



**NOTICE OF PRIVACY PRACTICES
SOUTH CAROLINA**

Effective April 2003
Revised September 2013

THIS NOTICE OF PRIVACY PRACTICES applies only to care and treatment you receive at this facility or other Novant Health facilities in South Carolina that are treated as an “affiliated covered entity” under the federal law known as the Health Insurance Portability and Accountability Act (HIPAA) that protects the privacy of your health information. Terms defined in the HIPAA Rules will have the same meaning in this Notice. This Notice also applies to all the people who provide healthcare services at a Novant Health facility in North Carolina, even if they are not our employees or agents. These people provide care along with us as part of an “organized healthcare arrangement.” All of these healthcare providers are referred to as “we” in this Notice. If you would like a listing of the Novant Health facilities covered by this Notice, please contact the Novant Health Privacy Official at 800-473-6610 ext. 49829 or PO Box 33549 Charlotte, NC 28233-3549. You may also visit our website at www.novanthealth.org.

**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.**

A. WE MUST PROTECT HEALTH INFORMATION ABOUT YOU. We must protect the privacy of health information about you that can be identified with you, sometimes called “PHI” for short. PHI includes information about your past, present or future health, the healthcare we provide to you, and payment for your healthcare. This Notice explains Novant Health’s legal duties with respect to PHI and how we can use and disclose PHI about you. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in this Notice. This Notice also explains your privacy rights, and how you can file a complaint if you believe those rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, Novant Health will provide notice as required by HIPAA.

We must follow this Notice. We may change this Notice and make the changes apply to PHI we already have if we:

- Post the new notice in our offices;
- Make copies of the new notice available if someone asks for it (either at our offices or through the Novant Health Privacy Official); and
- Post the new notice on our website: www.novanthealth.org

B. HOW WE CAN USE AND DISCLOSE PHI ABOUT YOU.

1. When We Can Use and Disclose PHI About You Without An Authorization. We may use and disclose PHI about you without your Authorization in the following ways:

a. To provide healthcare treatment to you. We use and share PHI with others to provide and coordinate your healthcare treatment. 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. Different departments may also need your PHI so you can get your medicine, lab work, meals and x-rays. We may also share health information about you with people like home health providers or others who may be involved in your medical care after you leave our care. We may make health information about you available to other healthcare providers who ask for it through the Care Everywhere function of our electronic medical record system. You may ask that your health information not be made available through Care Everywhere as provided in the “Your Privacy Rights” section below.

b. To obtain payment for services. We use and share PHI with others (for example, insurance companies, health plans, collection agencies, and consumer reporting agencies) to bill and collect payment for services we provided to you. Before we provide scheduled services to you, we may share information with your health plan to ask whether it will pay for the services or with government agencies to see if you qualify for benefits. We may also share health information with hospital departments that review care to see if the care and the costs were appropriate. For example, if you have a broken leg, we may need to give our billing department and your health plan information about your condition, the supplies used (such as plaster for your cast or crutches), and the services you received (such as x-rays or surgery) so we can be paid or you can be reimbursed.

c. For health care operations. We may use and share PHI to perform business activities that we call “healthcare operations” to help us improve the quality of care we provide and reduce healthcare costs. For example, we may use PHI to review our services or evaluate the performance of the people taking care of you. We may share PHI with governmental agencies, so they can review the care we provide. We also may share PHI with doctors, nurses, medical and nursing students, and other personnel (like billing clerks or assistants) for training purposes.

d. To raise money for our organization. We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money. Unless you provide an authorization, we will only share your name, address, telephone number, the dates you received treatment or services, the names of the treating physicians, the outcome and health insurance status. If you do not want to be contacted in this way, you may notify Novant Health at either 704-384-4048 or Foundation@Novanthealth.org. Please provide your full name and address. .

e. To remind you about appointments. We may use and/or disclose PHI to remind you about an appointment you have with us.

