



# Notice of Privacy Practices

EFFECTIVE APRIL 14, 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.

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**A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.**

We are required by law to protect the privacy of health information about you and that can be identified with you. This information is called Protected Health Information (PHI). We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care;
- We must notify you about how we protect PHI about you;
- We must explain how, when and why we use and/or disclose PHI about you; and
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. We participate in an “Organized Health Care Arrangement” (defined in subsection B.4 below) and the providers participating in that arrangement will share PHI with each other, as necessary, to carry out treatment, payment, or health care operations (defined in subsections B.1 through B.3 below) relating to the Organized Health Care Arrangement.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised Notice in our offices;
- Making copies of the revised Notice available upon request (either at our offices or through our Privacy Official as listed below); and
- Posting the revised Notice on our website ([www.lenoirmemorial.org](http://www.lenoirmemorial.org)).

**B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.**

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

We may use and disclose PHI 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. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

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. Departments of the hospital and/or physicians may also need to share PHI about you in order to coordinate different services you may need, such as prescriptions, lab work and x-rays. We may also disclose PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

**2. We may use and disclose PHI about you to obtain payment for services.**

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of medical information about you with the following:

- Billing departments;
- Collection departments or agencies, or attorneys assisting us with collections;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus).

For 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 which reviews our care of your illness or injury.

### 3. **We may use and disclose PHI about you for health care operations.**

We may use and disclose PHI in performing business activities, which we call “health care operations.” These health care operations allow us to improve the quality of care we provide and reduce health care costs. We may also disclose PHI for the health care operations of any Organized Health Care Arrangement in which we participate. An example of an Organized Health Care Arrangement is the care provided by the Hospital and the physicians who see patients here. In addition, we may disclose PHI about you for the health care operations of other providers involved in your care to improve the quality, efficiency, and costs of their care or to evaluate and improve the performance of their providers. Examples of the way we may use or disclose PHI about you for health care operations include the following:

- *Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.* For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- *Improving health care 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, for instance, about treatment alternatives, classes, or new procedures.
- *Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.*
- *Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.*
- *Cooperating with outside organizations that assess the quality of the care we and others provide.* These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- *Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.* For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing.
- *Assisting various 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 assist us in complying with applicable laws.
- *Planning for our organization’s future operations.*
- *Conducting business management and general administrative activities related to our organization and the services it provides.*
- *Resolving grievances within our organization.*
- *Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.*
- *Complying with this Notice and with applicable laws.*

### 4. **We may use and disclose PHI about you within our Organized Health Care Arrangement (OHCA).**

The privacy of your health information for services you receive at the Hospital is protected through a special arrangement allowed by the law. The law provides that the Hospital, members of the medical staff, and other credentialed individuals may share PHI through an Organized Health Care Arrangement (OHCA). An OHCA is simply an arrangement that eliminates the necessity of each treating provider giving the patient a separate Notice of Privacy Practices and allows the sharing of PHI for treatment, payment, and healthcare operation purposes including peer review, quality improvement, and medical education while you are a patient at the Hospital. Those physicians and

other credentialed individuals who participate in the OHCA have agreed to abide by the terms of this Notice of Privacy Practices. Understand that physicians and other credentialed individuals who provide patient services are not Hospital employees but independent practitioners. The fact that PHI is shared with such individuals through an OHCA does not make the Hospital responsible or liable for the acts or omissions of those individuals.

#### **5. We may use and disclose PHI under other circumstances without your authorization.**

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object.

Those circumstances include:

- *When the use and/or disclosure is required by law.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the use and/or disclosure is necessary for public health activities.* For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- *When the disclosure is for law enforcement purposes.* For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- *When the use and/or disclosure relates to decedents.* For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- *When the use and/or disclosure relates to organ, eye or tissue donation purposes.*
- *When the use and/or disclosure relates to medical research.* Under certain circumstances, we may disclose PHI about you for medical research.
- *When the use and/or disclosure is to avert a serious threat to health or safety.* For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.* For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.
- *When the use and/or disclosure relates to workers' compensation.* For example, when authorized by and to the extent necessary to comply with laws relating to workers' compensation, we may disclose PHI about you to workers' compensation or other similar programs providing benefits for work-related injuries to you.

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

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share your name, your room number, and your general condition (critical, serious, etc.) in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.
- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please contact our Privacy Official as listed below.

