

# NOTICE OF PRIVACY PRACTICES

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**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.**

EFFECTIVE: NOVEMBER 30, 2022

If you have questions or requests, please contact the ECU Health Privacy Official at **252-847-6545** or **PO Box 6028, Greenville, NC 27835-6028.**



## Overview

We are required by law to maintain the privacy of your Protected Health Information or “PHI” for short, and to also provide you with notice of our legal duties and privacy practices with respect to PHI. References to “ECU Health” in this notice refers to ECU Physicians and University Health Systems of Eastern Carolina, Inc. (and all of its affiliated entities with the exception of ECU), together as an Affiliated Covered Entity. An Affiliated Covered Entity (“ACE”) is a group of organizations under common ownership or control who designate themselves as a single Affiliated Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). ECU Health, its team members, its medical staff and members of its affiliated covered entities who are involved in providing and coordinating your health care are all bound to follow the terms of this Notice of Privacy Practices (“Notice”). The members of the ACE will share PHI with each other for the treatment, payment, and health care operations of the ACE and as permitted by HIPAA and this Notice. For a complete list of the members of ECU Health’s affiliated covered entities, please contact the ECU Health Privacy Official.

## Our privacy practices

As a major resource for health services and education, ECU Health strives to support local medical communities and to work with providers throughout the region to deliver quality care. To do so, we need to use and share your information among ourselves, with our vendors, and with providers and agencies involved with your care. Your privacy is important to us, and it is our policy to respect your privacy when you are our patient. This Notice outlines how we protect your information and your rights under HIPAA. We are required to protect the privacy of health information about you that can identify you. We must give you notice of our legal duties and privacy practices concerning PHI to:

- Maintain the privacy of your health information as outlined in this Notice
- Provide you with notice of our legal duties and privacy practices related to your health information
- Follow the terms of the Notice currently in effect

## How we may use and disclose your PHI

### **We may use and disclose PHI about you without your authorization in the following circumstances:**

#### **(1) To provide healthcare to you.**

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other healthcare providers about your treatment and coordinating and managing your healthcare with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray or other healthcare services. In addition, we may use and disclose PHI about you when referring you to another healthcare provider.

We may make health information about you available to other healthcare providers who ask for it through the Care Everywhere function of our electronic health record system, the North Carolina HealthConnex, or through health information exchanges. Patients have the right to opt out of the electronic health information exchange by completing the Opt-Out Form by notifying registration staff or by contacting the ECU Health Privacy Official. If you choose to opt out, providers must request and receive your information using other methods, such as, fax or mail.

#### **(2) To obtain payment for services**

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments.
- Collection departments or agencies.
- Insurance companies, health plans and their agents which provide your coverage.
- Hospital departments that review the quality and cost of the care you received.
- Consumer reporting agencies (e.g., credit bureaus).

within 60 days. If we need an extra 30 days, we will let you know. You may request a listing of disclosures by contacting the medical records department.

We reserve the right to change the terms of this Notice and make the new provisions effective for all PHI that it maintains. If we revise this Notice, a copy will be made available to you upon request.

#### **You may file a complaint about our privacy practices.**

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact the ECU Health Privacy Official:

**HIPAA Privacy Officer  
ECU Health  
PO Box 6028  
Greenville, NC 27835**

**Phone: 252-847-6545**

All complaints will be investigated to help resolve any issues you may have. You may also send a written complaint 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.

ECU Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, please see <https://allin.ecuhealth.org/wp-content/uploads/2022/10/2022-Nondiscrimination-and-Accessibility-Requirements-Notice.pdf>

***You have the right to see and receive a copy of PHI about you.***

You have the right to request to see and receive a copy of PHI about you contained in clinical, billing and other records used to make decisions about you. We may charge you related fees. Instead of providing a full copy of the PHI about you, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. In certain situations, we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI about you by contacting your provider's medical records department.

***You have the right to request an amendment of PHI about you.***

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.

***You have the right to a listing of disclosures we have made.***

You have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request date. We are not required to include disclosures:

- For your treatment,
- For billing and collection of payment for your treatment.
- For our healthcare operations,
- Requested by you, that you authorized or that are made to individuals involved in your care, and
- Allowed by law

The accounting will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. You can get one accounting of disclosures at no charge every 12 months; after that, there may be a fee. In most cases, we will send the accounting of disclosures

**Example:** Let's say you have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed.

***(3) For healthcare operations.***

We may use and disclose PHI about you when we perform business activities, that we call "healthcare operations." These healthcare operations allow us to improve the quality of care we provide and reduce healthcare costs. For example, we may look at patient information to evaluate the performance of our staff, plan new services, identify new locations for services, or send you a survey about your experience. We may also use patient information to train team members and students, respond to governmental agencies, support our licensing, analyze data, and for legal and other purposes. We can also share your information with other providers who have a relationship with you for their own health care operations. We may also use or reveal PHI about you to carry out certain business actions separately or as part of our involvement in an Organized Health Care Arrangement (OHCA) with the credentialed and privileged members of our medical staff.

