

Joint Notice of Privacy Practices for Onslow County Hospital Authority

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. Onslow County Hospital Authority ("OCHA") provides health care services to the public through many organizations affiliated with OCHA, all of which are committed to protecting your health information. Pursuant to law, OCHA must provide and make available a Joint Notice of Privacy Practices ("Notice") to individuals receiving services at a facility affiliated with OCHA. Accordingly, you are receiving the Notice because you have made a request to, or received direct treatment at, one of the following facilities affiliated with OCHA: Onslow Memorial Hospital, Surgicare of Jacksonville, Internal Medicine and Primary Care, Sneads Ferry Medical Clinic, Jacksonville Dermatology, Sneads Ferry Clinic Pharmacy, or Onslow Health Services Home Medical Equipment. As used throughout the Notice, OCHA is defined to include the above mentioned affiliated facilities. In addition, OCHA has established an organized health care arrangement which means that this Notice applies to all persons providing health care services at OCHA, even if they are not an employee or agent of OCHA.

I. How OCHA may use or disclose your health information

Federal law requires OCHA 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. OCHA must abide by the terms and conditions of this Notice, as may be revised from time to time.

A. Uses or disclosures of health information for treatment, payment and health care operations

OCHA may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

"Treatment" may include: consulting with or referring your case to another health care provider. The type of health information that OCHA may use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. OCHA may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider. For example: Different facility departments within Onslow Memorial Hospital may need to share your health information to coordinate service you may need.

"Payment" may include: OCHA's efforts to obtain reimbursement from you or a responsible third party for services that OCHA has provided to you. OCHA may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse. For example: Internal Medicine and Primary Care may need to provide your health plan with information about your condition in order that the medical clinic may receive payment for the treatment you received at the facility.

"Health care operations" may 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 OCHA provides to you. As part of OCHA's treatment of you and its operations, OCHA may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. OCHA may also contact you by phone or mail for fundraising purposes. OCHA may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity which receives this information must have or have had a treatment relationship with you and the information we disclose must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities. For example: The Onslow Memorial Hospital may use your health information to review and evaluate the skills, qualifications and performance of the health care providers taking care of you.

B. Uses or disclosures OCHA may make without your authorization

In addition to treatment, payment and health care operations, and unless this Notice recites a more stringent restriction (as stated in Section C), the law permits or requires OCHA to make, use and/or disclose individually identifiable health information without your written authorization, in accordance with the applicable law, in the following situations:

1. For certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration;
2. To report suspected abuse, neglect or domestic violence;
3. To submit information to health oversight agencies for oversight activities, such as audits, authorized by law;
4. In the course of judicial and administrative proceedings;
5. For law enforcement purposes;
6. To a medical examiner, coroner or funeral director;
7. To assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation;
8. To further research, provided that OCHA complies with federal requirements;
9. To avert a serious and imminent threat to public health safety;
10. For specialized government functions, including activities related to the military, veterans, or national security; or
11. To comply with workers' compensation or similar laws.

In addition, OCHA may use and/or disclose your individually identifiable health information as follows:

Business Associates: There are some services provided to OCHA through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of OCHA or who otherwise provide services and have access to or use your protected health information. For example, a business associate may include: physician services in the emergency department and radiology, certain laboratory tests, or a transcribing service to type a doctor's notes into your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with OCHA.

Directory: Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known, and the health professional's judgment.

Notification: Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

Communication with Family: Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

Disaster Relief: We may use or disclose information for disaster relief purposes, such as a disclosure to the American Red Cross.

Incidental Uses and Disclosures: We are permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.

Limited Data Sets: We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

C. More stringent protection for your health information

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Notice recites above. More specifically, North Carolina law is more stringent in the following situations:

If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirements: OCHA 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. If OCHA reveals your information for treatment, payment or health care operations purposes, or for any other reason, then you must sign a different permission form.

If you provide confidential information to a rehabilitation, vocational/occupational therapist: then the therapist will not reveal that information to anyone, unless you give permission in writing. If the therapist reveals your information for any purpose, then you must sign a permission form. However, the therapist may reveal the information without your written permission if the law or a court order may require the therapist to do.

For patients of Surgicare of Jacksonville or Onslow Memorial Hospital's cardiac rehabilitation program: you have the right to object in writing to OCHA's disclosing your individually identifiable health information to the North Carolina Department of Health and Human Services during an inspection.

If you are under 18 years old: then OCHA 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. If you are under the age of 18 and you have been married; are a member of the armed services or have been "emancipated" by a judge, then you have the right to be treated as an adult for all purposes, including all the rights stated in the Notice.

For customers of the Sneads Ferry Clinic Pharmacy: the pharmacy will only disclose or give a copy of prescription orders for you to: (i) you, your guardian, or if you are under the age of 18, your parent (or you if you gave permission for the treatment relating to the prescription); (ii) the provider who wrote the prescription or who is treating you; (iii) a pharmacist who is providing pharmacy services to you; (iv) a person who gives us a written permission to share the information that is signed by you or your authorized representative; (v) obey a subpoena, court order or statute; (vi) a company that is responsible for providing or paying for your medical care; (vii) a member or certain employee of the North Carolina Board of Pharmacy; (viii) your executor; administrator or spouse, if you are deceased; or (ix) researchers who have been approved by the Board of Pharmacy, if there are certain protections in place to keep the information confidential.

NOTE: References in this Notice to health care professionals include only those professionals that OCHA employs.

D. Marketing

We will need your written authorization to use and disclose your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby OCHA discloses your PHI to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does not include our describing a health-related product or service (or payment for such product or service) that

we provide. Marketing also does not include our communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

E. No other uses of disclosures without your written authorization

OCHA may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time in writing provided to OCHA.

II. Your rights

Federal and state law protect your right to keep your individually identifiable health information private.

You Have the Right to Receive Confidential Communications and to Request

Restrictions. You may request that you receive communications from OCHA 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. OCHA reserves the right to condition your request on the receipt of information regarding how you wish OCHA to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require OCHA to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

You Have a Right to Inspect and Copy. 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 OCHA from disseminating the information. You also have a right to inspect and copy any billing and payment records held by OCHA which contain your individually identifiable health information.

You Have a Right to Amend. You also have the right to amend your individually identifiable health information, unless OCHA did not create such information or unless OCHA determines that your medical record is accurate and complete in its existing form.

You Have a Right to an Accounting. You have the right to request and receive an accounting of disclosures of your individually identifiable health information that OCHA has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required OCHA to comply with federal privacy regulations, whichever is more recent. Such an accounting may 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, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

You Have the Right to Get This Notice by E-Mail. Even if you have agreed to receive the Notice via e-mail, you also have the right to request a paper copy of the Notice.

III. Grievances or further inquiries

If you believe that OCHA has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with OCHA and/or the United States Secretary of the Department of Health and Human Services. To file a complaint with OCHA, please contact the OCHA Privacy Officer at 910-577-2852 or P.O. Box 974, Jacksonville, NC 28541-0974. OCHA will not retaliate against you for filing a complaint. You may also contact the OCHA Privacy Officer for a copy of this Notice or for further information regarding its contents.

IV. Amendments

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

V. Effective date of this notice

This Notice is effective on April 14, 2003.

VI. Revision dates

August 2004; May 2003