



NOTICE OF PRIVACY PRACTICES*

Effective Date: April 14, 2003

Revised: September, 2013

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. >

**Issued as required by the Health Insurance Portability and Accountability Act, 1996 [HIPAA]*

If you have any questions, please call (910) 457-3863.

To request your health information, contact the **Medical Record / Health Information Management (HIM) Department at (910) 457-3863.**

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A. Understanding Your Health / Medical Record Information.

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves the following purposes:

1. A basis for planning your care and treatment.
2. A means of communication among the many health professionals who contribute to your care.
3. A legal document.
4. A means by which you or a third party payer can verify billed services.
5. A tool in educating health professionals.
6. A source of data for medical research.
7. A source of information for public health Officials.
8. A source of data for facility planning and marketing.
9. A tool with which we can assess and continually work to improve the care we give and the outcomes we achieve.

Knowing and understanding what is in your record and how your health information (PHI) is used may help you in the ways listed:

- to ensure its accuracy;
- to understand who, what, when, where and why others may access your PHI; and
- to make informed decisions when authorizing disclosure to others.

B. We have a duty to protect the privacy of the health information about you.

We are required to protect the privacy of health information about you. Health information that can be individually identified and transmitted electronically, orally, or manually is called “protected health information” or PHI. Further, we must give you notice of our legal duties and privacy practices concerning PHI. We are required to follow the practices described in this notice and summarized below:

1. We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
2. We must notify you about how we protect PHI.

3. We must explain how, when and why we use and/or disclose PHI about you.
4. We may only use and/or disclose PHI as we have described in this Notice.
5. We reserve the right to change the terms of this Notice and to make new notice provisions effective for Doshier PHI. We will do the following:
 - a) Post the most current notice at/or near our Patient Service Center (PSC).
 - b) Make copies available at our PSC and other registration areas.
 - c) Mail or email copies of the current notice by request through the contact person listed at the beginning of this Notice.
 - d) Post the current notice on our web site ... www.doshier.org

C. We may use/disclose PHI about you without your authorization in the following situations:

1) We may use and disclose PHI about you to provide health care *treatment* to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment, as well as, coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. We may also disclose PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

2) We may use and disclose PHI about you to obtain *payment* for services.

We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans / their agents which provide your coverage;

- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus)—as required or allowed by law.

3) We may use and disclose your PHI for health care operations.

We may use and disclose PHI in performing business activities, which we call “health care operations”. These health care operations allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for “health care operations” include the following:

- Reviewing and improving the quality and efficiency of the care that we provide to you. For example, members of the medical staff and the risk / quality improvement teams may use PHI to assess the care and outcomes in your case and similar cases. This information will then be used to continually improve the quality and effectiveness of the healthcare and services we provide.
- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information about treatment alternatives, classes, or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care that we and others provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Assisting various people who review our activities. For example, doctors, accountants, lawyers, and others who assist us in complying with applicable laws may see PHI by reviewing the services provided to you.

- Planning for our organization’s future operations.
- Conducting business management and general administrative activities related to our organization and the services it provides, including providing information to our attorneys, insurance companies, administrative executives, hospital officials, or selected internal personnel.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.
- Many of the above services are provided to Doshier through contracts with *Business Associates*. Examples include certain laboratory testing, radiology services and legal representation. When these services are contracted, PHI may be disclosed to these contractors so that they can perform the services we need. Per a contract, we require them to properly safeguard your information.
 - As of new legislation in 2009, certain defined *Business Associates* are required by law to adhere to selected parts of the HIPAA Privacy Rule and all of the Security Rule.
 - Doshier will continue to maintain its PHI –related contracts / business associate agreements.

4) We may use and disclose PHI under other circumstances without your authorization.

We may use and/or disclose PHI about you for a number of circumstances in which you do not need to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When law requires PHI use and/or disclosure:* this includes federal, state or local laws or other judicial or administrative proceeding which may require a disclosure. One example is Workers’ Compensation related PHI may be disclosed to involved parties. Another example are designated state registries requiring PHI submission.
- When the use and/or disclosure is necessary for public health activities:* for example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

- c) *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- d) *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations
- e) *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to a subpoena or an order of a court or administrative tribunal.
- f) *When the disclosure is for law enforcement purposes.* For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- g) **Deceased persons:** *When the use and/or disclosure relates to deceased persons;* for example, we may disclose PHI to a coroner or medical examiner for the purposes of identifying an expired individual, or to assist in identifying the reason for the expiration. Also, we may disclose limited health information to funeral directors consistent with applicable laws to carry out their duties. [As of September 2013, when a person is deceased for fifty (50) years, the individual's PHI may be disclosed / used according to certain lawful provisions.]
- h) *When the use and/or disclosure relates to organ, eye or tissue donation purposes,* we may disclose PHI to agencies engaged in procurement, banking, or transplantation of these tissues.
- i) *Under certain circumstances, we may disclose PHI about you for medical research.*
- j) *When the use and/or disclosure is to avert a serious threat to health or safety.* We may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- k) *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- l) *When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.* For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

5) You may object to certain uses / disclosures.

