

**JOINT NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ CAREFULLY.**

**EFFECTIVE DATE: September 23, 2013**

**If you have questions or requests relating to this Notice, please contact our Privacy Officer at 846-0709**

**A. ASHE MEMORIAL HOSPITAL IS COMMITTED TO PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION, AND WE WILL ABIDE BY THIS PRIVACY NOTICE.**

Ashe Memorial Hospital is committed to protecting the privacy of your health information. We call this information "protected health information" or "PHI" for purposes of this Notice.

This Notice describes the privacy practices of our hospital, wellness center, Mountain Family Care Center, Ashe Women's Center and other facilities, as well as all of the health care professionals and other persons authorized to enter PHI into your medical record, including:

- All departments of the hospital, nursing home, wellness center or other hospital facilities.
- Any member of the volunteer group we allow to help you while you are in the hospital, wellness center or other hospital facility.
- All employees, staff and other facility personnel.
- All physicians on our medical staff.

These facilities and persons, whom we collectively call "AMH" for purposes of this Notice, will use and share your PHI with each other in order to, among other things, carry out treatment, payment and healthcare operations. AMH has also agreed to abide by this Notice in order to protect the privacy of your PHI when conducting both separate and joint healthcare activities.

This Notice describes and provides some examples of various ways in which we may use or disclosure of your PHI, with or without your prior written authorization. This Notice also describes your privacy rights with respect to your PHI, and provides you with information about how to make privacy-related complaints.

We reserve the right to revise this Notice. In the event that we make revisions, we will post the revised notice in registration areas; make copies of the revised notice available upon request (either at the registration areas or through the contact person listed in this Notice); and post the revised notice on our website at <http://www.ashememorial.org>.

**B. AMH MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION ONLY IN THE CIRCUMSTANCES SPECIFIED IN THIS NOTICE.**

**Other than in the circumstances listed below, we will ask for your written authorization before we use or disclose your PHI.**

You may revoke an authorization by submitting a written request to revoke to AMH's Privacy Officer at the address listed on the front of this Notice. We will not use or disclose any PHI described in an authorization once we have received your request to revoke it. However, you cannot revoke your authorization for uses and disclosures that AMH has already made in reliance upon such authorization.

**1. We may use and disclose your PHI without authorization for treatment purposes.**

We may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include, but its not limited to, communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

*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, Departments of the hospital may also need to share your PHI in order to coordinate different services you may need, such as prescriptions, lab work and x-rays. 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 that may provide services that are part of your care.*

**2. We may use and disclose your PHI without authorization for payment purposes.**

Except as limited by certain North Carolina laws governing records relating to communicable diseases, we may use and share your PHI in order to bill and collect payment for treatment and services provided to you. We may share information with your insurance or health plan(s) in order to ensure that

you are covered under your plan or policy, as well as to seek prior approval of payment before we provide treatment or services. We may also share portions of your PHI with the following entities, among others:

- a. Billing departments;
- b. Insurance companies, health plans and their agents which provide you coverage;
- c. Hospital and nursing home departments that review the care you received in order to check that such care and the costs associated with it were appropriate for your illness or injury; and
- d. Collection departments or agencies, as well as consumer reporting agencies such as credit bureaus.

*EXAMPLE: Let's say you have a broken leg. We may need to give your health insurance plan information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-ray's or surgery). The information is given to our billing department and your health insurance company so we can be paid or you can be reimbursed. We may also send the same information to our hospital and nursing home departments, which review our care of your illness or injury.*

### **3. We may use and disclose your PHI without authorization in order to carry out health care operations.**

Except as limited by certain North Carolina laws governing records relating to communicable diseases, we may use and disclose your PHI in order to perform business functions called "health care operations." Many 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 but are not limited to, the following:

- a. Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- b. 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, for instance, about treatment alternatives, classes, or new procedures.
- c. Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- d. Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- e. Cooperating with outside organizations that assess the quality of the care others and we provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations. However, a resident of a nursing home or their legal representative may refuse such oversight agencies access to a nursing home record.
- f. Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing.
- g. Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you and by accountants, lawyers, and others who assist us in complying with applicable laws.
- h. Planning for our organization's future operations, and for the benefit of our organization.
- i. Conducting business management and general administrative activities related to our organization and the services it provides, including providing information.
- j. Resolving complaints and grievances within our organization.
- k. 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.
- l. Complying with this Notice and with applicable laws.

