

CRAVEN REGIONAL MEDICAL CENTER

NOTICE OF PRIVACY PRACTICES

ORIGINAL EFFECTIVE DATE: April 14, 2003

VERSION 2 – Effective May 1, 2007

VERSION: 3

EFFECTIVE June 1, 2008

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.

If you have any questions about this notice, please contact the Privacy Director at (252) 633-8794.

WHO WILL FOLLOW THIS NOTICE?

This notice describes Craven Regional Medical Center's (including, but not limited to: Craven Regional Medical Center, Craven Surgery Center, Craven Diagnostic Center, Craven Primary Care, Craven Home Care, Partial Hospitalization, Coastal Rehabilitation and Crossroads - hereafter collectively referred to as "CRMC" or the "Medical Center") practices at all its locations and that of:

- Any independent health care professional who is on the medical staff and authorized to enter information into your medical record.
- All departments and units of CRMC.
- Any member of a volunteer group we allow to help you while you are in CRMC.
- All employees, staff and other CRMC personnel and contract providers.
- All students or trainees.

All the above persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment, payment, or CRMC operations purposes and the purposes described in this notice. The independent health care professionals, who provide care at CRMC and have agreed to follow the terms of this notice, are not employees or agents of CRMC and CRMC is not responsible for how they fulfill their professional responsibilities.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Medical Center. This record is the physical property of CRMC. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care and billing for care that are created at CRMC, whether made by CRMC personnel or your independent personal doctor or other independent health care personnel who are responsible for their own actions. Your personal doctor or other independent health care personnel treating you may have different policies regarding confidentiality and disclosure of your medical information that apply to medical information that is created in their offices or at locations other than CRMC.

This notice will tell you about the ways in which the people listed above may use and disclose medical information about you at CRMC. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information at CRMC.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices at CRMC with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Where specific State or federal law may require your consent to make certain disclosures described in this Notice, CRMC will request your consent, in accordance with such law, through the consent forms signed at admission, acknowledgement of this Notice or otherwise at a later time.

1. For Treatment. We may use and disclose medical information about you to provide you with medical treatment or services. We may disclose medical information about you to independent doctors who are members of CRMC's medical staff, nurses, technicians, CRMC personnel, representatives of equipment distributors and other vendors, or students who are involved in taking care of you at the Medical Center. 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. Different departments of the Medical Center also may share medical information about you in order to coordinate what you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside CRMC who may be involved in your medical care before or after you leave the Medical Center, or who provide services, such as other doctors, health care professionals, or home health agencies. We will seek your consent to such disclosures when required by specific State or federal law.

2. For Payment. We may use and disclose medical information about you so that the treatment and services you receive at CRMC or from other providers may be billed by CRMC or other independent providers and payment may be collected from you, an insurance company, health plan, Medicare, Medicaid, or a third party. For example, we may give your insurance company or health plan information about surgery you received so your insurance company or health plan will pay us or reimburse you for the surgery. We may also tell your insurance company or

health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance company or health plan will cover the treatment. Our disclosure of medical information for the purpose of obtaining payment for the care provided to you may also include our or a third party giving information to other family members who are insureds on your policy or to someone who helps pay for your care. We may also disclose to and obtain medical information from independent health care practitioners involved in your care so each of us can seek and obtain payment for the services and supplies provided to you. We will seek your general consent to such disclosures for payment purposes when required by specific State or federal law.

