

# Notice of Privacy Practices

EFFECTIVE DATE – **March 1, 2016**

**This notice** describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW THIS INFORMATION CAREFULLY. This notice applies to **Person Memorial Hospital** and the doctors and other healthcare providers practicing at this facility. This notice also applies to **Person Memorial Hospital Emergency Department**  
**Person Health Primary Care**  
**Person Health Surgical Associates**  
**Person Health Cardiology**  
**Person Memorial Hospital Extended Care Unit.**

**It is our legal duty** to protect the privacy and security of your information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are providing this notice so that we can explain our privacy practices. We must follow the duties and privacy practices described in this notice or the current notice in effect. For more information about our privacy practices, to place a complaint or report a concern or conflict, call the number listed below.

**Person Memorial Hospital – Connie Elliott**  
**(336) 598-7220 – [connie.elliott@lpnt.net](mailto:connie.elliott@lpnt.net)**

Or, if you prefer to remain anonymous, you may call the toll-free number listed below and an attendant will handle your concern anonymously.  
**1-877-508- LIFE (5433)**

You also may send a written complaint to the United States Department of Health and Human Services if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate address or visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>. Under no circumstance will you be retaliated against for filing a complaint. We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. You can also request a copy of our notice at any time.

**Some North Carolina laws provide you with more protection for specific types of information than federal laws protecting the privacy of your medical information. We try to comply (where applicable) with all requirements of those state laws. For example: if you have one of several specific communicable disease (including tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential and will be disclosed without your written permission only in limited circumstances as required by law.**

**Reference: NC General Statutes 130A-143, 130A-25.**

**We may use** health information about you for your treatment purposes, to obtain payment, or for healthcare operations and other administrative purposes. We may use your information in treatment situations if we need to send or share your medical record information with professionals who are treating you. For example, a doctor treating you for an injury asks another doctor about your overall health condition. We can use and share your health information to bill and receive payment from health plans or other entities. We will give your information to your health insurance plan such as Medicare, Medicaid or other health insurance plans so it will pay for your services. Your information will be used when processing your medical records for completeness and to compare patient data as part of our efforts to continually improve our treatment methods. We may disclose your information to business associates with whom we contract to provide service on your behalf that require the use of your health information. We can use and share your health information to run our practice, improve your care and contact you when necessary. We may contact you or disclose certain parts of your health information to our associates or related foundations for fundraising purposes. You have the right to opt out of receiving such fundraising communications. We may share certain information with a person(s) you identify as a family member, relative, friend or other person that is directly involved in your care or payment for your care, or to your "Lay Caregiver" or appointed Personal Representative if you tell us who these individuals are. If it becomes necessary, we will notify these individuals about your location, general condition or death. In addition, we may need to disclose medical information about you to an entity assisting in

disaster relief efforts so that your family can be notified about your condition, status and location. If you have a clear preference for how we share your information, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may also share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**We will never** share your information unless you give us written permission in these cases: for marketing purposes or the sale of your information.

**Under certain circumstances**, we may be required to disclose your health information without your specific authorization. Examples of these disclosures are: requirements by state and federal laws to report cases of abuse, neglect, or other reasons requiring law enforcement; for public health activities; to health oversight agencies; for judicial and administrative proceedings; for death and funeral arrangements; for organ donation; for special government functions including military and veteran requests and to prevent serious threats to health or public safety such as preventing disease, helping with product recalls, and reporting adverse reactions to medications. We may also contact you after your current visit for future appointment reminders or to provide you with information regarding treatment alternatives or other health-related services that may be of benefit to you. We will obtain your written authorization for any other disclosures beyond the reasons listed above. Remember, if you do authorize us to release your information, you always have the right to revoke that authorization later. We will be happy to honor that request unless we may have already acted.

**As a patient**, you have rights regarding how your information can be used and disclosed. These rights include access to your health information. In most cases, you have the right to look at or receive a copy of your health information. This may take up to 30 days to prepare, and there may be a preparation fee associated with making any copies. You can ask for an accounting of disclosures. This is a list of instances in which we have disclosed your information for reasons other than treatment, payment and operations that you have not specifically authorized but that we are required to do by law (see section on how your information may be used and disclosed). We can provide you one list per year without charge; all additional requests in the same year will be subject to a nominal charge. If you believe that the information we have about you is incorrect or if important information is missing, you have the right to request that we amend or correct your paper or electronic medical records. There may be some reasons that we cannot honor your request for which you submit a statement of disagreement. You can also request that your health information be communicated to you at an alternate location or address that is different from the one we received when you were registered. If you pay for your service in full up front, you can ask that we not disclose information about your treatment to your health plan. Finally, you can request in writing that we not use or disclose your information for any reasons described in this notice except to persons involved in your care, or when required by law or in emergency situations. We are not legally required to accept such a request, but we will try to honor any reasonable requests.

**Lastly, a note** about health information exchanges: we may provide your health information to a health information exchange (HIE) and a patient portal called My HealthPoint in which we participate. An HIE is a health information database where other healthcare providers caring for you can access your medical information from wherever they are if they are members of the HIE. These providers may include your doctors, nursing facilities, home health agencies or other providers who care for you outside of our hospitals or practices. For example, you may be traveling and have an accident in another area of the state. If the doctor treating you is a member of the HIE in which we participate, he or she can access information about you that other providers have contributed. Accessing this additional information can help your doctors provide you with well-informed care quickly because he or she will have learned about your medical history, allergies or prescriptions from the HIE. The patient portal "My Healthpoint" is a mechanism by which you can access your health information online after your care and treatment. If you do not want your medical information to be placed in the patient portal and shared with HIE-member healthcare professionals, you can opt out by submitting the opt out form. It will take five business days for the opt out to go into effect. Note that if you opt out, providers may not have the most recent information about you which may affect your care. You can always opt in at a later date by revoking the opt out form in writing.