



## NOTICE OF HEALTH INFORMATION 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.**

Medical Facilities of North Carolina (MFNC) and its affiliated Health Care Centers (collectively the "Health Care Center") are required by law to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. The Health Care Center will not use or disclose your health information except as described in this notice. This notice applies to all of the medical records generated by the Health Care Center.

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:** The following categories describe the ways that the Health Care Center may use and disclose your health information.

**Treatment:** The Health Care Center will use your health information in the provision and coordination of your health care. We may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students, and other healthcare providers who have a legitimate need for such information in your care and continued treatment. Different departments may share medical information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. The Health Care Center also may disclose your medical information to people outside the Health Care Center who may be involved in your medical care after you leave the Health Care Center, such as family members (authorized by you or by operation of law), clergy and others used to provide services that are part of your care. Provided, however, that the Health Care Center will require an authorization prior to the use or disclosure of psychotherapy notes.

**Treatment Alternatives:** The Health Care Center may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Family/Friends:** The Health Care Center may release medical record information about you to a friend or family member who is involved in your medical care (authorized by you or by operation of law). We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Health Care Center. 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.

**Payment:** The Health Care Center may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third-party payer (including the Federal or State Government) or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third-party payer may include information that identifies you, your diagnosis, and the procedures and supplies used. However, if you have paid for services out of pocket, in full, you may request that the Health Care Center not disclose Protected Health Information related solely to those services to a health plan.

**Routine Healthcare Operations:** The Health Care Center may use and disclose your medical information during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of the Health Care Center, medical research and educational purposes.

**Health Care Center Directory:** The Health Care Center may include certain limited information about you in the Health Care Center directory while you are a patient at the Health Care Center. This information may include your name, location in the Health Care Center, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you in the Health Care Center and generally know how you are doing. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. However, you have the option to restrict the information or to whom it is disclosed, or opt out of being included in the directory. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

**Health-Related Business and Services:** The Health Care Center may use and disclose your medical information to tell you of health-related benefits or services that may be of interest to you.

**Business Associates:** The Health Care Center may use and disclose certain medical information about you to business associates. A business associate is an individual or entity under contract with the Health Care Center to perform or assist the Health Care Center in a function or activity which necessitates the use or disclosure of medical information. Examples of business associates include, but are not limited to, physician services, a copy service used by the Health Care Center to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. The Health Care Center requires the business associate to protect the confidentiality of your medical information.

**Research:** Under certain circumstances, the Health Care Center may use and disclose medical information about you to researchers when their clinical research study has been approved by Medical Facilities of America, Inc. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of certain patients with the same medical condition receiving one medication to those patients who are receiving another medication.

**Organ Procurement Organizations:** To the extent allowed by law, the Health Care Center may disclose your medical information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant. For example, the Health Care Center is required to disclose a positive communicable disease test result before or after transplantation to the medical director or executive director of the organ procurement organization and the United Network for Organ Sharing ("UNOS"), pursuant to UNOS regulations.

**Marketing:** The Health Care Center may disclose certain contact information to a third party to provide marketing materials and information to you. Any other disclosure of Protected Health Information for marketing purposes or which constitutes the sale of Protected Health Information will not be made without your authorization.

**Regulatory Agencies:** The Health Care Center may disclose your medical information to the Federal, State or local governments or other health oversight agencies for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies, e.g., the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"), to monitor the healthcare system, government programs, and compliance with civil rights.

**Law Enforcement/Litigation:** The Health Care Center may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, the Health Care Center may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, the Health Care Center may be required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to protect the health and well-being of the general public.

**Workers' Compensation:** The Health Care Center may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** The Health Care Center may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Inmates:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, the Health Care Center may release your medical record information to the correctional institute or law enforcement official.

**Required by Law:** The Health Care Center will disclose medical information about you when required to do so by law. For example, the Health Care Center may disclose certain medical information to those persons who have a risk of exposure related to a communicable disease, pursuant to Virginia law.

**Coroners, Medical Examiners, Funeral Directors:** The Health Care Center may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. The Health Care Center may also release your medical information to funeral directors as necessary to carry out their duties.

**Other Uses:** Any other uses and disclosures will be made only with your written authorization, which you may later revoke. Any such revocation must be in writing.

### PATIENT HEALTH INFORMATION RIGHTS

Although all records concerning your treatment obtained at the Health Care Center are the property of the Health Care Center, you have the following rights concerning your medical information.

**Right to Restrict Use of Protected Health Information:** You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request. Should you wish to request such restriction, please advise the Health Care Center's Administrator in writing.

**Right to be Advised of Breach:** The Health Care Center is required to notify you of any breach of your unsecured Protected Health Information.

**Right to Inspect, Copy, or Amend Protected Health Information:** You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction. There will be a copying and retrieval charge for copies of your Protected Health Information.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:** If you have questions and would like additional information, you may contact the Health Care Center Administrator. If you believe your privacy rights have been violated, you may file a complaint with Medical Facilities of America, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with Medical Facilities of America, Inc., please contact MFNC's Privacy Officer at (540) 989-3618. There will be no retaliation for filing a complaint.

**CHANGES TO THIS NOTICE:** The Health Care Center will abide by the terms of the notice currently in effect. The Health Care Center reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

**NOTICE EFFECTIVE DATE:** The effective date of the notice is September 4, 2013.