f. To tell you about treatment options. We may use and/or disclose PHI to tell you about treatment options that may interest you. We may also use and/or disclose PHI to give you gifts of a small value. For example, if you have diabetes, we may tell you about nutritional services that might help you.

g. To our business associates. We provide some services through other businesses we call business associates. We may give business associates health information about you so they can do the job we asked them to do. For example, we

might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

2. When We May Use And Disclose PHI About You Without An Authorization Or An Opportunity To Object. In some situations, we may use and/or disclose PHI about you without your Authorization or an opportunity to object. These situations include when the use or disclosure is:

a. When it is required by law.

b. For public health activities. We may disclose PHI about you for public health activities. These activities generally include disclosing PHI in order to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child and disabled adult abuse or neglect;
- Report reactions to medicine or problems with medical products;
- Tell people that a medical product they are using has been recalled;
- Support public health surveillance and combat bioterrorism.

c. For health oversight activities. We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.

e. For a legal proceeding. We may disclose PHI about you if a judge orders us to.

f. For law enforcement purposes. We may disclose PHI about you to report certain types of wounds, physical injuries, or criminal conduct on our property.

g. To a medical examiner or funeral director. We may disclose PHI about you to a coroner or medical examiner to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.

h. For organ, eye or tissue donation purposes.

i. For medical research. Research done in this facility must go through a special review process. We will not use or disclose PHI about you unless we have your Authorization or we have determined that your privacy is protected.

j. To avoid a serious threat to health or safety. We may disclose health information if it is necessary to protect the health and safety of you, the public or someone else.

k. For specialized government functions. We may disclose PHI about you for military and veterans' activities, national security and intelligence activities, protective services for the President, or medical suitability/ determinations of the Department of State.

l. For law enforcement custodial situations. We may disclose PHI about you to a correctional institution that has custody of you.

3. When You Can Object To A Use Or Disclosure. Unless you tell us not to, we may use or share your PHI:

a. To include you in the hospital directory. Our hospitals include limited information about you in their patient directories. We may share your name, room number, and condition (fair, stable, etc) with people who ask for you by name. We also may share your religious affiliation with religious leaders of your faith. If you do not want your information included in the directory, please tell Registration when you arrive. *If you ask not to be included in the patient directory, you will not get any cards or flowers that are sent to the hospital for you. Also, we will not tell callers or visitors that you are here.*

b. To people involved in your care or payment for care. We may share PHI with family members or others identified by you, who are involved in your care or payment for your care, unless you ask us not to pursuant to Section E.1 below. . We may tell your family and friends your condition.

c. To agencies for disaster relief efforts. We may share PHI with agencies like the Red Cross for disaster relief efforts. *Even if you ask us not to, we may share your PHI if we need to for an emergency.*

C. OTHER LAWS. In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these special rules apply to your health information, we may still be required to report certain things and we will follow these laws. For example, we are required to report suspected cases of child or vulnerable adult abuse or neglect, and we may share the information listed below when we make the report.

- If you have a communicable disease like tuberculosis, syphilis or HIV/AIDS, we generally will not share that information unless we have your written permission. But, we do not need your permission to report information about your disease to State and local health officials or to prevent the spread of the disease. If you have HIV or Hepatitis B, your doctor does not need your permission to share your status with a lay healthcare giver who is, or will be, providing direct hands-on health care to you. Your doctor will tell you before and after s/he shares this information and with whom s/he shared the information.
- If we perform certain kinds of neonatal testing on a child, we can only release this information to the child's parents or legal guardians, doctor, or the child if s/he is 18 or older.
- Some mental health providers, like psychologists, professional counselors and licensed master social workers, are generally required to get your written permission before sharing your mental health information. Before sharing mental health information about you with others for payment or healthcare operations, we will ask that you sign a form giving us permission to share that information. There are some exceptions to this requirement. We can share this information when necessary to coordinate or promote your care or treatment.
- Under a special federal law, if you apply for or receive substance abuse services from us, we generally have to get your written permission before we share information that identifies you as a substance abuser or a patient receiving substance abuse services. There are some exceptions to this rule. We can share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If you commit a

crime, or threaten to commit a crime, on our property or against our workers, we may report that to the police.

