

Beaufort County Hospital Association, Inc.

**JOINT NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003**

If you have any questions about this Notice, please dial (252) 975-4100 and ask to speak to our Privacy Officer.

This Notice tells how medical information about you can be used and disclosed, and how you can get access to this information. Please review it carefully!

- The term “protected health information,” (PHI) means any health information about you that identifies you or there is reason to believe it’s you. In this notice, we call all of that protected health information “medical information”.

Each time you visit a hospital, doctor, or other health care office, a record of your visit is made. This record usually contains your symptoms, the exam and test results, what the doctor thinks is wrong, how they are going to treat your problem, a plan for your future care or treatment, and billing-related information. This Notice applies to all of the records of your care at Beaufort County Hospital Association, Inc. and related care providers, whether made by hospital employees, people who represent the hospital, your personal doctor, or others.

I. Who will follow this Notice?

- Anyone who can enter information into your hospital chart;
- All departments, units, clinics, etc. of the hospital;
- Any student or volunteer that we allow to help you while you are in the hospital;
- All employees and persons who are associated with the hospital; and
- All doctors and independent contractors who provide medical care to you while at Beaufort County Hospital. *(Important Note: These doctors are financially, legally, and physically separate from Beaufort County Hospital. Following this Notice does not make them employees or agents of Beaufort County Hospital. Your personal doctor may have different privacy policies or Notices about the doctor’s use and release of your medical information..)*

II. Our Responsibilities According to Federal law

Federal law requires that we keep your medical information private, that we provide you with a copy of this Notice of Privacy Practices, and that we follow the Notice that is in effect. We reserve the right to make changes to this Notice, and to make the new Notice effective for all medical information that we maintain. If we make an important change in the Notice, we will post the new Notice in our waiting areas, and will provide you with a copy of the revised Notice upon your request. You can always obtain a copy of our current Notice by contacting our Privacy Officer.

III. Definitions: Disclose - to release or give to. Object - don’t want us to do something. Use – sharing information among ourselves.

IV. How we will use and disclose Protected Health Information about you.

We will share medical information about you with each other as necessary to provide you with health care, to obtain payment for that health care, and to operate our business effectively. We may also use and disclose medical information about you for a number of different purposes, which we describe below. For each of the categories of uses or disclosures described, we will explain what we mean and try to give an example. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose your health information will fall within one of the categories.

A. Treatment, Payment, and Healthcare Operations (TPO)

Treatment. We may use and disclose medical information about you as necessary to provide for, coordinate, or manage your health care and related services without obtaining your prior written consent. For example, if you have a broken leg, we may share your health information with doctors, nurses, x-ray technicians, and other health care providers who need access to your medical information in order to treat your broken leg.

Payment. We may use your medical information to arrange payment for our services. For example, our billing, accounts receivable, and collections employees may have access to your medical information for payment purposes. For example, we may share portions of your medical record with your insurance company to ask about coverage under your plan, and for approval of payment before we provide services to you.

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Healthcare Operations. We may use your medical information for a variety of business activities that we call “health care operations”. We make these uses so that we can improve the quality of care we provide and to reduce health care costs. For example, we may use your medical information to evaluate the skills of the nurse who provides services to you, or to learn how to improve our facilities and services. Also, we may share medical information about you with our accountants, lawyers, and others who assist us in complying with this Notice and other laws.

B. Uses and Disclosures You Can Object To. Unless you object, we may disclose medical information about you in the following ways:

- Hospital Directory* – We may share your name, room number, and your general condition (such as fair, stable, etc.) with clergy and with people who ask for you by name.
- Persons involved in your care or payment for your care* – We may give medical information about you to a relative, close personal friend or any other person you say if that person is involved in your care or payment for your care. If the patient is a minor, see Section E of this notice.
- Disaster Relief* – We may release medical information about you to a public or private office such as the American Red Cross. Even if you object, we may still share medical information about you if necessary in an emergency situation.

If you object to our use or disclosure of your medical information for any of the above purposes, please let us know and fill out the “Objection to Certain Uses or Disclosures of Medical Information” form.

