

# **IREDELL HEALTH SYSTEM NOTICE OF PRIVACY PRACTICES**

**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.**

Iredell Health System (“IHS”) uses and discloses your health information for a variety of purposes, including providing you with treatment, obtaining payment for treatment, and conducting administrative activities such as the evaluation of the quality of care you receive. Your health information is generally contained in medical, billing, and other records that are the physical property of IHS.

IHS is committed to protecting the privacy and confidentiality of your health information. In keeping with this commitment, this Notice describes the privacy practices of IHS and the following health care professionals and others while providing care at IHS: (i) all departments and locations of IHS (including Iredell Memorial Hospital, the Women’s Breast Health Center, Hospital Based Skilled Nursing Facility, Iredell Home Health, and Iredell Physician Network); (ii) all IHS employees, staff, unpaid volunteers, and other non-physician personnel; and (iii) all physicians on the IHS medical staff.

These facilities and persons, whom we include as part of IHS for purposes of this Notice, will use and share your health information with each other in order to, among other things, carry out joint treatment, payment, and healthcare operations. These facilities and persons have agreed to abide by this Notice in order to protect the privacy of your health information when conducting these joint health care activities.

IHS may also use and disclose your health information as described below.

## **How IHS May Use and Disclose Your Health Information Without Your Authorization for Treatment, Payment, and Healthcare Operations**

*Treatment.* IHS may use and disclose your health information to provide you with medical treatment and services. For example, a health care provider, like a physician or a nurse, may share your health information with another provider, inside or outside IHS, involved in your care. This sharing is necessary for health care providers to determine the best treatment for you.

*Payment.* IHS may use and disclose your health information for purposes of receiving payment for treatment and services we provide. For example, a bill may be sent to you or to a third-party payor, such as your insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies provided to you.

*Health Care Operations.* IHS may use and disclose your health information for health care operations purposes. For example, your health information may be disclosed to members of the medical staff, risk management and quality improvement personnel, or others to evaluate the performance of our staff, to assess the quality of care and outcomes in your case and similar

cases, to learn how to improve our facilities and services, and to determine how to continually improve the quality and effectiveness of the health care we provide.

### **How IHS May Use or Disclose Your Health Information Without Your Authorization for Other Specialized Purposes**

*Business Associates.* We may use and disclose your health information when necessary for our business associates to provide contracted services to us. For example, if we hire a billing company to provide billing services to IHS, we may disclose your health information to the billing company so it can provide services to us. However, to protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands.

*Appointment reminders and other information.* IHS may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Required by Law.* IHS may use and disclose information about you as required by federal, state, or local law, subject to all applicable legal requirements.

*Public Health.* Your health information may be used and disclosed for public health activities such as assisting public health authorities or other legal authorities in preventing or controlling disease, injury, or disability.

*Abuse, Neglect or Domestic Violence.* We may disclose your health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.

*Healthcare Oversight.* We may be required to disclose your health information to a health oversight agency for oversight activities authorized by law, including investigations, inspections, audits, and similar oversight activities.

*Lawsuits and Disputes.* We may disclose your health information in response to a court order, subpoena, or discovery request issued in the course of a judicial or administrative proceeding. When a subpoena or other request is not accompanied by the order of a court, we will take extra steps to ensure that your health information is appropriately protected.

*Law Enforcement.* Your health information may be disclosed if requested by a law enforcement official for certain purposes, including, but not limited to:

- Responding to a court order, subpoena, warrant, summons, or similar process;
- Identifying or locating a suspect, fugitive, material witness, or missing person;
- Gathering information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; and
- Investigating a death we believe may be the result of criminal conduct.

*Decedents.* Your health information may be disclosed to funeral home directors, medical examiners, and coroners to enable them to carry out their lawful duties.

*Organ/Tissue Donation.* Your health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

*Research.* IHS may use and disclose your health information for research purposes in certain circumstances. For example, IHS may use and disclose your health information when an institutional review board or privacy board has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information.