- We generally need your written permission before we can send your prescription drug information to, or receive it from, someone else. There are exceptions to this requirement. Some of these exceptions include sharing this information to/ for: (1) your healthcare providers; (2) medical research that is monitored by an institutional review board; (3) for epidemiological studies, research, or statistical analysis, if the information does not identify you or is encoded; or (4) the sale of a business or medical practice.
- If you are a minor who is at least 16 and have not been emancipated, we will not reveal any information about treatment you receive and consent for (unless it involves an operation) without your permission.

D. OTHER USES AND DISCLOSURES.

1. **Use of Psychotherapy Notes, Use of PHI for Marketing, and Sale of PHI.** Except as provided in Section 164.508(a)(2), your authorization is required for use or disclosure of psychotherapy notes about you. Except as provided in Section 164.508(a)(3), your authorization is required for use or disclosure of PHI about you for marketing. Your authorization is required for a disclosure which is a sale of PHI about you.
2. **Other Uses and Disclosures.** In any situation other than those listed above, we will ask for your written Authorization before we use or disclose your PHI. If you sign a written Authorization allowing us to disclose PHI, you can cancel it later. Your cancellation must be in writing and delivered to the Privacy Official at the address provided below, and we will not disclose PHI about you after we receive your cancellation and had a reasonable time to implement the cancellation.

E. YOUR PRIVACY RIGHTS. You have the following rights about the health information we maintain about you. If you want to exercise your rights, you must fill out a special form. Please contact the Novant Health Privacy Official at 800-473-6610 ext. 49829 or at PO Box 33549 Charlotte, NC 28233-3549 for the form or more information.

1. Right to Ask for Restrictions. You have the right to ask us to limit the ways we use and disclose your PHI for treatment, payment or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. *We do not have to agree to your request in most cases.* But, we do have to agree if you ask us not to disclose PHI to your health plan or for our healthcare operations if the PHI is about an item or service you paid for, in full, out-of-pocket. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

2. Right to Ask for Different Ways to Communicate with You. You have the right to ask us to contact you in a certain way or at a certain location. For example, you can ask us to only contact you at your work phone number. *If your request is reasonable, we will do what you ask.* In some situations, we may require you to explain how you will handle payment and give us another way to reach you.

3. **Right to See and Copy PHI.** You have the right to see and get a copy of the health information about you. You must sign a special form called an Authorization. We may charge you a fee if you have asked for a copy of records. *We can deny your request in some situations.* If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.
 4. **Right to Ask for Changes.** You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. *We can deny your request in some situations.* If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.
 5. **Right to Ask for an Accounting of Disclosures.** If you ask in writing, you can get a list of some, but not all, the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosures made before April 14, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.
 6. **Right to a Paper Copy of this Notice.** We will give you a paper copy of this Notice on the first day we treat you at our facility (in an emergency, we will give this Notice to you as soon as possible). You can also get a copy of this Notice from our website www.novanthealth.org.
 7. **Unavailability of Electronic Medical Record Outside of Novant Health:** Some medical records at Novant are maintained within an electronic medical record system that can allow other healthcare providers who use this system (and are not a part of Novant) to view these records in order to provide patient care. If you do not want your electronic medical record to be available to non-Novant providers in this way, you may request to opt out by contacting a Novant practice manager or the medical records department, and requesting to “opt out of Care Everywhere.” If you choose not to allow your electronic medical record to be available through Care Everywhere, another provider who is involved in your care may not be able to retrieve your full medical history electronically.
- F. **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.** If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the Novant Health Privacy Official at 800-473-6610 ext. 49829 or PO Box 33549 Charlotte, NC 28233-3549. You also may write to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.