C. Certain Other Uses and Disclosures That Do Not Require Your Prior Written Authorization or Consent. We may use and disclose your medical information without your permission in certain other situations, including the following:

1. **When disclosure is required by federal or local law, judicial or administrative proceedings, or law enforcement.** There are many federal, state, and local laws that require us to use and disclose medical information about you. For instance, North Carolina law requires us to report gunshot wounds and other injuries to the police. We will disclose your medical information when a law requires us to report information to a government agency, to a law enforcement agency, or when we receive a valid court order or subpoena. We also will disclose information when we suspect abuse or neglect of a child or disabled adult.
2. **When the use and/or disclosure is for health oversight activities.** We may disclose medical information about you to a health oversight agency (which is basically an agency responsible for overseeing the health care system, or certain government programs). For example, a government agency may request information from us while investigating whether we are in compliance with laws and regulations.
3. **For public health activities or to avert a serious threat to health and safety.** We may report information about certain diseases to the local health department, and we may provide information to law enforcement or another person if we believe, in good faith, that the use or disclosure is necessary to prevent serious and imminent threat to the health or safety of a person or the public.
4. **For specialized government functions.** We may disclose your medical information to authorized federal officials for the conduct of lawful intelligence, counterintelligence and other national security activities authorized by law.
5. **For workers' compensation.** In the event your visit is related to a workers' compensation claim, we may disclose your medical information about you in order to comply with workers' compensation laws.
6. **Appointment reminders and health related benefits or service.** We may use your medical information to remind you that you have an appointment with us, or to tell you about treatment alternatives or other health care services we offer.
7. **Law enforcement.** We may disclose medical information about you to law enforcement officers if a threat is made to commit a crime on the hospital's premises or against hospital personnel.
8. **Coroners.** We may disclose medical information to coroners and funeral directors as necessary to carry out their duties, and to others for collection of vital statistics or inquiry into cause of death.
9. **Organ donation.** We may disclose medical information about you for purposes of organ, eye, or tissue procurement or transplantation, or to an organ bank.
10. **Business Associates.** We may disclose your medical information to certain persons or organizations who help us provide services to you.

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D. Uses and Disclosures Requiring Your Authorization

Categories of uses and disclosures of your medical information that are not listed above will be made only with your written permission. For instance, if you want us to release your medical information to an insurance company when applying for life insurance, we will ask for your written authorization.

E. Where North Carolina Law Provides You With Greater Protection than Federal Law

In some circumstances, North Carolina law provides you with greater protection than Federal Law; in those circumstances, we will follow the requirements of State law. For instance:

1. Your relationship with your Doctor. To allow us to disclose confidential information in your medical record under state law, we will ask you to sign a consent form for us to disclose your medical information to others for purposes of treatment, payment, and healthcare operations. This is different from the authorization mentioned in other parts of this Notice.
2. Mental Health Treatment. We will ask you to sign a consent form giving us permission to release mental health information to others for purposes of treatment, payment and healthcare operations. Situations where we may release information *without* your consent include the following:
 - a. Our employees and professional advisors;
 - b. Agencies or people that help us carry out our responsibilities for your care or that oversee our operations;
 - c. Emergency medical service;
 - d. Other mental health agencies or their employees in order to coordinate your care;
 - e. If we believe you are an immediate danger to yourself or others;
 - f. If we suspect abuse or neglect of a child or disabled adult;
 - g. As required in a court proceeding regarding your mental health status, such as in a commitment hearing;
 - h. To public health authorities if you have a communicable disease and we have reason to believe that you are not complying with your treatment plan; and
 - i. Next of kin if they play a vital role in your treatment.
3. Minors. If the patient is an unemancipated minor under North Carolina law, we will not disclose information that is related to the prevention, diagnosis or treatment of venereal disease, pregnancy (except in the case of sterilization or abortion), drugs or alcohol abuse, or emotional disturbance to the parent or other legal guardian without the minor's consent. However, we may provide the information to the minor's legal guardian in two circumstances: (1) if, in the opinion of the attending physician, the notification is essential to the life or health of the minor; or (2) if the minor's parent, legal guardian, or other legal custodian contacts us concerning the minor's treatment.
4. Substance abuse services. If you have requested treatment or rehabilitation for substance abuse, we will not disclose your name to any police officer or other law-enforcement officer unless you consent to the disclosure. We will continue to keep your name confidential even if we refer you somewhere else for treatment or rehabilitation. We will ask you to sign a consent form giving us permission to release health information for treatment, payment and operation. Situations where we may release information *without* your consent include the following:
 - a. Our employees and agencies or individuals who help us care for you;
 - b. Emergency medical service;
 - c. Other agencies or their employees in order to coordinate your care;
 - d. If we suspect abuse or neglect of a child;
 - e. Court order or valid subpoena; or
 - f. To law enforcement about a crime or threatened crime on the premises or against program employees.
5. Persons with HIV/AIDS or certain other communicable diseases. Other than described above, we will not disclose information regarding your AIDS, HIV, or certain other communicable disease status (such as tuberculosis, or syphilis) without your written permission. However, we may disclose such information in limited circumstances, including: (i) if your identity could not be determined from the information disclosed; (ii) if the disclosure is required or permitted for public health surveillance, investigation, or intervention; or (iii) if a subpoena or court order requires us to disclose the information.