## **7. We may contact you to provide appointment reminders.**

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

## **8. We may contact you with information about treatment, services, products or health care 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.

For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

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

**Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. 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 by contacting our Privacy Official. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.**

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

### **1. You have the right to request restrictions on uses and disclosures of PHI about you.**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and other uses and disclosures as described in subsection B.5 above. You may request a restriction by contacting our Privacy Official.

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

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by contacting our Privacy Official.

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

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by contacting our Privacy Official or Medical Records Department.

### **4. You have the right to request amendment of PHI about you.**

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by contacting our Privacy Official or Medical Records Department.

## **5. You have the right to a listing of disclosures we have made.**

You have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment;
- For billing and collection of payment for your treatment;
- For 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, for directory or notification purposes, or for other purposes as described in subsection B.6 above;
- Allowed by law when the use and/or disclosure relates to certain specialized government functions, correctional institutions, other law enforcement custodial situations, or for other purposes as described in subsection B.5 above; and
- As part of a limited set of information which does not contain certain information which would 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, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting our Privacy Official or Medical Records Department in writing.

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

Except for emergency services (in which case, we will provide a copy to you as soon as possible), we will provide a copy of this Notice no later than the date you first receive service from us. Additionally, you have the right to request a paper copy of this Notice at any time by contacting our Privacy Official.

## **D. YOU MAY INQUIRE OR FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.**

If you have questions about information in this Notice or about our privacy policies, procedures or practices, think we have violated your privacy rights, or want to complain to us about our privacy practices, you can contact our Privacy Official at (877) 233-1254 or (252) 522- 7946. You may also write to the Privacy Official at:

PRIVACY OFFICIAL, LENOIR MEMORIAL HOSPITAL  
100 AIRPORT ROAD, P.O. BOX 1678, KINSTON, NC 28503-1678

**You may also send a written complaint to the United States 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.**

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

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

## **F. NORTH CAROLINA STATE LAW AND OTHER FEDERAL LAW ISSUES**

Some North Carolina laws provide you with more protection than federal laws protecting the privacy of medical information about you, and where applicable, we will follow the requirements of those state laws. The following North Carolina laws may apply to our treatment of you:

- Communications between a physician and patient necessary for the physician to treat the patient are protected. This protection may extend to entries in your hospital records concerning not only physician/patient communications, but communications which relate to your medical care between certain medical providers who are Hospital employees. Subject to certain exceptions, including an Order from a Judge, these communications, even when contained in medical records, cannot be disclosed unless the patient, or if deceased, the patient's personal representative or next of kin allows disclosure. In order for us to utilize PHI for treatment, payment and healthcare operations, we will ask that you sign a consent form (which is different than an authorization that is mentioned in other parts of this Notice).
- Certain information, records, or other documents produced by a medical review committee of the Hospital or a state or professional society or peer review corporation which committee performs quality, cost and necessity for hospitalization or healthcare including privileging is confidential and may not be disclosed without an authorization or consent of the patient.
- **Special Provisions for Minors under North Carolina Law:** Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. Regarding abortion services, however, North Carolina law requires the consent of both the minor and the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors.

- to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.
- Communications regarding mental health treatment between you and your mental health provider are protected. Before disclosing mental health information about you to others for treatment, payment, or health care operations, we will request that you sign a written form giving us permission to make the disclosure.
- If you request treatment and rehabilitation for drug dependence from one of our practitioners, your request will be treated as confidential. We will not disclose your name to any police officer or other law-enforcement officer unless you consent to our sharing of it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential.
- If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. For example, we will obtain your permission to disclose this information for payment purposes. However, we may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or release information in order to protect against the spread of the disease.
- A patient in a cardiac rehabilitation program must be notified and given the right to object to disclosure of PHI for oversight purposes to the Department of Health and Human Services.

Some federal laws provide you with additional privacy protections, and where applicable, we will follow the requirements of those laws. The following federal laws may apply to our treatment of you:

- If you apply for or receive substance abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient of substance abuse services. There are some exceptions to this requirement. We can disclose this information within our program to members of our workforce as needed to coordinate your care and to agencies or individuals that help us carry out our responsibilities in serving you. We may disclose information to medical personnel in a medical emergency. If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services, and we may disclose substance abuse treatment information when making the report. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, on the premises of our Hospital or against our Hospital personnel, we may report information about the crime or threat to law enforcement officers.