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

We may use and/or disclose PHI about you in a number of other circumstances where your prior written authorization is not required. Those circumstances include:

- a. When use/disclosure is required by law, subject to requirements of such law.
- b. When the use/disclosure is necessary for our business associates, such as reference laboratories or consultants, to provide contracted services to the hospital, except as limited by certain North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to communicable diseases. Furthermore, to protect your PHI, we require business associates to sign specialized agreements designed to safeguard your information in their hands.
- c. When the use/disclosure is needed for a hospital-affiliated foundation to contact you as part of a fundraising effort on the hospital's behalf, except as limited by certain North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to communicable diseases. If you are sent fundraising information that you do not wish to receive you may contact the hospital foundation at (336) -246-7101.
- d. When the use/disclosure is permitted for marketing purposes, such as when a marketing communication (i) occurs in a face-to-face meeting with you or (ii) concerns promotional gifts of a nominal value, except as limited by certain North Carolina laws governing pharmacy, mental

health facility or nursing facility records, or records related to communicable diseases.

e. When the use/disclosure is required by a health oversight agency for oversight activities authorized by law, such as for audits, investigations, inspections and licensure of the hospital, except as limited by certain North Carolina laws governing pharmacy, nursing facility, ambulatory surgical facility, nursing pool, or cardiac rehabilitation program records, or records related to communicable diseases.

f. When the use/disclosure is in response to a court or administrative order, or, under more limited circumstances, in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute that involves you, except as limited by certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases or controlled substance use.

g. When the use/disclosure is necessary to comply with laws relating to workers' compensation or similar programs which provide benefits for work-related injuries or illness without regard to fault, except as limited by certain North Carolina laws governing pharmacy and nursing facility records, or records related to communicable diseases.

h. When the use and/or disclosure is necessary for public health activities, except as limited by certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases and cancer. 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.

i. When the disclosure relates to victims of domestic violence, abuse or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated, except as limited by certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable disease.

j. When the disclosure is for law enforcement purposes, as required by law or in response to a court order or subpoena, warrant, summons, or similar process, and so long as all other legal requirements are met. We may also disclose information about crime victims, deaths, crimes on hospital premises, and crime-related information obtained in providing relief or emergency services. These uses/disclosures, however, may be subject to certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases or controlled substance use.

k. When the use and/or disclosure is for determining the cause of your death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose information to a funeral director, as necessary to carry out his duties. These uses/disclosures, however, may be limited by certain North Carolina laws governing pharmacy or nursing facility records, or records related to communicable diseases.

l. When the use and/or disclosure relates to organ, eye or tissue donation and transplantation purposes, except as limited by certain North Carolina laws governing pharmacy and nursing facility records, or records related to communicable diseases or cancer.

m. When the use and/or disclosure relate to medical research. 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, however, are subject to a special process that assures your medical information will not identify you specifically. We will always ask your permission if the research person must have access to your name, address or other information that reveals who you are, or will be involved directly in your care at the hospital or nursing home.

n. When the use and/or disclosure is necessary to avert a serious threat to your health or safety, or that of another person or the general public, except as limited by certain North Carolina laws governing pharmacy, nursing facility or records related to communicable diseases. Any disclosure, however, would only be to someone able to help prevent the threat.

o. When the use and/or disclosure relate 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.

p. When the use and/or disclosure is to a correctional institution or in other custodial situations, but only when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution. These uses/disclosures may be further limited by certain North Carolina laws governing pharmacy, nursing facility or mental health facility records, or records related to communicable diseases.

