

SAMPSON REGIONAL MEDICAL CENTER PRIVACY NOTICE

Effective Date: April 14th, 2003

Version 1.0

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.

If you have any questions about this notice, please contact Sampson Regional Medical Center's Privacy Officer at (910) 590-8741.

I. INTRODUCTION

A. WHO WILL FOLLOW THIS NOTICE

This notice describes Sampson Regional Medical Center (SRMC) practices at all its locations and that of:

- Any licensed independent health care practitioner who is on the Medical Staff and authorized to enter information into your medical record.
- All departments and units of SRMC, including but not limited to Skilled Nursing, Outpatient Rehabilitation, Ambulatory Surgery, Home Health, and SRMC Rural Health Clinics (Roseboro).
- Any member of a volunteer group we allow to help you while you are in SRMC.
- All employees, staff and other SRMC personnel.
- All students or trainees.

All these persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment, payment or SRMC operations purposes and the purposes described in this notice. The independent health care professionals who provide care at SRMC and who have agreed to follow the terms of this Notice are not employees or agents of SRMC, and SRMC is not responsible for how they fulfill their professional responsibilities.

B. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at SRMC. Your health information is contained in a medical record that is the physical property of SRMC. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care and billing for care that are created at SRMC, whether made by SRMC personnel or your independent personal doctor or other independent health care personnel, who are responsible for their own actions. Your personal doctor or other independent health care personnel treating you may have different policies or notices regarding confidentiality and disclosure of your medical information that is created in their office or other location outside SRMC.

This notice will tell you about the ways in which the people listed above may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices at SRMC with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

II. HOW SAMPSON REGIONAL MEDICAL CENTER MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

Federal law requires Sampson Regional Medical Center 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. Sampson Regional Medical Center must abide by the terms and conditions of this Privacy Notice.

A. USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

Sampson Regional Medical Center may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors who are members of SRMC's medical staff and to nurses, technicians, medical students, or other SRMC personnel who are involved in taking care of you at SRMC. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of SRMC also may share medical information about you in order to coordinate what you need, such as prescriptions, lab work and x-rays. We also may need to disclose medical information about you to people outside SRMC who may be involved in your medical care before or after you leave SRMC, such as family members, or others who provide services (such as home health agencies) that are part of your care. We will only disclose medical information about you to people outside SRMC, who are not currently involved in your care at SRMC, with your authorization, unless such disclosures are required or permitted by law.
- **For Payment.** We may need to use and disclose medical information about you so that the treatment and services you receive at SRMC or as given by other providers may be billed by SRMC or other independent providers and payment may be collected from you, an insurance company or health plan, or a third party. For example, we may need to give your insurance company or health plan information about surgery you received at SRMC so your insurance company or health plan will pay us or reimburse you for the surgery. We may also tell your insurance company or health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance company or health plan will cover the treatment. To obtain payment, we will only disclose medical information about you to people outside SRMC who are not currently involved in your care at SRMC with your authorization, unless such disclosures are required or permitted by law.
- **For Health Care Operations.** Our staff and business associates may use and disclose medical information about you for SRMC operations. These uses and disclosures are necessary to run SRMC and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the qualifications and performance of our staff and medical staff in caring for you.

We may also combine medical information about many SRMC patients to decide what additional services SRMC should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to SRMC personnel, doctors, and students for review and learning purposes. We may also combine the medical information we have about you and other patients with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who you are.

We will only disclose with your authorization medical information about you that identifies you to people outside SRMC who are not involved in SRMC operations unless such disclosures are required or permitted by law.

In addition, Sampson Regional Medical Center may use and/or disclose your individually identifiable health information as follows:

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at SRMC. We will leave a message for you at any telephone number you give us stating the time of the appointment and the name of the person or department with whom you have the appointment unless we have agreed in writing to your written request to handle appointment reminders differently.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may share information about you with people or organizations that are involved in fund-raising activities by or for the benefit of SRMC. We may disclose information to a business associate or a foundation related to SRMC so that the business partner or the foundation may contact you in raising money for SRMC. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at SRMC. If you do not want SRMC to contact you for fundraising efforts, you must notify SRMC's Vice President, Marketing and Public Relations in writing or indicate your choice on SRMC's Patient Authorization Form.
- **SRMC Directory.** Unless you tell us otherwise, we may include certain limited information about you in SRMC directory while you are a patient at SRMC. This information may include your name, location in SRMC, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in SRMC and generally know how you are doing. If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this

information, you must notify SRMC's Registration Department in writing or indicate your choice on SRMC's Patient Directory Instructions Form.

