HARNETT HEALTH SYSTEM, INC.

NOTICE OF PRIVACY PRACTICES

Revisions Effective January 9, 2020

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.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

Harnett Health System, Inc. is committed to the privacy of your Protected Health Information.

ABOUT THIS NOTICE

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our legal duties and privacy practices with respect to your Protected Health Information. You have certain rights — and we have certain obligations — regarding the privacy of your Protected Health Information, and this Notice explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

WHAT IS PROTECTED HEALTH INFORMATION?

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your Protected Health Information in the following circumstances:

For Treatment. We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

For Payment. We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

For Health Care Operations. We may use and disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Minors. We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Research. We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of...
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Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Fundraising Activities. We may use or disclose your Protected Health Information with the Harnett Health Foundation, an entity related to Harnett Health System, Inc., so that the Harnett Health Foundation may contact you regarding its mission to educate the community about Harnett Health System, Inc.’s programs and projects and to request donations to benefit Harnett Health System, Inc. We will only release your contact information (such as your name, address and phone number), dates of service, and type of service. We will not release any information about you to any unrelated or outside fundraising organization. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer (contact information below).

Directory. Unless you object, we may include limited information about you in the hospital directory while you are an inpatient at Betsy Johnson Hospital or Central Harnett Hospital. The directory information (your name, location in Harnett Health System, Inc. facilities, and general condition such as “fair” or “stable”) will only be released to people who ask for you by name. We will ask you about your religious preference so that we understand if any of your beliefs affect the way care should be delivered to you. We will ask you if you would like to have clergy visits. If you agree, your religious affiliation will be included in the directory and will only be given to clergy of your own faith.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:
1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

Right to Inspect and Copy. You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. Requests to inspect and copy Protected Health Information must be made in writing. We have up to 30 days to make your Protected Health Information available to you, although in some cases we can extend this period by up to another 30 days, and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based...
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Right to an Accounting of Disclosures. You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures of your Protected Health Information that we made up to six years prior to your request. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the use of the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for purposes of payment or healthcare operations purposes and such information you wish to restrict pertains solely to a health care item or service for which you of someone other than your health plan have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
Right to Request Confidential Communications. You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing to our Privacy Officer and you must specify how or where we are to contact you. We will accommodate all reasonable requests and will not ask you the reason for your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

HOW TO EXERCISE YOUR RIGHTS
To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the bottom of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your provider directly. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

CHANGES TO THIS NOTICE
We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is available in all Harnett Health System, Inc. facilities and on our website at www.myharnetthealth.org.

COMPLAINTS
You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation against you for filing a complaint.

To file a complaint with us, contact our Privacy Officer at the address or phone number listed at the bottom of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

CONTACT INFORMATION
IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR OFFICE:

Privacy Officer: Jessica Hatem, RHIA
Harnett Health Systems
Telephone: (910) 892-100 x4126
P.O. Box 1706
Dunn, NC 28335