q. We may use and/or disclose your PHI without your authorization in order to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

r. We may use and/or disclose your PHI without your authorization in order to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. *For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.* We may also use and/or disclose PHI to give you gifts of a small value.

s. Unless you express an objection to a registration clerk or our Privacy Officer (or, if you cannot object or agree or in emergency situations, if a hospital profession determines that disclosure is in your best interests), we may use or disclose PHI about you without your authorization in the following circumstances:

i. We may share your name, your room number, and your general condition (fair, good, serious) in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.

ii. We may share relevant portions of your PHI with persons directly involved in your care or payment for your care if those persons are a family member, relative, friend or other person identified by you.

iii. We may share PHI to notify, or assist in the notification of a family member, relative, friend or other person identified by you of your location, general condition or death.

iv. We may share your PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary, in emergency circumstances.

v. Even if you agree or do not object, however, the forgoing uses/disclosures may also be limited by certain North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to substance abuse and communicable diseases.

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**C. AMH RECOGNIZES THAT YOU HAVE VARIOUS RIGHTS RELATING TO YOUR PROTECTED HEALTH INFORMATION.**  
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**1. You have the right to request restrictions on uses and disclosures of your PHI.**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, 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 subsection B.4.a – B.4.j of this Notice. You may request a restriction by informing the registration clerk when you register as a patient at AMH.

**2. You have the right to request that AMH communicate with you in different ways.**

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 or by email. We will accommodate reasonable requests, but, 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 informing the registration clerk when you register as a patient at AMH. Your request must be made in writing.

**3. You have the right to see and copy your PHI.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to this format and to the cost of the summary or explanation. 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. You may request to see and receive a copy of PHI by signing a **Release of Medical Information** form in the Health Information Services (Medical Records) Department. Your request must be in writing. We will charge you a reasonable fee to pay for the cost of copying, mailing or producing a summary or explanation requested by you.

**4. You have the right to request amendment of your PHI.**

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you.

We may deny your request if:

- a. The information was not created by us (unless you prove the creator of the information is no longer available to amend the record);
- b. The information is not part of the records used to make decisions about you;
- c. we believe the information 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 right 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. Your request must be submitted in writing to our Health Information Services (Medical Records) Department at the address listed at the front of this Notice. The request must include an explanation of your reason(s) for seeking amendment(s).

**5. You have the right to a listing of AMH's disclosures of your PHI.**

You have the right to receive certain information about our disclosures of your PHI. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We will NOT provide information about disclosures:

- a. For treatment purposes;
- b. For payment purposes;
- c. For certain health care operations;
- d. Made to or requested by you, or that you authorized;
- e. "Incident to" any use or disclosure permitted or required by the federal health information Privacy Rule;
- f. Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.4.s above;
- g. Relating to certain specialized government functions or in correctional or other custodial circumstances described in subsection B.4 above; or
- h. As part of a "limited data set" of information which does not contain certain information which would identify you.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting our Health Information Services (Medical Records) department at the address and/or telephone number listed at the front of this Notice.

**6. You have the right to a copy of this Notice.**

You have the right to request a paper copy of this Notice at any time by contacting our Privacy Officer at the telephone number listed on the front of this Notice or by asking the registration clerk in the Patient Access Department. 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). A copy of this notice will also be available on our website at <http://www.ashememorial.org>.

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**D. HOW YOU CAN FILE A PRIVACY-RELATED COMPLAINT.**

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If you think we have violated your privacy rights or you want to complain to us about our privacy practices, you can contact the person listed below our Privacy Officer at (336) 246-0709

You may also send a written complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services.  
200 Independence Avenue, S. W.  
Room 509F, HHH Building  
Washington, U. C. 20201  
(202) 619-0257  
Toll Free: (877) 696-6775

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

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**Ashe Memorial Hospital, Inc.  
200 Hospital Avenue  
Jefferson, N.C. 28640  
(336)846-7101**