*Serious Threats to Health and Safety.* Your health information may be used and disclosed to avert a serious threat to your or another person's health or safety. Any disclosure for this purpose would be to someone able to help prevent the threat.

*Inmates.* If you are an inmate of a correctional institution or otherwise in the custody of law enforcement, we may disclose your health information to the correctional institution or a law enforcement official 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.

*Government Functions.* Your health information may be used and disclosed for specialized government functions, such as national security, protection of public officials, or reporting to various branches of the armed services.

*Workers Compensation.* Your health information may be used and disclosed in order to comply with laws and regulations related to workers compensation or other similar programs.

*Other specialized uses and disclosures.* Unless you object or request restrictions, we may also use and disclose health information about you as follows:

- We may share your name, your room number, and your general condition (stable, fair, good) 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 relevant portions of your health information with persons directly involved in your care or payment for your care if those persons are family members, relatives, friends, or other persons identified by you.
- We may share your health information to notify, or assist in the notification of, a family member, relative, friend, or other person identified by you of your location, general condition, or death.
- We may share your health information with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still share the health information about you, if necessary, in emergency circumstances.

- We may contact you for the purpose of raising funds for IHS. You have the right to opt out of receiving such communications, and any fundraising communications you receive will explain how you can opt out.

### **Uses and Disclosures Requiring Authorization**

In situations other than those described above, we will ask for your written authorization before using or disclosing your health information. If you choose to sign an authorization to allow us to use and disclose your health information for certain purposes, you can later revoke that authorization by contacting the Privacy Officer. However, you cannot revoke your authorization for uses and disclosures that we have already made in reliance on the authorization.

The law specifically requires that we obtain your authorization for the following uses and disclosures of your health information:

*Psychotherapy Notes.* We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment, or health care operations functions or as otherwise required or permitted by law.

*Marketing.* We must obtain your authorization for any use or disclosure of your health information for marketing purposes, except if the marketing communication is in the form of a face-to-face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.

*Sale of Health Information.* We must obtain your authorization prior to selling any of your health information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

### **When Other Laws Apply**

In the event that North Carolina law or any other applicable law requires us to give more protection to your health information than stated in this Notice or required by federal privacy law, we will provide that additional protection.

### **Your Health Information Rights**

You have the right to:

- request that IHS restrict certain uses and disclosures of your health information. IHS is not required to agree to a requested restriction in most cases; however, if IHS does agree, it must abide by those restrictions. IHS must agree to a requested restriction if the disclosure is to a health plan for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid in full;
- request and obtain a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically;

- submit a written request to access, inspect, and obtain a copy of your health information, either on paper or electronically, although IHS may deny your request in certain limited circumstances. IHS may charge a reasonable, cost-based fee for providing copies of your health information;
- make a written request to amend your health information, although IHS may deny your request under certain limited circumstances;
- submit a written request that IHS communicate your health information by alternative means or at alternative locations (IHS will accommodate all *reasonable* requests); and
- receive a list of certain disclosures we have made of your health information during the previous six years. The list may not include certain disclosures as provided by law. For example, the list may not include disclosures made for treatment, payment, or health care operations.

### **Obligations of IHS**

IHS is required by law to protect and maintain the privacy of your health information, to provide you with this Notice and abide by the terms of its Notice currently in effect, and to notify you of a breach of your unsecured protected health information.

### **Revisions to this Notice**

IHS reserves the right to revise this Notice at any time and to make the new provisions effective for all health information that it maintains. Revised Notices will be posted at IHS locations and on its website and will be made available to you upon request.

### **Complaints**

You may complain to IHS and to the Department of Health and Human Services (“DHHS”) if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. Complaints to DHHS should be directed to the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303-8909  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

### **Contact Information**

If you have any questions or complaints, please contact the IHS Privacy Officer at extension 3500 (704-878-4500 from outside the hospital) any time between 8:30 A.M. and 5:00 P.M. on weekdays.

OR

Dial our hospital operator at extension “0” (704-873-5661 from outside the hospital) and ask for the Nursing Supervisor.

Effective Date: September 12, 2013