- 3. For Health Care Operations.** Our staff and business associates may use and disclose medical information about you for Medical Center operations. These uses and disclosures are necessary to run the Medical Center and make sure that all of our patients receive quality care. For example, we may disclose medical information to obtain certification to participate in the Medicare and Medicaid programs, to be licensed or to obtain accreditation, or use medical information to review our treatment and services and to evaluate the qualifications and performance of our staff and medical staff in caring for you. We may also combine medical information about many CRMC patients to decide what additional services the Medical Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to nurses, technicians and other CRMC personnel, independent doctors who are medical staff members and students who are having clinical education experiences at CRMC for review and learning purposes. We may also disclose information about you to drug, device or equipment company representatives to evaluate the effectiveness of different types of drugs, devices or equipment in the treatment of our patients. We may also share the medical information we have about you with national or regional registries or quality improvement organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may also disclose information about you to the independent health care professionals on our medical staff for their health care operations purposes, such as for them to be licensed, accredited or certified.
- 4. Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at CRMC. We will send you a letter at the address you have provided or will leave a message for you at any telephone number you give us stating the time of the appointment and the name of the person with whom you have the appointment unless we have agreed in writing to your written request to handle appointment reminders in a different way.
- 5. Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- 6. Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- 7. Fundraising Activities.** The Medical Center does not use patient information for fundraising activities. We also will not share information about you with people or organizations that are involved in general fund-raising activities.
- 8. CRMC Patient Directory.** Unless you tell us otherwise, we may include certain limited information about you in the directory while you are a patient at the Medical Center. This information may include your name, location in the Medical Center and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. This is so that your family, friends and clergy can visit you in the Medical Center and generally know how you are doing. If you choose not to be listed in the directory, then we will not be able to acknowledge that you are in the Medical Center to your family, friends, clergy or florists. If you do not want anyone to know this directory information about you, you must notify the Privacy Director in writing or indicate your choice on the Medical Center's **Patient Directory Exclusions Form**. If you are a patient in the Crossroads Unit, your information will not be included in the patient directory. The Medical Center also reserves the right, in its discretion, to not include patients in the directory .
- 9. Individuals Involved in Your Care.** We may disclose medical information about you to a friend or family member who is involved in your medical care, unless you object on the Medical Center's **Patient Directory Exclusions Form**. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You may object to these disclosures by

telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to disclose relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

10. **Individuals Not Involved in Your Care.** Unless you object on the Medical Center's **Patient Directory Exclusions Form**, we may disclose a brief description of your general condition such as fair, critical, or stable to individuals who are not involved in your care who contact us about your condition. If you want to limit this information from being disclosed or if you want to limit who gets this information, you must notify your nurse.

11.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to a special approval process. We will seek your consent for disclosure of medical information to any researchers that are not already involved in your care if the disclosure will identify who you are. Medical information about you that has had identifying information removed may be used for research without your consent.

12. **As Required or Permitted By Law.** We will disclose medical information about you when required or permitted to do so by federal, State, or local law. For example, North Carolina law requires that certain injuries to children or disabled adults be reported to State officials. We may also disclose medical information about you when permitted to do so by federal, State, or local law.

13. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who is able to help prevent the threat and would be limited to the information needed.

14. **Organ and Tissue Donation.** We are required by law to release medical information concerning deceased patients to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary for them to determine possible organs or tissues to be donated and to contact family members about the possibility of such donations. If you are an organ or tissue donor, we are also required by law to provide medical information about you to the entity that receives the organ or tissue donation.

15. **Workers' Compensation.** In accordance with State law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness. In accordance with State law, we may also release without your consent medical information about you in response to a workers' compensation medical status questionnaire approved by the Industrial Commission. These disclosures may also be made to CRMC as an employer.

16. **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include, but are not limited to, the following:

- to report, prevent or control disease, injury, or disability;
- to report births and deaths;
- to report suspected abuse or neglect as required by law;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using; and

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

17. Health Oversight Activities. We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and accreditation. Under State law, a patient of a hospice, home health agency, freestanding ambulatory surgical facility, or nursing home has the right to object in writing to the inspection of his or her records by licensure officials. The oversight agencies use these activities to monitor the health care system, government programs, and compliance with applicable laws.

18. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute in State court by furnishing your medical records or information under seal to the court. Under North Carolina law, the copies of your medical record under seal may only be opened by the judge, the parties to the case or their attorneys unless a judge orders otherwise.

19. Law Enforcement. We may release without your consent certain medical information to a law enforcement official:

- In response to a court order, grand jury demand, search warrant, or similar process authorized under law;
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;

In response to a request from law enforcement for information to help locate a fugitive, material witness, suspect, or missing person;• To report a death or injury we believe may be the result of criminal conduct;

- To report suspected criminal conduct committed at the Medical Center.
- To report suspected criminal conduct witnessed by Emergency Medical Technicians outside the Medical Center campus; or
- Concerning your name, current location, and whether you appear to be impaired if you were involved in a motor vehicle accident.

If you are charged with driving while impaired, North Carolina law gives the charging law enforcement official the right to require hospital personnel to obtain a blood or urine sample from you even without your consent.

Other than the above, if you have been a victim of a crime, the Medical Center will provide requested information to law enforcement only with your consent, unless you are incapacitated and an emergency situation exists and in our professional judgment provision of information is in your best interest.

