

**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 Cleveland County HealthCare System's (CCHS) Privacy Officer at (704) 487-3000

*Federal law requires CCHS to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. CCHS must abide by the terms and conditions of this Privacy Notice. CCHS may revise this Privacy Notice from time to time.*

**OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We will create a record of the care and services you receive at CCHS and its facilities. 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 generated by CCHS and its facilities, whether made by CCHS personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

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 with respect to medical information about you; and,
- Follow the terms of the notice that is currently in effect.

**WHO WILL FOLLOW THIS NOTICE?**

For purposes of this notice, CCHS includes the facilities listed on the front cover of this notice.

This notice describes CCHS' practices and that of:

- Any health care professional providing services at one of the CCHS entities. This includes independent physicians and professionals treating you at CCHS facilities. These independent physicians and professionals, together with the CCHS entities, constitute an Organized Healthcare Arrangement under certain laws governing the privacy of health information only. These individuals are otherwise independent practitioners and are not agents of any of the CCHS facilities.
- All departments and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.

All of the above-listed persons and entities may share health information with each other for treatment, payment or healthcare operations.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.**

CCHS may use your individually identifiable health information for treatment, payment and health care operations. The following categories describe different ways that we use and disclose health information. For each category of use 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:

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students or other facility personnel who are involved in taking care of you at the facility. 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 facility also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose health information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as family members, clergy or others we use to provide services that are part of your medical care. The disclosure of health information for treatment could include consulting with or referring your case to another health care provider

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the facility may be billed to and payment collected from you, an insurance company or a responsible third party. For example, we may need to give your health plan information about surgery you received at the facility so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose health information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care.

Some examples of uses and disclosures for "Treatment, Payment and Health Care Operations" are set forth below:

- We may use and disclose health information to review our treatment and services and to evaluate the performance of our staff in caring for you. This could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services CCHS provides to you.
- We may combine health information about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective,
- We may use and disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes.
- We may combine the health information we have with health information from other facilities to compare how we are doing and to see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health

care and health care delivery without learning who the specific patients are.

- We may use and disclose health information to contact you, by phone or by mail, to remind you that you have an appointment for treatment or medical care.
- 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.

• We may use and disclose health information about you to contact you in an effort to raise money for CCHS and its operations. We may disclose health information to a foundation related to a treatment or service so that the foundation may contact you in raising money for CCHS. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want the facility to contact you for fundraising efforts, you must notify CCHS's Privacy Officer in writing.

• There are some services provided in our organization through contracts with business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we've asked them to do and bill you or your insurance company for the services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

• We may include certain limited information about you in the facility directory while you are a patient here. This information may include your name, location in the facility, your general condition (e.g., fair, serious, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may 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 pastor, priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility.

We may release health information about you to a family member, other relative, close personal friend or any other person that you identify, who is involved in your care or payment related to your care.

**OTHER DISCLOSURES PERMITTED/ REQUIRED BY LAW:**

In addition to treatment, payment and health care operations, the law permits or requires CCHS to use or disclose individually identifiable health information in the following situations:

- To comply with public health reporting and notification requirements, including reporting of adverse product events to the Food and Drug Administration.
- To report suspected abuse, neglect or domestic violence, as required by law.
- To submit information to health oversight agencies for oversight activities, such as audits, authorized by law.
- To respond to a final order or subpoena of a court or administrative tribunal.
- To assist law enforcement personnel, as required by law, or to fulfill a law enforcement request for certain limited information for

the purpose of identifying or locating a suspect, witness, or victim in an investigation, or to report a potential crime.

- To assist a coroner, medical examiner or funeral director in performing their duties.

• To assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation.

• To further research, provided that CCHS complies with federal requirements.

• To avert a serious and imminent threat to public health safety.

• To assist with government activities related to the military, veterans, or national security. For example, if you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release information about foreign military personnel to the appropriate military authorities.

