



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to protecting your health information. We create a record of the care and services you receive at the hospital or owned clinics. We need this record to provide you with quality care and to comply with legal and regulatory requirements. We are required by law to make sure that health information that identifies you is kept private; to provide you this notice of our legal duties and privacy practices with respect to your health information; and to follow the terms of this notice. We reserve the right to change this notice. Any revision will affect how your current health information is treated, as well as, any information we receive in the future. We will post a copy of the current notice in various locations throughout Catawba Valley Medical Center, Catawba Valley Medical Group, and it will be located online at www.catawbavalleymc.org.

WHO WILL FOLLOW THIS NOTICE

Our healthcare team covered by this notice includes any healthcare professional authorized to enter information into your medical record. The members of the healthcare team may work at Catawba Valley Medical Center, Catawba Valley Medical Group, Catawba Valley Imaging Center, and other owned locations. Also covered by this notice are all other non-clinical employees including managerial, administrative, and support staff.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe how we may use and disclose your health information without your written authorization.

Treatment, Payment, and Healthcare Operations

Treatment We may use your health information to provide you with medical treatment or services. We may disclose health information about you to physicians, physician assistants, nurses, technicians, students in clinical rotations, or other Catawba Valley Medical Center staff who are involved in your medical care. We may also disclose your health information to other healthcare facilities or providers involved in your continuing care.

Examples:

- We may share your health information between departments at Catawba Valley Medical Center to coordinate aspects of your care, such as your prescriptions, diagnostic test results, and discharge instructions.
- We may use your health information to contact you to remind you of an appointment for care or treatment at Catawba Valley Medical Center or Catawba Valley Medical Group.
- We may make follow-up calls after your visit to the hospital or clinic to determine how you are feeling and answer any questions you may have.
- We may disclose your health information to other providers to whom you have transferred your care, such as a home health agency or specialty medical practice.

Payment We may use and disclose your health information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.

Examples:

- We may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you.
- We may tell your health plan about treatment you are going to receive so that we may obtain prior approval or to determine whether your health plan will cover the treatment.

Healthcare Operations We may use your health information for our own healthcare operations. We may disclose your health information to another healthcare provider, facility, or health plan if it is related to your care and is for quality review and improvement, healthcare provider credentialing, fraud and abuse detection, and compliance activities.

Examples:

- We may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may combine health information about many Catawba Valley Medical Center patients to decide what additional services need to be offered, what services are not needed, and whether new treatments are effective.
- We may disclose information to members of the healthcare team who work at Catawba Valley Medical Center, Catawba Valley Medical Group, Catawba Valley Imaging Center, and other owned locations for learning purposes. We may remove identifying information from health information so others may use it to study healthcare and healthcare delivery without learning the identities of specific patients; however, removing identifying information is not required.
- We may disclose information about you to another hospital for their health care operations if you received care at that hospital.
- We may use your health information to tell you about health-related benefits and services that may be of interest to you or to offer alternative treatment recommendations.

Other Uses and Disclosures of Health Information

Hospital Directory Unless you tell us otherwise, we may include certain limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (i.e. good, fair, stable, etc.) and your religious affiliation. The directory information, except your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name. If you do not want anyone to know this information, if you want to limit the information that is disclosed, or if you want to limit who may receive this information, you must indicate this preference at the time of registration by requesting a confidential status. Patients who are being treated in the Behavioral Health Unit are automatically excluded from the hospital directory.

Fundraising Activities We may use demographic information about you in an effort to raise money for Catawba Valley Medical Center and its operations. We may disclose demographic information to a business partner or a foundation related to the hospital so that the business partner or foundation may contact you in raising money for the hospital. We would only release contact information, such as your name, address, telephone number, and dates you received treatment. If you do not want the hospital to contact you for fundraising efforts, you must notify the Privacy Office in writing. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

Individuals Involved in Your Care We may release your health information to a family member or friend who is involved in your care or to someone who helps pay for your care. In addition, we may disclose health information to an entity assisting in a disaster relief effort so that your family may be notified about your condition, status, and location. We only disclose your health information to this individual, including notification

about your location or condition, if you have agreed or we believe you do not object to this disclosure. You may object to these releases 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 are incapacitated and unable to indicate your agreement, a Catawba Valley Medical Center staff member involved in your care may use their judgment to determine if the disclosure would be in your best interest.

Research Under certain circumstances, we may use and disclose your health information for research purposes. All research projects are subject to a special approval process by Catawba Valley Medical Center, which protects patient safety, welfare, and confidentiality. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing an authorization form.

Required by Law We will disclose your health information when required to do so by federal, state, or local law.