- a) Unless you object, we may use or disclose PHI about you in the following circumstances:
 - In our patient listing/hospital directory, we may share your name, your room number, and your condition with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.
 - We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care.
 - We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
 - We may share with a public or private agency (for example, American Red Cross) limited PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for emergency circumstances.

Please be advised that you may object/opt-out to any of the above uses or disclosures upon each visit to Doshier. Please inquire during the registration process or at any point during your visit with us.

b) HEALTH INFORMATION EXCHANGE

Effective as of June 1, 2013, we may access your PHI via an electronic medical record database named the ***Coastal Connect Health Information Exchange (CCHIE)***. [Search www.coastalconnect.org.]

The CCHIE is a nonprofit electronic information network which allows healthcare providers to securely share information about patients in order to coordinate and enhance their medical care.

We may provide your health information to this HIE or to any HIE in which we participate as a member. Provider members may be hospitals, personal doctors, community clinics, home health agencies, nursing facilities, or other types of health care providers within a designated area. *Example:* You may be in an accident away from your familiar doctors or hospital. If the provider treating you is a member of the HIE, s/he may access the PHI which other members have contributed.

Choice to Opt-Out of the CCHIE: Please be advised that you may choose not to allow medical providers to access your PHI from the CCHIE. When you choose to opt-out, your PHI will not be shared with other HIE member providers.

To opt-out, contact the CCHIE by calling **910-332-8014** or visiting their website -- <http://www.coastalconnect.org/opt-out.php>.

Once requested, it will take at least 5 business days for the opt-out to be effective. *Note* that when you opt-out your providers may not have the most recent PHI about you which may affect your care. Even though other methods to obtain your health history may be attempted, the timeliness in receiving the PHI may not be optimum.

OPT-IN: Should you decide at a later time you would like to be included in the HIE you may return to the HIE process by opting-in by visiting <http://www.coastalconnect.org/opt-in.php>.

c) We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value. For example, if you are diabetic, we may tell you about nutritional and other counseling services that may be of interest to you.

8) Any other use or disclosure of PHI about you requires your written authorization.

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. This includes use or disclosure of psychotherapy notes, use or disclosure of protected health information for marketing, and sale of protected health information.

Canceling or Revoking Authorization.

If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you may later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for 1) disclosures that were processed before we received your cancellation; and 2) except when the authorization was obtained as a condition of obtaining insurance coverage.

D. You have several rights regarding PHI about you.

1) You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that we restrict the use and disclosure of PHI about you. Although we are not required to agree to your requested restrictions, if we do agree, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in Section C item 4 of this Notice.

Individuals have the right to restrict disclosure of PHI to a health care plan when services have been paid out-of-pocket by the patient in full. You may request a restriction by contacting the HIM/Medical Record Department at (910) 457-3863 and completing the appropriate request form.

2) You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We must accommodate reasonable requests, and, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

You may request alternative communications by visiting or contacting the HIM / Medical Record Department at (910) 457-3863 and completing the appropriate request form.

3) You have the right to inspect/obtain a copy of PHI about you.

- a) You have the right to request to see and receive a copy of PHI contained in your medical record and/or billing record. Your request must be in writing and there may be a fee. There are certain situations in which we are not required to comply with your request. Under certain 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.

- b) You have the right to request your PHI in an electronic format.
 - Individuals may request that electronic PHI (e-PHI) be directly transmitted to an entity or person of their choice as long as that entity is clearly specified.
 - Fees for reproductions or transmission may be charged under certain circumstances.

You may contact the HIM/Medical Records Department at (910) 457-3863 with any questions regarding how to see and/or receive a copy of PHI.