***(4) To provide you with information about appointments, prescription refills, and treatment options.***

We may contact you to remind you of an appointment for treatment, or to remind you of a prescription refill. We may use and/or disclose PHI to tell you about treatment, services or products options that may interest you. For example, if you have diabetes, we may tell you about nutritional services that might help you.

***(5) For fundraising activities.***

We may use your health information to contact you about donating to ECU Health. We may also share your health information with a related foundation that may contact you to raise money for a treatment or service related cause, such as for our children's hospital. You can opt out of fundraising communications by calling 252-847-5626 or 252-847-6545 or writing to ECU Health at P.O. Box 6028, Greenville, NC 27835-6028. Please provide your full name and address.

### **(6) 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.

### **(7) De-Identified Health Information.**

We may use your health information to create “de-identified” information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

### **(8) Limited Data Set.**

We may use your health information to create a “limited data set” (health information that has certain identifying information removed). We may also disclose your health information to a business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

### **(9) With Electronic Health Information Exchange (HIE).**

We may participate in certain HIE’s that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in this Notice.

You may ask that your health information no longer be contributed to an HIE by sending your request to the Privacy Office address provided in this notice. Please include your name and date of birth or address. We will use reasonable efforts to limit the sharing of health information in HIE’s if you opt out. Opting out will not recall your health information that has already been shared, nor will it prevent access to health information about you by other means, e.g., request by your individual providers.

## **Your rights under this notice**

### ***Right to notification about a Breach.***

You have the right to be notified in the event of a breach of your unsecured PHI.

### ***Right to a Paper Copy of This Notice.***

You have the right to a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically. This Notice can also be found on our website at [www.ECUHealth.org](http://www.ECUHealth.org).

### ***Right to request different ways to communicate with you.***

We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled. You may request alternative communications by notifying the person registering you or your healthcare provider.

*All of the following rights require you to submit a written request form to us. If you would like to exercise any of these rights please contact the ECU Health Privacy Official listed on the front and last page of this Notice.*

### ***You have the right to request restrictions on uses and disclosures of PHI about you.***

You have the right to request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations.

We are not required to agree to your requested restrictions, except in limited situations in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer. However, your request may still not be followed in certain situations such as emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in the previous sections of this Notice.

(2) the provider who wrote the prescription or who is treating you; (3) a pharmacist who is providing pharmacy services to you; (4) a company responsible for providing, or paying, for your medical care; (5) members and certain employees of the Board of Pharmacy; and (6) researchers who have been approved by the Board of Pharmacy, if there are certain protections in place to keep the information confidential.

- 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.

**Other Uses and Disclosures.** Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example, for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

We participate in NC HealthConnex (the “Exchange”). You may request to opt out by submitting the form downloaded directly from <https://hiea.nc.gov/patients/your-choices>. Your opt out will not affect our obligation to disclose your health information to the Exchange when you receive services that are paid for by the State of North Carolina Health Plan and/or Medicaid.

***We may use and/or disclose PHI about you in certain circumstances without an authorization or an opportunity to object, as described below:***

- As required by law.
- As necessary for public health activities, such as to prevent or control disease, injury, or disability; report reactions or problems with medical products; report births or deaths; work with the CDC.
- For health oversight activities, such as to a state or federal health oversight agency or the Center for Medicare/Medicaid Services.
- For a legal proceeding. For example, we may disclose PHI about you in response to a court order, a warrant, or other legal proceeding.
- For law enforcement purposes. We may disclose PHI about you to report certain types of wounds, physical injuries, or criminal conduct on our property.
- To a coroner, 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.
- For organ, eye or tissue donation.
- For medical research. Research done at ECU Health must go through a special review process. We will not use or disclose your PHI unless we have your authorization or we have determined that your privacy is protected.
- To avert a serious threat to health or safety. We may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- For specialized government functions. We may disclose PHI about you if it relates to military activities, national security and intelligence activities, protective services for the President, or medical suitability/ determinations of the Department of State.

- For correctional institutions and other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

**Unless you object, we may disclose your information as described below:**

- To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition (good, fair, serious, etc.), and room number. We also may share your religious affiliation with clergy affiliated with your faith, regardless of whether they ask for you by name.
- We may share PHI with family members or other persons identified by you, who are involved in your care or payment for your care. 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.
- We may share your PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for emergency circumstances.

If you would like to object to our use or disclosure of your PHI in the above circumstances, please notify the staff member registering you or call the Privacy Officer listed on the front and back cover of this Notice. If you ask not to be included in the patient directory, you will not receive any cards or flowers that are sent to the hospital for you. Also, we will not tell callers or visitors that you are here.

## Special Protections

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 abuse, 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. We may also share information with other covered entities, such as a pharmacy, or businesses associates, such as a software vendor, unless you object in writing. 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 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.
- Our pharmacy will only release a copy of your prescription orders to certain people. Some of these people include: (1) you;