Law Enforcement We may release your health information in response to a court order, subpoena, warrant, or similar process. We may also disclose limited information to identify or locate a suspect, fugitive, or missing person. We may release health information about the victim of a crime if, under certain limited circumstances, we are unable to obtain agreement. We may also release health information to law enforcement about a death we believe to be the result of a crime, about criminal conduct at the hospital, and in emergency situations to report a crime or description and location of a person who committed a crime.

Public Health and Safety We may disclose your health information to meet public health activities. These activities may include the following:

- To prevent or control disease, injury, or disability;
- To report deaths;
- To report reactions to medications or problems with products, to notify people of recalls or products they may be using;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law;
- To provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations; and
- To agencies in the event of national security activities, as authorized by law.

Health Oversight Activities We may disclose your health information to a government sanctioned health oversight agency which may include 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.

Coroners, Medical Examiners, and Funeral Home Directors We may release health information to a coroner or medical examiner in order to identify a deceased person or to assist in determining the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

Organ, Eye, and Tissue Donations Catawba Valley Medical Center will comply with the laws in accordance to the Organ Procurement Act. If you have further questions, please refer to Policy RI-10.

Workers' Compensation We may release your health information to your employer if they manage your Workers' Compensation program or to the Workers' Compensation program.

Military and Veterans 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 authority. We may disclose your health information to the Department of Veterans Affairs to determine whether you are eligible for benefits.

Inmates If you are an inmate of a correctional institution or under the custody of law enforcement, we may release your health information to the correctional institution or law enforcement. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

Other uses and disclosures of health information not covered above in the notice or by law will be made only with your written authorization. If you complete an Authorization for the Disclosure of Protected Health Information From Catawba Valley Medical Center form, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we may have already made with your authorization. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy You have the right to inspect and to request copies of your health information. This includes medical and billing records, but does not include Psychotherapy notes and other mental health records under certain circumstances. To request copies, you must complete an Authorization to Disclose Protected Health Information from Catawba Valley Medical Center form and bring or mail it to the Health Information Services Department. To obtain the form or request assistance you may call the Health Information Services Department at 828-326-3865. We may charge a fee for the cost of copying, mailing, or other supplies associated with your request. If you agree, we may provide you with a summary of the information, rather than providing you access to your electronic health information. To access your electronic health records, you must submit your request to the Privacy Officer.

We may deny your request to inspect and copy your health information in certain, very limited, circumstances, such as when your physician determines that for medical reasons it is not advisable. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed healthcare professional, chosen by Catawba Valley Medical Center, will review your request and the denial. The person conducting the review will not be the person who denied your initial request. Catawba Valley Medical Center will abide by the decision of the reviewer.

Right to Amend If you feel that health information we have concerning 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 Catawba Valley Medical Center. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. 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. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept for or by Catawba Valley Medical Center;
- Is not part of the information which you would be permitted to inspect and copy; or

- Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an “accounting of disclosures” of your health information if any such disclosures not specifically authorized by you exist. To request this accounting, you must submit your request in writing to the Privacy Officer. Your request must state a time period that may not be earlier than six years prior to the date of your request. We may charge you for the costs of providing the list. We will notify you within sixty days of the cost to provide the list, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request restrictions on certain uses of your health information and how it is disclosed for payment, treatment, or healthcare operations. You also have the right to request limitations on the health information we disclose about you to someone who is involved in your care, such as a family member or friend. ***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 emergency treatment. If we do not agree, we will notify you of the denial in writing. To request restrictions, you must make your request in writing to the Privacy Officer. 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. Your physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

Right to Request Confidential Communications You have the right to request to receive communications from us on a confidential basis by using alternative means of receipt. For example, you may ask that we only contact you at work, by mailing, or at a separate mailing address. We must accommodate all reasonable requests. You are not required to provide us with an explanation of the reason for your request. Contact the Privacy Officer if you require this confidential communication.

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. To obtain a copy of this notice, please request one from Registration personnel, the Privacy Officer, or visit www.catawbavalleymc.org.

Right to Receive Notice of a Breach You have the right to receive notice of a breach. We will notify you if your unsecured protected health information has been breached.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer, as listed below. You may also file a complaint with the regional Office of Civil Rights. All complaints must be submitted in writing. ***You will not be penalized in any manner for filing a complaint.***

PRIVACY OFFICER

The Privacy Officer for Catawba Valley Medical Center is Kim Ratliff, Director – Health Information Services. She may be reached at 828-326-3294. The mailing address for Catawba Valley Medical Center is 810 Fairgrove Church Road, SE., Hickory, North Carolina 28602.