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V. Your Rights Regarding Medical Information About You

1. *You have the right to ask that we limit how we use or disclose medical information about you.* We will consider your request, but are not legally bound to agree to it. If we agree to your request, we will put it in writing and follow it, except in emergency situations. We cannot limit uses that are required by law.
2. *You have the right to choose how we send PHI about you to an alternate address* (for example, to your work address instead of your home address), or by alternative means (for example, by e-mail instead of regular mail). If we can easily provide the information in the format you request, then we must agree to your request and abide by it.
3. *You have the right to see and copy medical information about you* unless your access is restricted for clear and documented treatment reasons, such as psychotherapy notes. There will be costs associated with the copy process. Contact the Medical records department for these costs. We have 30 days to respond to your request. If we deny your request to copy or see, we will give you written reasons for the denial and explain your right to have the denial reviewed. You can access your information by calling the Medical Records department at (252) 975-4229.
4. *You have the right to request, in writing, that we correct or add to your medical record* if you believe that there is a mistake or missing information in our record of your medical information, for as long as the information is kept by or for the hospital. We will respond within 60 days of receiving your written request. We can deny the request if (i) it is not in writing; (ii) does not include a reason to support the request; (iii) the information was not created by us; (iv) the information is not part of the medical information kept by or for the hospital; (v) the information is not part of the record you are allowed to inspect or copy; or (vi) the information is accurate and complete. If we deny the request, we will give you our reasons for the denial in writing. You can give us a written statement disagreeing with this denial and we can put this whole process in any future use or disclosure of your medical information. If we accept your request to change the information, we will make reasonable effort to inform others of the change. To request an amendment (change), your request must be made in writing and given to the Medical Records Manager.
5. *You have the right to a list of certain disclosures we have made about you.* This is called an “accounting of disclosures”. This list would include the date, name (and address, if available), a brief description of what was given, why the information was disclosed, and to whom the information was given. You can request this list as far back as six years, beginning April 14, 2003. We have 60 days to respond to your written request. There is no charge for one copy of the list per year. After that, we will charge you.
6. *You have the right to receive a copy of this Notice.* You can request a paper copy of this Notice at any time, even if you have agreed that we may provide the Notice and any changes to you via e-mail or other electronic means. To obtain a paper copy of this notice, please contact our Privacy Officer at (252) 975-4100.

VI. How You May File a Complaint

If you think we may have violated your privacy rights, or you disagree with a decision we have made about access to your medical information, you have the right to file a complaint with us or with the US Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint, contact:

Privacy Officer
Beaufort County Hospital
628 East 12th Street
Washington, NC 27889
(252) 975-4100 or (800) 685-6810
E-mail: staffservices@bchosp.org

OR

Office of Civil Rights
US Department of Health and Human Services
Atlanta Federal Center; Suite 3B70
60 Forsyth Street, SW
Atlanta, GA 30303-8909