



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.

Our staff are committed to protecting your health information, which is a right you have and one detailed in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Effective: April 2003

Revised: June 2022

If you have any questions or requests, please contact the Novant Health privacy official at 704-384-9829 or P.O. Box 33549, Charlotte, NC 28233-3549.

A We must protect health information about you

We must protect the privacy of health information about you that can identify you, also called protected health information or “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, and may include information about your race, ethnicity, language, gender identity, sexual orientation, and social risks and needs. 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.

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 or through health information exchanges. You may ask that your health information not be made available through Care Everywhere or other health information exchanges that enable other providers to access your medical information 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 healthcare 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 704-384-9829 or FdnDataResearch@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 perform for us. 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.

d. For a legal proceeding. We may disclose PHI in a legal proceeding required by a court order or otherwise required by law.

e. For law enforcement purposes. We may disclose PHI in a legal proceeding required by a court order or otherwise required by law.

f. 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.

g. For organ, eye or tissue donation purposes.

h. For medical research. Research done in Novant Health 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.

i. 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.

j. 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.

k. 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. We, also, may tell your family and friends about your condition. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care. If you bring family members or others to your appointments or for unscheduled care, and do not tell us that you object to them hearing your PHI, then we are allowed to interpret that as your consent for us to do so.

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 applies 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 healthcare to you. Your doctor will tell you before and after she or he shares this information and with whom she or 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 the child is 18 or older.
- 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 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 that you consented to receive (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) of HIPAA, 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 under Section 164.508(a)(4).

2. Other uses and disclosures. In any situation other than those listed above, we may 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 previously authorized, 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 704-384-9829 or at P.O. 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 for payment or for our healthcare operations if the PHI is about an item or service you paid for, in full, out-of-pocket, and disclosure is not otherwise required by law. 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 written request for access or 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 NovantHealth.org.

7. Availability of electronic medical record outside of Novant Health: Some medical records at Novant Health are maintained within an electronic medical record system that can allow other unaffiliated healthcare providers to view your records through a health information exchange. If you do not want your electronic medical record to be available to non-Novant Health providers through CareEverywhere or other health information exchanges, you may request to opt out by contacting a Novant Health clinic administrator or the medical records department, and requesting to “opt out of Care Everywhere.” Participation in an electronic health information exchange also lets us see other providers’ information about you for our treatment purposes. Opting out of CareEverywhere at Novant Health will not prevent Novant Health from retrieving information about you from other health care systems. If you do not want those health information systems to share your information, you will need to contact them directly. If you choose not to allow your electronic medical record to be available through Care Everywhere or another health information exchange, 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 704-384-9829 or P.O. 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.

This Notice of Privacy Practices applies only to care and treatment you receive at this facility or other Novant Health facilities and practices 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, and are referred to as the Novant Health Affiliated Covered Entities. Terms defined in the HIPAA regulations 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 South 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 and practices covered by this Notice, please contact the Novant Health privacy official at 704-384-9829 or P.O. Box 33549, Charlotte, NC 28233-3549.



Notice of Nondiscrimination

Novant Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Novant Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Novant Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, please contact Novant Health Interpreter Services at 1-855-526.4411, then select option 3. TDD/TTY: 1-800-735-8262.

If you believe that Novant Health has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient Services Department
Attn: Section 1557 Coordinator
200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999
TDD/TTY: 1-800-735-8262
<https://www.novanthealth.org/home/contact-us.aspx>

You may file a grievance by mail, in person at the Novant Health facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call 1-888-648.7999 or TDD/TTY 1-800-735-8262.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-526-4411. Select option 3. TDD/TTY: 1-800-735-8262.

