

Western NC Community Health Services, Inc.

Notice of Privacy Practices

Notice of Privacy Practices- updated October 26, 2022.

Effective Date: October 26, 2022.

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:

Western North Carolina Community Health Services, Inc. (WNCCHS) understands that health information about you and the health care you receive is personal. We are committed to protecting your health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all records regarding your care, whether created by our health care professionals or others working in this office. This notice informs you about the ways in which we may use and disclose your protected health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We are Required by Law to:

- ensure that your health information is kept private in accordance with relevant law.
- notify you of our legal duties and privacy practices with respect to your health information.
- follow the terms of the notice currently in effect for all protected health information.
- let you know promptly if a breach that may have compromised the privacy or security of your health information occurs.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treatment

- We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to the doctors, nurses, technicians, medical students, and others who are involved in your care. They may work at WNCCHS, at the hospital, if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for treatment, consultation, x-rays, lab tests, prescriptions, or other health care services. They may also include doctors and other health care professionals who work at WNCCHS, or elsewhere, whom we consult about

your care. *Example: We may consult with a specialist who lends his/her services to the WNCCHS about your care or disclose to an emergency room doctor who is treating you for a broken leg that you have diabetes, because diabetes may affect your body's healing process.*

Disclosures Related to Mental Health and Substance Use Disorder

- North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement. We can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We may also disclose information to the following people:
 - a health care provider who is providing emergency medical services to you; and
 - other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment.

HIV & AIDS Treatment

- If you are tested or receive treatment for HIV or AIDS, we will not release any information about your test results or treatment, except in the following circumstances:
 - you give us permission to release this information.
 - we are required or permitted by law to disclose this information.
 - a court order or subpoena requires us to release this information.

Unemancipated Minors- Treatment for Pregnancy; Drug & Alcohol Abuse; Venereal Disease; Emotional Disturbance.

- If you are under the age of 18 and are not married and have not been emancipated by a court of law, we will not reveal any information about any treatment you receive for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbances, except in the following circumstances:
 - your physician determines that this information needs to be shared with your parents because it is essential to your life and health. If, however, your parent or guardian contacts your physician and specifically asks about your treatment for one of the four conditions listed above, your physician has discretion over whether to share this information, under North Carolina law.

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.

Run our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Communication Barriers

- We can share your health information with an interpreter who works for us to help communicate with you or your family, friends, or others involved in your care. If the interpreter does not work for us, we can share your health information with them so long as you do not object.

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 at WNCCHS.

Bill for Your Services

- We can use and share your health information to bill and get payment from health plans such as Medicaid, Medicare, or other third-party payors, or other entities that may be available to reimburse us for some or all of your health care. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

In the event that North Carolina Law requires us to give more protection to your health information than stated in this notice or required by Federal Law, we will give that additional protection to your health information.

Health Information Exchange

- WNCCHS has chosen to be part of the NC Health Information Exchange (“HIE”) because of the many benefits of sharing health information electronically. An HIE is an electronic system that allows other health care providers treating you to access and share your medical information

due to their participation with the HIE. It is your right to choose to not participate (“opt-out”) and your choice to opt-out will not affect your ability to access medical care. You may opt out online at www.hiea.nc.gov.

- WNCCHS continually evaluates the benefit of participating with additional HIEs (or similar types of organizations) that it does not collaborate with currently. If you have concerns or questions regarding these prospective arrangements, please contact a member of our office staff to further discuss so that we can address your concerns accordingly.

Business Associates

- There are some services provided in our organization through contacts with business associates. When we contract with companies to perform these services, we may disclose your health information to these companies so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate through a written agreement to appropriately safeguard your health information and to be obligated to the same restrictions imposed upon us with respect to the use and disclosure of your health information.
- WNCCHS is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of WNCCHS, OCHIN supplies information technology and related services to WNCCHS and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by WNCCHS with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Assist with Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research.

Comply with the Law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to Organ and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and other Government Requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the corrections institution or law enforcement official. This release would be necessary for this institution to provide you with health care, to

protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to assist you.

Obtain an Electronic or Paper Copy of your Medical Record:

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information upon your request. We may charge a reasonable, cost-based fee.

Ask us to Correct your Medical Record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but if we say “no,” we will provide a reason to you in writing.

Request Confidential Communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to Limit what we Use or Share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Receive a List of those with whom we have Shared Information:

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). A reasonable, cost-based fee may apply.

Receive a Copy of this Privacy Notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if you Feel your Rights have been Violated:

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at (828) 285-0622.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Changes to the Terms of this Notice

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page. We will also give you a copy of our current notice upon request.

Other Instructions for Notice

- We encourage you to ask any questions you have about your PHI or our policies and procedures. We will answer your questions to the best of our ability. If you have any questions, please direct them to the Privacy Officer at (828) 285-0622.
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.