- **Individuals Involved in Your Care.** Except as explained above concerning information furnished in connection with SRMC Directory, we may disclose medical information about you to a friend or family member who is involved in your medical care, unless you object. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these disclosures by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to disclose relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort
- **Individuals Involved in the Payment for your Care (spouse or other responsible party)** If you have authorized our disclosure of medical information for the purpose of obtaining payment for the care provided to you, such disclosure may also entail giving information to other family members who are insureds on your policy or to someone who helps pay for your care, and your authorization authorizes such disclosure. **For minors, please see page 8.**
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects will require your written authorization if the researchers will know whom you are. Medical information about you that has had all identifying information removed may be used for research without your authorization.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Business associates:** There are some services provided in Sampson Regional Medical Center through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operation functions on behalf of Sampson Regional Medical Center or who otherwise provide services and have access to or use your protected health information. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a certain copy service we use when making copies of 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 and bill you or your third party payer for services rendered. 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 Sampson Regional Medical Center.
- **Disaster Relief:** We may use or disclose information for disaster relief purposes.

- **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.

B. USES OR DISCLOSURES SAMPSON REGIONAL MEDICAL CENTER MAY MAKE WITHOUT YOUR AUTHORIZATION

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section C the law permits and requires Sampson Regional Medical Center to make, use and/or disclose individually identifiable health information without your written authorization:

- **Organ and Tissue Donation.** We are required by law to release medical information concerning deceased patients to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary for them to determine organ or tissue donation potential. If you are an organ or tissue donor, we are also required by law to provide medical information about you after your death to the person or entity who receives the organ or tissue donation.
- **Workers' Compensation.** We may release without your authorization medical information about you for workers' compensation or similar programs under appropriate circumstances. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose without your authorization medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, or disability (example: tumor or cancer registry);
 - to report births and deaths;
 - to report suspected abuse or neglect as required by law;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using; and
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose without your authorization medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process by someone else involved in the dispute by furnishing your medical records or information under seal to the court. The copies of your medical record under seal may only be opened by the parties to the case or their attorneys unless a judge orders otherwise. Please see Section C for more stringent requirements.
- **Law Enforcement.** We may release without your authorization medical information if asked to do so by a law enforcement official:
 - In response to a court order, grand jury demand, or search warrant;
 - About a death or injury we believe may be the result of criminal conduct; or
 - About suspected criminal conduct at SRMC.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release without your authorization medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of SRMC to funeral directors as necessary to carry out their duties.
- **Security, Intelligence Activities, and Protective Services.** We may release without your authorization medical information about you to authorized federal or state officials for intelligence, counterintelligence, and other governmental activities authorized by law. We may disclose without your authorization medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release without your authorization medical information about you to the correctional institution or law enforcement official with custody of you on behalf of the correctional institution if necessary: (1) for SRMC to provide you with health care; (2) to protect your health and safety; (3) to obtain payment; or (4) for operations of SRMC. If you are in the custody of the Department of Correction (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

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 Privacy Notice recites above. Specifically, the following:

- ***If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirements,*** Sampson Regional Medical Center 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 Sampson Regional Medical Center 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're an adult care home patient***, your personal and medical records may not be disclosed, except for treatment, payment, or operations, by the adult care home without your written release unless disclosure is required by law. The written release must specify to whom the disclosure may be made except if disclosure is: (a) for the purposes of payment, treatment or health care operations and is to a pay contracted with the adult care home (and the contract requires disclosure), (b) to the treating physician, or (c) to agencies/institutions/individuals providing emergency medical services. You may object in writing to a treating physician's access to your medical records and the adult care home may not refuse to abide by such objection.
- ***If you are a nursing home patient***, then the nursing home will not reveal your confidential information to anyone, unless you give permission in writing. If the nursing home discloses information for any purpose, you must sign a permission form. However, please note that the nursing home may reveal the information without your written authorization if the law requires the nursing home to do so or if the communication is to family members, provided that you do not object, or in other limited circumstances.
- ***If you provide confidential information to a social worker***, the social worker will not reveal that information to anyone unless you give permission in writing. If the social worker reveals your information for any purpose, then you must sign a permission form. However, please note that the social worker may reveal information you have given to the social worker without your written permission if the law requires the social worker to do so or if not revealing the information may present a clear and imminent danger to you or others.
- ***If you provide personal information to an optometrist***, then the optometrist will not reveal that information to anyone, unless you given permission in writing. If the optometrist reveals your information for any purpose, then you must sign a permission form. However, please note the optometrist may reveal the information without your written permission if the law requires the optometrist to do so.
- ***If you provide confidential information to a substance abuse professional***, then the substance abuse professional will not reveal that information to anyone, unless you give permission in writing. If the substance abuse professional reveals your information for any purpose, then you must sign a permission form. However, please note that the substance abuse professional may reveal the information without your written permission if there is a clear and imminent danger to you or to others; in a medical emergency, but then only to an appropriate professional or to public authorities; or, when the law requires the substance abuse professional to disclose the information.
- ***If you provide confidential information to a bodywork therapist***, then the bodywork therapist will not reveal that information to anyone, unless you give permission in writing. If the bodywork therapist reveals your information for any purpose, then you must sign a permission form. However, the bodywork therapist may reveal the information without your written permission if the law or a court order may require the therapist to do.