• To assist authorized federal officials so they may conduct special investigations or provide security to the President or foreign heads of state.

• To comply with workers' compensation or similar laws.

• To allow individuals responsible for your care to assist you in the event of your incapacity or an emergency.

• To assist a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of law enforcement officials.

• To conduct blood testing for certain diseases (e.g., the HIV virus, Hepatitis B and C) in the event a health care worker may accidentally be exposed to blood or other body fluids. These tests are necessary to protect and counsel the health care worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required or permitted by law.

**MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION:**

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following:

• ***If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirements,*** CCHS will only disclose information regarding your AIDS, HIV or communicable disease status with your written permission except (i) if you cannot be identified from the information, (ii) as disclosure is required or permitted under communicable disease law or laws specifically authorizing or requiring disclosure of AIDS information or records, (iii) if a subpoena or court order requires disclosure, or (iv) if release is necessary to protect public health. When you sign a written consent, you are agreeing that CCHS may disclose or use this information for treatment, payment and health care operations purposes. If CCHS reveals your information for any purpose

other than treatment, payment or health care operations purposes, then you must sign a different permission form.

- **If you provide confidential information to a social worker,** the social worker will not reveal that information to anyone unless you give permission in writing. When you sign a written consent, you are agreeing that a social worker may share information you have provided to the social worker when the social worker discloses this information for treatment, payment and health care operations purposes. If the social worker reveals your information for any purpose other than treatment, payment or health care operations purposes, then you must sign a different permission form. However, please note that the social worker may reveal information you have given to the social worker without your written permission if the law requires the social worker to do so or not revealing the information may present a clear and imminent danger to you or others.
- **If you provide confidential information to a substance abuse professional,** then the substance abuse professional will not reveal that information to anyone, unless you give permission in writing. When you sign a written consent, you are agreeing that a substance abuse professional may share information you have provided to the substance abuse professional when the substance abuse professional discloses this information for treatment, payment and health care operations purposes. If the substance abuse professional reveals your information for any purpose other than treatment, payment or health care operations purposes, then you must sign a different permission form. However, please note that the substance abuse professional may reveal the information without your written permission if there is a clear and imminent danger to you or to others; in a medical emergency, but then only to an appropriate professional or to public authorities; or, when the law requires the substance abuse professional to disclose the information.
- **If you are seeking treatment and rehabilitation for drug dependence,** CCHS shall not reveal your name to law enforcement officers or agencies, unless you provide us with written permission. CCHS shall also not reveal your name in any court, grand jury or administrative proceeding without your written permission, unless the law compels CCHS to reveal your name.
- **For patients of CCHS's cardiac rehabilitation program,** you have the right to object in writing to CCHS's disclosing your individually identifiable health information to the North Carolina Department of Health and Human Services during an inspection.
- **If you are an unemancipated minor under North Carolina law,** then CCHS physicians will not disclose, without your consent, information related to your health status regarding treatment for venereal disease, pregnancy (except in the case of an abortion), abuse of drugs or alcohol or emotional disturbance to a parent, legal guardian, person standing in loco parentis or a legal custodian who has legal authority to provide permission for your medical or psychiatric care. However, the physician may notify these individuals if in the physician's opinion the notification is essential to your life or health. In addition, the physician may give such information if your parent, legal guardian, person standing in loco parentis or legal custodian contacts the physician concerning your treatment.

- **For patients receiving mental health, developmentally disabled or substance abuse services:**

