

IREDELL MEMORIAL HOSPITAL  
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 READ IT CAREFULLY.

Iredell Health System (IHS) uses health information about you for a variety of important purposes, including providing you with treatment, obtaining payment for treatment, or for administrative purposes such as the evaluation of the quality of care that you receive. Your health information is generally contained in medical, billing, or 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 our hospital and the health care professionals and other persons authorized to enter protected health information (PHI) into your medical record, including (i) all departments of the System (including the Women’s Breast Health Center, Hospital Based Skilled Nursing Facility, Iredell Physicians Network and Iredell Home Health), that make up IHS; (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 the Notice, will use and share your PHI with each other in order to, among other things, carry out joint treatment, payment and healthcare operations described in more detail below. These facilities and persons have also agreed to abide by this Notice in order to protect the privacy of your PHI when conducting these joint healthcare activities.

**How IHS May Use or Disclose Your Health Information for Treatment, Payment or Healthcare Operations**

*Treatment.* IHS may use or disclose your health information to others in order to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

*Payment.* IHS may use or disclose your health information to other for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you of the a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. When making payment-related disclosures, we will comply with North Carolina laws governing records related to communicable diseases.

*Health Care Operations.* IHS may use and disclose your health information for healthcare operations purposes. For example, you health information may be disclosed to members of the medical staff, risk or quality improvement personnel, or others to:

- evaluate the performance of our staff
- access the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

**HIPAA Information Consent Packet – Acknowledgement of Receipt of Privacy Notice**

Patient Information 03/2019	Iredell Health System	
	557 BROOKDALE DRIVE STATESVILLE, NC 28677-1828 PHONE 704-873-5661	

When making disclosures for healthcare operations, we will comply with North Carolina laws governing records related to communicable diseases.

**How IHS May Disclose Your Health Information for Other Specialized Purposes**

*Business Associates.* We may use and/or disclose your health information when the use/disclosure is necessary for our business associates, such as reference laboratories or consultants, to provide contracted services to the hospital. To protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands. These disclosures may also be limited by certain North Carolina laws governing pharmacy, mental health facility, or nursing facility records, or records related to communicable diseases.

*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 the individual.

*Required by Law.* IHS may use and disclose information about you as required by law, subject to all applicable legal requirements. For example, IHS may disclose information for the following purposes:

- *For judicial and administrative proceedings.* We may disclose your health information in response to a court order, subpoena, or other lawful request for information in the course of legal proceedings, except as limited by federal privacy law and certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases or controlled substances use.
- *To report information related to victims of abuse, neglect or domestic violence.* We may disclose your health information when the disclosure relates to victims of domestic violence, abuse or neglect, including abuse or neglect of a child or an incapacitated adult, except as limited by federal privacy law and certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases.
- *To assist law enforcement officials in their law enforcement duties.* We may disclose your health information as required by law enforcement officials. These disclosures, however, may be subject to certain restrictions under federal privacy law, as well as North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases or controlled substances use.

*Public Health.* Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities, except as limited by federal privacy law and North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases and cancer.

*Healthcare Oversight.* We may be required to disclose your health information to assist in investigations and audits, eligibility for government programs, and similar oversight activities, except as limited by federal privacy law and certain North Carolina laws governing pharmacy, nursing facility, ambulatory surgical facility, nursing pool, or cardiac rehabilitation program records, or records related to communicable diseases.

*Decedents.* Your health information may be disclosed to funeral home directors, medical examiners, or coroners to enable them to carry out their lawful duties. These uses or disclosure, however, may be limited by certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases.

*Organ/Tissue Donation.* Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes, except as limited by certain North Carolina laws governing pharmacy and nursing facility records, or records related to communicable diseases.

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

*Serious Threats to Health and Safety.* Your health information may be used or disclosed to avert a serious threat to the health or safety of you or any other person, except as limited by federal privacy law and certain North Carolina laws governing pharmacy and nursing facility records, or records related to communicable diseases. Any disclosure for this purpose would be to someone able to help prevent the threat.

*Inmates.* We may use or disclose your health information when the use or disclosure is to a correctional institution or in other custodial situations, but only when necessary for the correctional 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. These uses or disclosures may be further limited by certain North Carolina laws governing pharmacy, nursing facility or mental health facility records, or records related to communicable diseases.

*Government Functions.* Your health information may be used or 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 or disclosed in order to comply with state laws and regulations related to Workers Compensation.

*Marketing.* We may use and/or disclose your health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication (i) occurs in a face-to-face meeting with you or (ii) concerns promotional gifts of a nominal value. These disclosures may be limited, however, by certain North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to communicable diseases.

*Other specialized uses and disclosures.* Unless you object or request restrictions, we may also use or 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 a family member, relative, friend, or other person 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 for 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.
- Even if you agree or do not object, however, all of the above uses or disclosures may be limited by certain North Carolina laws governing pharmacy, mental health facility, or nursing facility records, or records related to controlled substance abuse and communicable diseases.

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## Your Health Information Rights

You have the right to:

- request that IHS restrict certain uses and disclosures of your health information; however, IHS is not required to agree to a requested restriction;
- request and obtain a paper copy of the Notice;
- submit a written request to access, inspect, and obtain a copy of your health information, although IHS may deny your request in certain circumstances;
- make a written request to amend your health information, although IHS may deny your request under certain 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 an accounting of disclosures made of certain health information as provided in federal privacy law.

### Obligations of IHS

IHS will obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law (and you may revoke such authorizations to the extent that action has not already been taken in reliance upon them). In addition, IHS will protect and maintain the privacy of your health information, provide you with this Notice, and abide by its terms.

### Revision to the Notice

IHS reserves the right to revise this notice to reflect material changes in the uses or disclosures, individual rights, IHS's legal duties, or other privacy practices stated in the Notice. Unless required by law, a material change in this Notice will not be implemented prior to effective date of the Notice in which the change is implemented; however, changes may impact all current health information. Revised notices will be posted at IHS 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 should be directed to the DHHS Office of Civil Rights at the following address:

Office of Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S. W.  
Atlanta, Georgia 30303-8909

### 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., weekdays.

OR

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

Effective Date: March 3, 2019

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03/2019

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