We will observe any additional restrictions that may apply under State or federal law if you are a patient in the Crossroads Unit.

20. Coroners, Medical Examiners, and Funeral Directors. We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of CRMC to funeral directors to carry out their duties.

21. Inmates. If you are an inmate of a correctional institution or in the custody of law enforcement, we may release without your consent medical information about you to the correctional institution or law enforcement official

who has custody of you, if the correctional institution or law enforcement official represents to CRMC that such protected health information is necessary: (1) to provide you with health care; (2) to protect your or other inmates' health and safety; (3) to protect the health and safety of officers, employees or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to receive payment for services provided.

22. **Drug and Alcohol Programs and Psychotherapy Notes.** Regardless of the other parts of this Notice, any information obtained about you while you are being treated in a special unit, by a designated program or by medical personnel whose primary function is to diagnose, treat or refer you for treatment of alcohol or drug abuse, will only be disclosed if you sign a specific written consent, pursuant to a court order or in accordance with applicable law. Psychotherapy notes will not be disclosed outside the Medical Center except as authorized by you in writing or pursuant to a court order or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within the Medical Center, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against the Medical Center, unless you have properly authorized such disclosure in writing.
23. **Minors.** A minor patient may decide whether and to whom protected health information about him or her may be disclosed when the minor has the right under State or federal law to consent to the treatment related to the protected health information, such as for treatment of sexually transmitted diseases, pregnancy or outpatient treatment of emotional conditions or alcohol or drug abuse. In other circumstances, where the minor's parent must consent to the treatment of the minor, the minor's parent has the right to decide to whom the protected health information may be disclosed outside the Medical Center.
24. **Security and Intelligence.** We may give out your medical information as required by applicable law without your permission to authorized federal or state officials for intelligence, counterintelligence or other governmental activities prescribed by law to protect our national security.
25. **Active or Reserve Duty Military Personnel.** If you are an active duty member or reservist of the Armed Forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also disclose information about you to military command authorities to comply with military health surveillance requirements or for an activity necessary to carry out the military mission.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

1. **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your medical record unless your treating physician determines that providing you with such information would be injurious to your physical or mental well-being. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by the Medical Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

Your health information is contained in records that are the property of the Medical Center. To inspect or receive a copy of your medical record, you must submit your request in writing to Health Information Services. 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 and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

2. **Right to Amend.** If you feel that written medical information we have about you in your record 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 CRMC.

To request an amendment, your request must be made in writing and submitted to the Health Information Services Director. In addition, you must provide a reason that supports your 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:

- Was created by a provider other than the Medical Center, unless the provider who created the information is no longer available to consider or make the amendment;
- Is not part of the medical information kept by or for CRMC;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

3. **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you during the prior six years but not before April 14, 2003. We are not required to keep or provide an accounting of disclosures to you made pursuant to your authorization or for treatment, payment or health care operations purposes.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Director. Your request must state a time period that may not be longer than six years prior to the request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically). 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 may collect the fee before providing the list to you.

4. **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may revoke any and all authorizations you had given to us relating to disclosure of your protected health information.

We are not required to agree to a request to restrict use or disclosure of your information within CRMC or among the health care professionals currently involved in your care at CRMC except with regard to psychotherapy notes. If we agree to a restriction, we will comply with your requested restriction unless the information is needed to provide you emergency treatment or is required by law to be disclosed.

To request restrictions, you must make your request in writing to the Health Information Services Director. 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.

5. **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 by mail, or at a mailing address other than your home address.

To request confidential communications, you must make your request in writing to the Privacy Director and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Medical Center website at www.cravenhealthcare.org. To obtain a paper copy of this notice, contact the CRMC Public Relations Department at (252) 633-8154.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made in accordance with your consent or as required by law. CRMC may not condition treatment of you on your providing permission to release your confidential medical information to any third party not involved in your care at CRMC. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the next business day after the day on which you provide it in writing to the Privacy Director. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Medical Center and on the Medical Center website. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CRMC or with the Secretary of the Department of Health and Human Services. To file a complaint with CRMC, contact either the Patient Relations Manager or the Privacy Director, at 2000 Neuse Boulevard, Post Office Box 12157, New Bern, NC 28561. All complaints must be submitted in writing. You will not be penalized for filing a complaint.