- Except as described in these paragraphs, CCHS may only use or disclose your confidential information if you sign a consent or authorization that specifies the name of the persons to whom CCHS may disclose the information. Your consent and authorization must also state the specific time period during which the permission is valid.
- If a court has adjudicated you incompetent or you are a minor, CCHS will not disclose your health information to a person acting as an external client advocate on your behalf, unless you and/or your legally responsible person have executed a consent or authorization.
- CCHS may also disclose your health information, without your consent or authorization, in the following circumstances: (i) to other health care providers treating you, as necessary to meet an emergency, provided that we attempt to obtain your consent after the emergency; (ii) to health oversight agencies for oversight activities (e.g., audits); (iii) to internal client advocates to monitor services that CCHS is providing to you and to serve as an advocate; (iv) to provide law enforcement agencies and other persons with information regarding your escape from, breach of condition of release from and/or return to a 24-hour facility, in order to assure your expeditious return and protect the public; (v) to an attorney upon your request or to your personal representative; (vi) to comply with the provisions of a court order; (vii) to the court, certain attorneys and/or other interested parties in connection with certain legal proceedings (including involuntary commitment, guardianship, criminal cases, and others) where your confidential information is relevant to the proceeding; (ix) in some circumstances, to attorneys representing CCHS or its employees; (x) as the law requires, including laws requiring reporting of abuse or neglect; (xi) to a correctional institute to facilitate your treatment; (xii) to avert an imminent and serious threat to the health or safety of yourself or another individual; (xiii) to business associates who perform services for CCHS and who have a contract with CCHS that prohibits the business associate from further disclosing the information; (xiv) in certain cases, limited information, such as the act of admission or discharge, certain transfers, decision to leave against medical advice, referral and appointment information for treatment after discharge to certain individuals you designate, your next of kin, and/or certain other family members, to provide them with basic information related to your treatment. CCHS will not disclose more detailed information about your treatment to these individuals (e.g., diagnosis, prognosis, medications prescribed, dosage, side effects, progress and additional information), unless you have given your consent or authorization. However, please note that CCHS can disclose your health information to these individuals only if your health care professional deems the disclosure to be therapeutically beneficial to you.

**NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION:**

CCHS will not make any other uses and disclosures of your individually identifiable health information without your written authorization. Your authorization may be revoked at any time if you provide written notice to CCHS. However, if CCHS has provided you

with mental health, developmentally disabled and substance abuse services, then you may revoke an authorization orally.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

Federal and state law protects your rights to keep your individually identifiable health information private. You may request restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, health care operations; however, the law does not require CCHS to agree to the requested restrictions. You may also request that you receive communications from CCHS regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. CCHS reserves the right to condition your request on the receipt of information regarding how you desire CCHS handle payment and/or on the availability of an alternative address or method of contact that you may request.

You have the right to inspect and obtain a copy of any individually identifiable health information in your medical record unless your attending physician has determined that there is a sound medical reason to deny you access or unless the law restricts CCHS from disseminating the information.

You have the right to amend the health information, which you inspect, unless CCHS did not create such information or unless CCHS determines that your medical record is accurate and complete in its existing form.

You have the right to request and receive an accounting of disclosures of your individually identifiable health information that CCHS has made in the six (6) years prior to the request date, or during the period between the request date and the date that federal law required CCHS to comply with federal privacy regulations, whichever is more recent. Such an accounting will not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, or to inform you of the content of your medical records. If you would like more information on how to exercise these rights, please contact CCHS's Privacy Officer at (704) 487-3000.

**GRIEVANCES OR FURTHER INQUIRIES:**

If you believe that CCHS has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with CCHS and the Department of Health and Human Services. To file a complaint with CCHS, please contact CCHS's Privacy Officer at (704) 487-3000. CCHS will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

**AMENDMENTS:**

CCHS reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If CCHS amends this Privacy Notice, a revised copy will be made available to you at your next visit to CCHS, or upon request. The revised Privacy Notice will also be available on CCHS's web site:

[www.clevelandregional.org](http://www.clevelandregional.org)

This Privacy Notice is effective on April 14, 2003.

# NOTICE OF PRIVACY PRACTICES

## Cleveland County HealthCare System

Cleveland Regional Medical Center  
Kings Mountain Hospital  
Crawley Memorial Hospital  
Cleveland Pines Nursing Center  
Cleveland Regional Rehab  
CRMC Outpatient Radiology Clinic  
Care Solutions



Carolinan HealthCare System