

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 review it carefully. The privacy of your medical information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to

make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

- **Treatment:** We may use your medical information to treat you or disclose your medical information to a physician or other health care provider providing treatment to you.
- **Payment:** We may use and disclose your medical information to obtain payment for services we provide to you.
- **Health Care Operations:** We may use and disclose your medical information regarding our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
- **To You and on Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.
- **To Your Family and Friends:** We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.
- **Persons Involved in Care:** We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of medical information.
- **Health Information Exchange (HIE):** We may provide your information to a HIE in which we participate. The HIE is a medical record database where other providers involved in your care can access your medical information as long as they are also part of the same HIE. Sharing your information with the HIE is beneficial should you be away from your primary provider and need to see another health care organization. That provider (as long as they are part of the HIE) will have access to your medical information, and the delivery of complete and effective care may be enhanced as they will have access to your medical history. If you do not want your medical information to be shared with

the HIE you may visit www.CoastalConnect.org and complete the opt-out form. It will take five business days for the opt-out form to go into effect. If you chose to opt back in please revisit www.CoastalConnect.org and complete the revoke opt-out form.

- **Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Business Associates:** We sometimes contract with other organizations and people to assist us in performing our services or operate our entities. We may share your health information with them so long as they have signed the proper data use agreements and agree to protect your health information in the same manner as described in this privacy practice procedure statement.
- **Health-Related Services:** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives, including clinical research, that may be of interest to you.
- **Fundraising:** We may use your information to contact you for fundraising purposes. We will limit our use and disclosure to your demographic information and the dates of your health care. We may disclose this information to a business associate or foundation to assist us in fundraising activities. You may opt out of receiving future fundraising communications by emailing us at optout@wilmingtonhealth.com.
- **Research:** Medical research is vital to the advancement of medical science. Federal regulations permit use of protected health information in medical research. Our clinical researchers may look at your health records as part of your current care, or to prepare, or conduct research. All patient research conducted at Wilmington Health is reviewed and approved by an Institutional Review Board before any medical research study begins. You may opt out of being contacted to participate in clinical research by emailing us at optout@wilmingtonhealth.com.
- **Death; Organ Donation:** We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.
- **Required by Law:** We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors and to public health authorities for public health purposes.
- **Law Enforcement:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or

missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

- **Abuse or Neglect:** We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.
- **National Security:** We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and certain other national security activities.
- **Appointment Reminders:** We may use your medical information to contact you to provide appointment reminders. You can opt out of appointment reminders by emailing us at optout@wilmingtonhealth.com.
- **Use and Disclosure of Certain Types of Medical Information:** For certain types of medical information we may be required to protect your privacy in ways more strict than we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your medical information:
 - **HIV Information.** We may not disclose HIV information unless required by law, pursuant to an authorization or the disclosure is to you or your personal representative; to health care personnel providing care to you; pursuant to appropriate subpoena or court order; to persons who may be at risk of infection in accordance with state rules.
 - **Information Released to State Department of Health and Human Services.** You may object to our disclosure of your medical information from our ambulatory surgery facility to the North Carolina Department of Health and Human Services when the Department conducts inspections or other reviews.
 - **Alcohol and Drug Abuse Information.** We may not disclose your medical information that contains alcohol and drug abuse information except to you, your personal representative, or pursuant to an authorization or as may be allowed by law.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Wilmington Health Privacy Officer

Email: privacyofficer@wilmingtonhealth.com

Telephone: 910-796-7701

Fax: 910-772-1307

Address: 1202 Medical Center Drive,
Wilmington, NC 28401

Form 12

Individual Rights

- **Access:** You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, you will be charged for the copies, staff time to locate and copy your medical information, and postage to mail the copies to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations, or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.
- **Confidential Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation of how payments will be handled under the alternative means or location you request.
- **Amendment:** You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Electronic Notice:** If you receive this notice on our web site or by electronic mail (email), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Patient Rights

- To be treated with dignity, respect, and without discrimination.
- To have all information kept confidential, related to care within required regulations.
- To be fully informed of the care and treatment provided by the physician and others.
- To receive care from professionally competent personnel; know the names and responsibilities of people giving the care.
- To obtain complete and current information regarding diagnosis, treatment, and prognosis in terms expected to be reasonably understood.
- To accept treatment, refuse treatment, and be informed of the expected consequences of that decision.
- To speak up and ask questions about health, treatment, or testing.
- To have pain assessed and treated.
- To choose whether to participate in human subject research.
- To be informed, in advance, both orally and in writing, of care being provided, of the charges, including payment of care/service expected from third parties and any charges for which the client/patient will be responsible.
- Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse,

- including injuries of unknown source or misappropriation of client/patient property.
- To be able to choose a health care provider, including an attending physician.
- To be informed of any financial benefits when referred to an SLC.
- To be advised on WH policies and procedures regarding the disclosure of clinical records.
- To be fully informed of one's responsibilities.
- To have Advance Directive requests honored, designating another person to make medical decisions in the event decision-making capacity is lost. However, in the event the Advance Directive states, "Do Not Resuscitate (DNR)", Wilmington Health employees are required to call 911 and start CPR, thus not honoring your DNR request.
- To have the freedom to register a complaint or recommend changes in services or in company policy which will enhance or improve WH. This service site is accredited by the Accreditation Commission for Health Care (ACHC) and, as such, if you would like to register a complaint or recommend changes in service, please contact our privacy officer via email at privacyofficer@wilmingtonhealth.com or by contacting ACHC at (855) 937-2242 or Office of Civil Rights (OCR) at 800-368-1019.

Patient Responsibilities

- To remain under a physician's care while receiving healthcare services.
- To inform the healthcare team of any changes in physicians involved in your care.
- To provide the physician and healthcare company with a complete and accurate health history.
- To participate actively in the design of the healthcare plan with your physician.
- To provide the physician and healthcare company with all requested insurance and financial information.
- To sign the required consents and releases for insurance billing.
- To participate in the healthcare process by asking questions and expressing any concerns.

- To provide a safe home environment, when homecare is provided, in which care can be given.
- To accommodate and allow for any necessary changes in the home environment, when homecare is provided, to assure proper care.
- To cooperate with the physician, the healthcare team, and other caregivers by complying with the required and agreed-upon therapy.
- To accept responsibility for any refusal of treatment.
- To treat the physician and other healthcare professionals with respect and consideration

I Certify

- I have read and understand the above information and my responsibilities;
- I have received a copy of Wilmington Health's Notice of Privacy Practices and Patient Bill of Rights and Responsibilities

Print Name

Relationship to Patient if Representative Signing

Signature of Patient or Representative

Date