- ***For adult day and adult day health program patients***, Sampson Regional Medical Center will not disclose confidential information to anyone unless your name a person in writing. You will need to provide Sampson Regional Medical Center with written permission to disclose your confidential information each time Sampson Regional Medical Center needs to disclose the information, unless the law requires Sampson Regional Medical Center to disclose the information.
- ***If you are seeking treatment and rehabilitation for drug dependence***, Sampson Regional Medical Center will not reveal your name to law enforcement officers or agencies, unless you provide us with written permission. Sampson Regional Medical Center will also not reveal your name in any court, grand jury or administrative proceeding without your written permission, unless the law compels Sampson Regional Medical Center to reveal your name.
- ***For patients of nursing home facilities, home health care, ambulatory surgery facilities, nursing pool facilities, Sampson Regional Medical Center's cardiac rehabilitation program and hospice***, you have the right to object in writing to Sampson Regional Medical Center disclosing your individually identifiable health information to the North Carolina Department of Health and Human Services during an inspection.
- ***If you are an unemancipated minor under North Carolina law***, then Sampson Regional Medical Center physicians will not disclose except in certain instances. A parent, guardian, or other person with authority to act in loco parentis has authority to have access to and decide the use and disclosure of protected health information concerning a minor patient, except when:
 - (1) A custody order or agreement provides otherwise;
 - (2) A court order provides otherwise;
 - (3) There is a reasonable basis to suspect abuse or neglect of the minor and providing such information or authority to the parent, guardian, or other person acting in loco parentis is reasonably believed to present a risk of injury or harm to the minor;
 - (4) The minor has the right to obtain health care on his or her own behalf as is permitted in the following cases:
 - (a) For outpatient diagnosis or treatment of emotional illness;
 - (b) For diagnosis or treatment of pregnancy (not abortion);
 - (c) For diagnosis or treatment of sexually transmitted diseases;

(In these circumstances, however, SRMC may choose to disclose such information to the parent or guardian if the parent or guardian contacts SRMC and requests such information.)
 - (d) The parent or guardian has agreed that such information will be confidential between the minor and SRMC.

➤ *For patients receiving mental health, developmentally disabled or substance abuse services:*

- Except as described in these paragraphs, Sampson Regional Medical Center may only use or disclose your confidential information if you give our written permission or sign an authorization that specifies the name of the persons to whom Sampson Regional Medical Center may disclose the information. Your written permission or authorization must also state the specific time period during which the release is valid.
- Private notes that the licensed mental health professional has decided to make about a session with you, keep in his or her personal files, and designate as psychotherapy notes will not be disclosed to personnel working within SRMC, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against SRMC, unless you have properly authorized such disclosure in writing.
- If a court has adjudicated you incompetent or you are a minor, Sampson Regional Medical Center will not disclose your health information to a person acting as an external client advocate on your behalf, unless both you and your legally responsible person have executed a written permission or authorization.

D. MARKETING

We will need your written authorization to use and discloses your medical information 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 Sampson Regional Medical Center discloses our medical information to another entity; in exchange for compensation, and the other entity communicate 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 OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Sampson Regional Medical Center 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 if you provide written notice to Sampson Regional Medical Center.

III. YOUR RIGHTS

Federal and state law protects your right to keep your individually identifiable health information private. You have the following right regarding medical information we maintain about you.

- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care, unless your treating physician determines that providing you with such information would be injurious to your well-being. When we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by SRMC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.
- To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to SRMC's Health Information Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SRMC.

To request an amendment, your request must be made in writing and submitted to the SRMC's Health Information Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment, if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was created by a provider other than SRMC, unless the provider who created the information is no longer available to consider or make the amendment;
- Is not part of the medical information kept by or for SRMC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to SRMC's Health Information Department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The

first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you to individuals or entities outside of SRMC and on the use of psychotherapy notes within SRMC by someone other than the person who wrote the notes. You also have the right to request a limitation on the medical 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request to restrict use or disclosure of your information within SRMC or among the health care professionals currently involved in your care at SRMC except with regard to psychotherapy notes. If we do agree, we will comply with your requested restriction unless the information is needed to provide you emergency treatment. Except as required by law, we will only disclose your confidential medical information to persons outside SRMC who are not currently involved in your care at SRMC, with and in accordance with your authorization.

To request restrictions, you must make your request in writing to SRMC's Health Information Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Alternative Type of Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at a mailing address other than your home address.

To request certain types of communications, you must make your request in writing to SRMC's Health Information Department and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website www.sampsonrnc.org.

To obtain a paper copy of this notice, contact the Registration department at (910) 590-8741.

IV. GRIEVANCES OR FURTHER INQUIRES

If you believe that Sampson Regional Medical Center has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Sampson Regional Medical Center and the Department of Health and Human Services. To file a complaint with Sampson Regional Medical Center, please contact David Ziolkowski at 910-590-8741. Sampson Regional Medical Center will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

V. AMENDMENTS

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

Adopted: February 17th, 2003

Revised: