion.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

1. Right to Inspect and Copy You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes or psychiatric/substance abuse notes. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Director of the appropriate CMC-Union treatment facility (location). 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 will respond to you within 30 days of receiving your written request.

We may deny your request to inspect and/or obtain a copy of your health information in limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Revoke Authorization If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made before you notify us of your revocation.

3. Right to Request an Amendment If you feel that health information we have about you 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 CMC-Union.

To request an amendment, your request must be made in writing to the Privacy Officer, P.O. Box 5003, Monroe, North Carolina 28111. In addition, you must provide a reason that supports your request. We will respond within 60 days of receiving your written 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the health information kept by or for CMC-UNION.
3. Is not part of the information which you would be permitted to inspect and copy.
4. Is accurate and complete.

4. Right to Request an Accounting of Disclosures You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made concerning your health information; but, does not include disclosures made for treatment, payment, or for health care operations, or for purposes or disclosures specifically authorized by you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, P.O. Box 5003, Monroe, North Carolina 28111. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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 will respond within 60 days of receiving your request. The list will include the date of the disclosure, to whom health information was disclosed (including their

address, if known), a description of the information disclosed, and the reason for the disclosure.

5. Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health 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. To request restrictions, you must make your request in writing. 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.

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. You may not limit uses and disclosures that we are legally required or allowed to make.

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 at home.

To request confidential communications, you must make your request in writing to the Privacy Officer, P.O. Box 5003, Monroe, North Carolina 28111. 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.

7. Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may obtain a copy of this notice at any time from our website, www.cmc-union.org, or from the CMC-Union facility where you obtained treatment.

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 health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page. You can view the current notice at our website, www.cmc-union.org. We will post a copy of the current Notice of Privacy Practices at each CMC-Union treatment facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CMC-Union and with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the CMC-Union Privacy Officer at (704) 226-5737.

You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES



Carolinan Medical Center Union

First Step Behavioral Health
Franklin Street Ambulatory Clinic
Jesse Helms Nursing Center
Union Emergency Medical Services
Union Regional Home Care
CMC-Union Wound Care Center
Southeast Pain Care

Effective April 14, 2003
Modified October 1, 2008

A copy of this Notice is also available in Spanish.
Una copia de este anuncio esta disponible tambien en
Espanol.

www.cmc-union.org