

NOTICE OF PRIVACY PRACTICES

For Stanly Regional Medical Center
and the Medical Staff of Stanly Regional Medical Center *
Stanly Manor
Stanly Medical Services
Effective: April 14, 2003



Stanly
Health Services

* Stanly Regional Medical Center and the Medical Staff of Stanly Regional Medical Center, as an organized healthcare arrangement, share patient health information in order to carry out treatment, payment and healthcare operations, and jointly share this Notice of Privacy Practices related to that arrangement. 45 CFR 164.520

Una copia de este aviso está también disponible en español.

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 the Privacy Officer at (704) 983-7840.

Our Pledge Regarding Your Health Information

We understand information about you and your health is personal, and we are committed to protecting your medical information. This Notice of Privacy Practices will explain to you the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to make sure health information which identifies you is kept private, to give you this notice of our legal duties and privacy practices with respect to your health information, and to follow the terms of the notice that is currently in effect.

Who Will Follow This Notice

Stanly Health Services (SHS) is the parent organization for Stanly Regional Medical Center, Stanly Manor and Stanly Medical Services. Each individual facility will follow SHS's Privacy Policies and Procedures. This notice describes the practices of our particular facility and that of:

- Any healthcare professional authorized to enter information into your medical record, including doctors on the medical staff
- All departments, entities and organizations of SHS
- All employees, staff, volunteers and other SHS personnel

How We May Use And Disclose Your Health Information

The following categories describe different ways we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, students or other personnel who are involved in your care. 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. Additionally, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments or entities may share your health information in order to coordinate the different services you need, such as prescriptions, lab work or x-rays. We also may disclose your health information to people outside our facility to provide services that are part of your medical care.

If you receive treatment, including counseling, for certain conditions, the treatment information or test results may receive additional protection. These situations include: drug and/or alcohol use; mental health problems; testing or treatment for HIV/AIDS; and if you are an un-emancipated minor, pregnant, have venereal disease or emotional disturbances.

We otherwise will not release any treatment information or test results unless you authorize us to do so, or we are required by law or by a court order to do so.

For Payment. We may use and disclose your health information as needed to obtain payment for your healthcare services from an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will make payment. We may also need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose medical information to other healthcare providers for their payment purposes.

For Healthcare Operations. We may use and disclose health information about you as needed to support our healthcare operations. These uses and disclosures are necessary to run our medical facilities and provide quality care to our patients. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff. We may combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. Other activities for which we may disclose your medical information include but are not limited to conducting training programs, auditing, management and planning, customer service initiatives and administrative functions.

We may use and disclose health information to remind you of appointments for treatment or medical care. We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you. We may use your health information to contact you about marketing and fundraising activities. We may disclose your health information to other healthcare providers for their healthcare operations as allowed by law.

Other Permitted Uses And Disclosures And Your Opportunity To Object

Facility Directory. Unless you object, we will use some limited information about you in the facility directory while you are a patient at our facility. This information may include your name, location in the facility, your condition (in general terms) and your religious affiliation. Except for your religious affiliation, this information may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy affiliated with your faith even if you are not asked for by name.

Others Involved in Your Care or Payment for Your Care. Unless you object, we may release your health information to a family member, a relative, a close friend, or any other person you identify who is involved in your care or payment for your care.

Special Situations

Required By Law. We will disclose your health information 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 your health information 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.

Disaster Relief. 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.

Research. Under certain circumstances, we may disclose your health information for research purposes. In most circumstances we will ask for your specific permission if the researcher will have access to information that reveals who you are.

Business Associate. We may disclose medical information to a business associate for use on its behalf pursuant to a written contract. A business associate performs a function on behalf of SHS. For example, SHS contracts with an audit firm to perform an annual audit of our financial statements or an agency to provide accreditation.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation. We may disclose your health information to comply with workers' compensation laws and other similar programs established by law.

Public Health Risks. We may disclose your health information for public health activities, such as to a public health authority or other government authority allowed to receive this information. Examples of these activities include reporting vital statistics, communicable diseases, abuse or neglect, or information about product recalls.

Health Oversight Activities. We may disclose health 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 healthcare 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 your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose health information under certain conditions to law enforcement officials in response to a court order or other legal process; to identify or locate a suspect, fugitive, material witness or missing person; concerning crime victims; about a death we believe may be the result of criminal conduct; about criminal conduct at a SHS facility; and to report a crime in a medical emergency.

Coroners, Medical Examiners and Funeral Directors. We may release health 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 health information to funeral directors who need it to carry out their duties.

Military, National Security and Intelligence Activities. If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. We may disclose health information about an inmate to a correctional institution or law enforcement official as authorized by law.

Blood Testing. While you are receiving care, a healthcare worker may accidentally be exposed to blood or other bodily fluids. If this occurs, your blood will be tested for the presence of certain diseases (for example, HIV, Hepatitis B and C). These tests are

necessary to help protect the healthcare worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required or permitted by law.

Other Uses and Disclosures of Health Information. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provided to you.

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 Rights Regarding Your Health Information

You have certain rights regarding health information we maintain about you, which are briefly explained below. If you have questions or need additional information, please contact the Privacy Officer (see address and phone number listed on last page).

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy or substance abuse notes, certain information compiled for or in anticipation of civil, criminal or administrative proceedings, and information subject to a law that prohibits your access to it. Submit your written request to the Privacy Officer.

In certain limited cases, your request may be denied. If your request is denied, you may request that the denial be reviewed. The person who conducts the review will not be the person who denied the request, and we will comply with the outcome of the review.

Right to Amend. If you feel that health 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 we keep the information.

A request for an amendment must provide a reason that supports your request. The request to amend your record may be denied, in which case you have the right to enter a statement into your medical record saying that you disagree with the decision. Submit your written request to the Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your health information, but does not include disclosures made for treatment, payment, or for healthcare operations, or for purposes or disclosures specifically authorized by you. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided 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. Submit your written request to the Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the 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. For example, you could ask that we not use or disclose information about a surgery you had. To request restrictions, you must make your request in writing. 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.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You may not limit uses and disclosures that we are legally required or allowed to make. Submit your written request to the Privacy Officer.

Right to Request Confidential Communications. You have the right to request 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 at home.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Submit your written request to the Privacy Officer.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time from our website, stanly.org or from the SHS organization where you obtained treatment. Submit your written request to the Privacy Officer.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page. You can review the current notice at our website, stanly.org. We will also post a copy of the current Notice of Privacy Practices at each organization affiliated with SHS.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with SHS or with the Secretary of the Department of Health and Human Services. To register a complaint about our privacy practices, or if you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Privacy Officer. You will not be penalized for filing a complaint.

Privacy Officer

If you have questions or would like additional information or copies of forms for requesting actions under your individual rights, or wish to register a complaint, please contact the Privacy Officer, as follows:

Privacy Officer
P.O. Box 1489
Albemarle, North Carolina 28002
Phone: (704) 983-7840