

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: January 2026

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 services we provide to you, and payment for your healthcare, and may include information about your race, ethnicity, language, gender identity, sexual orientation, and social risks and needs. 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.

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, such as physicians and community connect partners, 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 your primary care physician, 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, the North Carolina HealthConnex, or through other health information exchanges. You may ask that Novant Health not make your health information 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. We are required to share notification of your admission, discharge, or transfer (often called “ADT” information) from our facilities to your other providers and post-acute service providers. If you want to opt out of us sharing your ADT information for a particular visit, please alert the staff at the registration desk at the facility where you are being treated.

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 referred to as “healthcare operations”, such as 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 you may notify Novant Health at FdnDataResearch@novanthealth.org or 704-384-9829. Please provide your full name and address.

e. To communicate with you. We may use and share health information to contact you about treatment, care, or payment. For example, we may use the phone numbers (including mobile) and email addresses we have on file to send you phone calls, emails, text messages, or other communications related to your care. We may also send you appointment or check-up reminders, information about upcoming health screening events, research information, or contact you to ask for feedback regarding your care at Novant Health. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks.

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 when an authorization or an opportunity to agree or object is not required. 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; or
- 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. Disclosures about victims of abuse, neglect or domestic violence. In certain situations, we may disclose PHI to a government authority about an individual we believe to be a victim of abuse, neglect or domestic violence.

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

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. We may use and disclose your health information for research purposes when our Institutional Review Board has reviewed and approved the research proposal. We also may disclose health information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the health information they review does not leave our organization. All research projects involving patients' medical information must be approved through a special review process to protect patient confidentiality. A researcher may have access to information that identifies you only through the special review process, or with your written permission.

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.

m. Disclosures to law enforcement. We may disclose PHI about an individual for a law enforcement purpose or with a law enforcement official as permitted in 45 C.F.R. § 512(f).

n. Workers compensation. We may disclose PHI as authorized by law and to the extent necessary to comply with laws relating to workers compensation and other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

o. National instant criminal background check system. We may use or disclose PHI for purposes of reporting to the National Instant Criminal Background Check System the identity of a person who is prohibited from possessing a firearm under applicable law.

p. Disclosures to covered entities that are government programs providing public benefits. We may disclose PHI to government entities or health plans that administer or provide public benefits.

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 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 family members or friends are present while care is being provided, we may assume that you agree that your companions may hear the discussion, unless you state otherwise.

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 disabled 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 are treated for a mental health condition, a developmental disability or substance use disorder, state law generally requires us to get your written consent before we disclose that information. There are some exceptions to this rule. For example, we may disclose information if you need a guardian or involuntary commitment. We also may disclose information to: (1) a healthcare provider who is treating you in an emergency; (2) a healthcare provider who referred you to us, if they ask; and (3) to other mental health, developmental disabilities, and substance

abuse facilities or professionals when necessary to coordinate your care or treatment. After notification to you, we are required to tell a family member or other person substantially involved in your care that you were admitted to, transferred from, left or discharged from, a behavioral health unit. Under a special federal law, if you apply for or receive substance use disorder services from certain specialists, we generally have to get your written permission before we share information that identifies you as a patient receiving substance use disorder 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 are under the age of 18 and are not emancipated, we will not reveal any information about treatment that you consented to receive for pregnancy, venereal disease and other communicable diseases, drug or alcohol abuse, or emotional disturbance, without your permission. But, we are allowed to reveal this information if: (1) your doctor thinks your parents need to know because there is a serious threat to your life or health, or (2) your parents or guardian ask your doctor about the treatment, and your doctor believes that sharing the information is in your best interest.

D Other uses and disclosures

1. Use of psychotherapy notes, use of PHI for marketing and sale of PHI. Except as provided in 45 C.F.R. § 164.508(a)(2) of HIPAA, your authorization is required for use or disclosure of psychotherapy notes about you. Except as provided in 45 C.F.R. § 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 45 C.F.R. § 164.508(a)(4).

2. Use of Substance Use Disorder Program Information. Your Substance Use Disorder (SUD) records are protected by two Federal laws: HIPAA and 42 CFR Part 2 (Part 2). Under Part 2, your SUD records are more protected than general medical records.

We can share your information with your written consent when:

- You request us to share your information with others; or
 - You agree to allow sharing for future treatment, payment, or healthcare operations. You may give one written consent that will allow us to share your information for these purposes.
- Once your information is disclosed to a Part 2 program, HIPAA covered entity or business

associate based on your single written consent, the recipient may further disclose your information without asking for your written consent, to the extent the HIPAA regulations permit such disclosure. Additional consent may be needed:

- For the release of SUD counseling notes, which are treated similar to psychotherapy notes and require special consent before they can be disclosed.
 - For legal proceedings, which require your specific, separate written consent or a valid court order.
- You can ask us not to share your information at any time by notifying us in writing. We will stop future sharing; however, this will not affect disclosures that have already taken place.

We are permitted to share your SUD records without your specific written consent in specific situations, including:

- Medical emergencies
- Reporting child abuse or neglect
- Approved research when your information has been de-identified
- Healthcare oversight activities, including audits or evaluations, conducted by authorized government agencies
- Disclosures made for certain public health activities that are performed or authorized by government agencies
- In response to a valid court order obtained under 42 CFR Part 2 (you will be notified and given a chance to object)
- To raise money for our organization, only after you have been provided with a clear and plain opportunity to elect not to receive fundraising communications.

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. These forms can be found at www.novanthealth.org/medicalrecords. Please contact the Novant Health Privacy Official at 704-384-9829 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 for payment or 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 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.

5. Right to ask for an accounting of disclosures. If you ask in writing, you can get a list of some, but not all, of 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 or three (3) years for Substance Use Disorder Records. 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. Availability 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 unaffiliated healthcare providers to view your records through a health information exchange

Novant Health may make certain information about you available through the North Carolina HealthConnex, which is a health information exchange operated by the state of North Carolina. You can opt out of allowing your health information from being available through the North Carolina HealthConnex by either going to this website - <https://hiea.nc.gov/patients>, or calling 919-754-6912.

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 practice manager 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 provider's information about you for our treatment purposes. Please specify if you also wish for Novant Health to not retrieve information about you from other health care systems. If you do not want other health care 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.

N 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:
 - Qualified sign language interpreters
 - 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:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact Novant Health interpreter services toll-free 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:

Pedro Mendez 504/1557 NH Coordinator

Email: NHCoordinator504_1557@novanthealth.org Phone line: 980-488-9494

Telephone: 1-888-648-7999 (toll-free)

TDD/TTY: 1-800-735-8262

[NovantHealth.org/home/contact-us.aspx](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 toll-free, 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 online at **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 **[hhs.gov/ocr/office/file/index.html](https://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.

