

HARNETT HEALTH SYSTEM

NOTICE OF PRIVACY PRACTICES

Revisions Effective
April 2007

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

OUR PLEDGE REGARDING HEALTH INFORMATION

Harnett Health System uses and shares health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We are committed to protecting health information about you.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of Harnett Health at all its locations and that of:

- All employees, staff, volunteers and other members of the Harnett Health work force at all its locations.
 - All members of its Medical Staff, including physicians and their representatives, other health care providers and the professional practices to which they belong.
 - Contracted business associates of Harnett Health including but not limited to certain physician practices and providers of professional services.
- In this Notice of Privacy Practices "We" includes all of the above listed persons and entities.

HOW WE MAY USE YOUR HEALTH INFORMATION?

For Treatment. We may use your health information to provide, coordinate or manage your medical treatment or related services. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment for you. For example, a doctor treating you for a broken hip may need to know if you have diabetes. The doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different Harnett Health departments may also access your health information in order to coordinate services that you will need such as prescriptions, lab work and x-rays. We may also disclose your

health information to other providers such as home health providers or physicians who may be involved in your medical care after you leave Harnett Health facilities.

For Payment. We may use and disclose your health information to bill and collect payment for treatment and services that you receive from us or from other health care providers. For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you, as well as your diagnosis and procedures and supplies used in the course of treatment.

For Health Care Operations. We may use and disclose health information about you for hospital operations. For example, your health information may be disclosed to members of the medical staff, risk manager or quality improvement personnel, and others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your case and similar cases.
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide.

Harnett Health Directory. We may include limited information about you in a Harnett Health hospital directory while you are a patient here. The directory information (name, location in Harnett Health, and general condition as fair, stable, etc.) will only be released to people who ask for you by name. We will ask about your religious preference so that we understand if any of your beliefs affect the way care should be delivered while you are here. 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 or to clergy appointed representatives of your own faith.

Appointments/Follow-up Calls: We may use your information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care received at Harnett Health.

Individuals Involved in Your Care. We may share information about your care or condition with an authorized representative, a family member or

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other person identified by you or who is involved in your care or payment related to your care. If you do not want information about you released to those involved in your care, see instructions for requesting a restriction under Your Health Information Rights. We will obtain your written consent before we disclose your health information for treatment, payment or health care operations purposes outside Harnett Health to third parties that are not performing a function on behalf of Harnett Health, subject to certain exceptions where disclosure is permitted by law without your consent, such as to a health care provider in an emergency or to make required reports to government authorities. We will obtain your written authorization to disclose your health information to a specific person or entity for purposes other than treatment, payment or operations, such as when you ask us to send your health information to a life insurance company, an attorney or persons or entities outside Harnett Health that are not performing a function on behalf of Harnett Health, except where we are required by law to disclose your health information without your authorization or consent. We will also obtain your written authorization to use psychotherapy notes that are kept by your therapist separate from the medical record.

Fundraising Activities. We may share certain information with the Harnett Health Foundation, a foundation related to Harnett Health, so that the Foundation may contact you regarding its mission to educate the community about programs and projects at Harnett Health and to request donations for the Harnett Health Foundation to benefit our facilities. We will only release contact information, such as your name, address, phone number, dates

of service and type of service. We will not release any information about you to any unrelated or outside fundraising organization.

Other Disclosures. Incidental disclosures of your health information may take place in the health care setting and are allowed by law. An example of an incidental disclosure would be discussion of your treatment plan at a nurses' station or in a semi-private room. Additionally, information that does not identify you may be reported to various agencies that study health information.

HOW WE MAY DISCLOSE YOUR HEALTH INFORMATION OUTSIDE OF HARNETT HEALTH SYSTEM WITHOUT YOUR AUTHORIZATION

Required by Law. We may disclose information about you when required to do so by federal, state or local laws. For example, we may disclose your health information to respond to a court order, or to a court ordered subpoena or other subpoenas in limited circumstances in accordance with applicable law.

Public Health Risks. We may disclose information for the following public health activities:

- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report information related to victims of child abuse or neglect.
- To report reactions to medications or recalls of products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To evaluate work related illness or injury.

Health Oversight Activities. We may disclose information to federal and state agencies for oversight activities authorized by law such as investigations, inspections, audits, surveys and licensing. Examples may include organizations that ensure the quality/safety of the care we provide and agencies that accredit our hospital.

Health and Safety. We may disclose health information about you to avert a serious threat to the health or safety of you, any other person or the public.

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Deceased. Health information may be disclosed as required by law to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. If you are an organ or tissue donor, after your death we are required by law to provide medical information about you from death records to organ procurement organizations, tissue banks and eye banks and upon request to the person or entity that you designated to be the donee or first recipient of the organ or tissue donation.

Research. We may disclose information for research purposes when the hospital's Institutional Review Board has reviewed and approved the research proposal. Medical record information that identifies you will only be disclosed when you have given permission for us to do so.

National Security. We may disclose your health information to federal officials for intelligence, counterintelligence, and national security activities authorized by law.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or other health-related benefits and services that may be of interest to you.

Inmates. We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Workers' Compensation. Your health information concerning a workplace related illness or injury may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

North Carolina Law. In the event that North Carolina law requires us to give more protection to your health information than stated in this notice or required by Federal law, we will give that additional protection to your health information.

YOUR HEALTH INFORMATION RIGHTS

In accordance with federal regulations and Harnett Health policies and procedures, you have the right to:

- *Request a Restriction on Certain Uses and Disclosures of Your Health Information.* You may ask us not to use or disclose certain health information. In some situations, we may be required by law to share your health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department. Harnett Health is not required to agree to requested restrictions on the use of health information within Harnett Health except with regard to psychotherapy notes.
- *Request to Inspect and/or Obtain a Copy of Your Health Record.* You have the right to request to inspect and/or obtain a copy of your health information and billing records. We may charge a fee for the costs associated with copying and/or mailing the information. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.
- *Request to Correct/Amend Information in Your Health Record.* If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct/amend the information. If we determine that the health information is incorrect or incomplete, we will revise your record.
- *Request Confidential Communications.* You have the right to request that we communicate with you about health information in a particular

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manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure that we have your correct address and contact information.

- *Receive a Listing of How Your Information Has Been Shared* excluding certain disclosures that are exceptions under the law. You have the right to receive a listing of disclosures of your health information for purposes outside of treatment, payment and hospital operations (not including disclosures made prior to April 14, 2003).

- *Receive a Paper Copy of this Notice.* You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

In order to request a restriction on how your health information is used or to request confidential communication, you must complete a "Restriction of Health Information Request Form."

In order to request a copy, an inspection, a correction/amendment, or a listing of disclosures, you must submit a request in writing to the Health Information Management Department.

HARNETT HEALTH'S OBLIGATIONS

We are committed to:

- Make sure that medical information that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of this notice.
- Notify you, after management's review, if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodate reasonable requests for communications of your health information in a particular manner or to a location other than your permanent address.
- Obtain your written authorization to disclose your health information for reasons other than those listed above and permitted under law.

Harnett Health reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting them in our facilities, posting them on our website at www.harnetthealth.org and upon your request we will provide you with a copy of the most recent copy of our Notice of Privacy Practice.

CONTACT INFORMATION

You may file a complaint to Harnett Health or to the United States Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

If you have any complaints or questions about information in this document, you may contact the Privacy Officer in writing at the address below, or by calling 910-892-1000, extension 4126.

Privacy Officer
Harnett Health
P.O. Box 1706
Dunn, North Carolina 28335