4) You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to the medical record, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request in the following instances:

- a) the information was not created by us; or
- b) the information is not part of the records used to make decisions about you; or
- c) we believe the PHI is correct and complete; or
- d) you would not have the right to see and copy the record as described in paragraph 3 above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

You may request an amendment of your PHI by contacting the HIM/Medical Record Department at (910) 457-3863 to obtain a copy of the request form.

5) You have the right to a listing of disclosures we have made.

You have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are *not* required to include the following disclosures:

- a) For your treatment,
- b) For billing and collection of payment for your treatment
- c) For our health care operations,
- d) Requested by you, that you authorized, or which are made to individuals involved in your care.

- e) Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions or other law enforcement custodial situations (please see Section D item # 4),
- f) As part of a limited set of information which does not contain certain information which would identify you.

You may request a listing of disclosures by contacting the Medical Record / HIM Department at (910) 457-3863 to make arrangements. The request will need to be submitted in writing and could take up to 30 days.

6) You have the right to a copy of this Notice. You may request a paper copy of this Notice at any time by visiting the Patient Service Center. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible). You may also view and/or print this Notice of Privacy Practices from our web site, www.dosher.org.

7) You have the right to be notified of a breach of your PHI.

We are obligated to notify each individual whose unsecured PHI has been or is reasonably believed, by Doshier or one of its Business Associates, to have been accessed, acquired, or disclosed as a result of a privacy or security breach of PHI. Such notification will be in accordance with specified criteria as required by law.

E. You may file a complaint about our Privacy Practices.

If you think that we have violated your privacy rights or you want to comment to us about our privacy practices, you can contact the Medical Records/HIM Department at 910-457-3863 and we will be glad to forward your call to the appropriate individual or you can contact the privacy officer in writing at:

Privacy Officer
 Doshier Memorial Hospital
 924 N. Howe St.
 Southport NC 28461

Depending upon the situation, complaints may be requested in writing to be investigated. You may send a written complaint to the Secretary of the United States Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you.

F. Organized Health Care Arrangement (OHCA). **

Dosher Memorial Hospital and its medical staff members have organized and are presenting you this document as a *joint notice*. This means that the physician(s) treating you are relieved of the responsibility for providing a separate Notice of Privacy Practices while treating you in the hospital setting.

It also means that the members of the organization may share health information with each other as necessary to carry out treatment, payment, or health care operations according to the organized health care arrangement.

This joint notice applies only to health care provided in the hospital setting. It does not apply to your physician's provision of medical services in his/her office practice. *This means, for instance, that, if you request and are granted a restriction on your hospital record, it is not applicable to your physician's office health record.*

The medical providers which are included in this joint arrangement are as follows:

- Emergency Department Medical Staff
- Active Medical Staff
- Affiliate Medical Staff
- Consulting Medical Staff
- Consulting Dental Staff
- Allied Health Staff (Active at Dosher)

** In addition to our OHCA, other persons and / or associates bound to the provisions of this Notice of Privacy Practices are all Dosher employees and contracted professionals, Dosher's Auxiliary Volunteers, and Dosher Chaplaincy Association.

G. DOSHER'S MEDICAL RECORD / HIM DEPT HAS REQUEST FORMS FOR THE FOLLOWING SPECIALIZED PHI REQUESTS:

RESTRICTIONS

**ALTERNATIVE COMMUNICATIONS
AMENDMENTS
COPIES / ACCESS TO PHI
ACCOUNTING OF DISCLOSURES**

**PLEASE VISIT OR CALL 910-457-3863
TO RECEIVE ANY NEEDED FORM.**

H. Footnotes:

- ¹ ARRA (American Recovery and Reinvestment Act of 2009), Part 1 Section 13405(a).
² ARRA Part 1 Section 13405(e); HIPAA 45 CFR 164.522 (a)(1)(i)(ii)(A); 45 CFR 154.514(e)(2);
45 CFR 164.502(b)(1).
³ ARRA Part 1 Section 13405(c)

<http://www.dosher.org>

Dosher website / email address

<http://www.hhs.gov/ocr/privacy>

Information on ARRA / HIPAA / HITECH

<http://www.coastalconnect.org>

Coastal Connect Health Information Exchange (CCHIE)



**IF YOU HAVE PRIVACY / SECURITY RELATED
QUESTIONS OR COMMENTS, PLEASE CONTACT
HIM/MEDICAL RECORDS
AT (910) 457-3863.**

**TO REQUEST YOUR HEALTH INFORMATION, PLEASE
CONTACT THE HIM/MEDICAL RECORD DEPARTMENT
AT (910) 457-3863.**