

Carolina Women's Health

Notice of Privacy Practices

Effective April 14, 2003

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 PLEDGE REGARDING HEALTH INFORMATION

Carolina Womens Health uses and shares health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We are committed to protecting health information about you. Your health information is contained in a medical record that is the physical property of Carolina Womens Health.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of Carolina Womens Health and that of:

- All employees, staff, volunteers and other members of it work force
- All physicians and their representatives, and other health care providers
- Contracted business associates of Carolina Womens Health.

HOW MAY WE USE YOUR HEALTH INFORMATION?

For Treatment. We may use your health information to provide, coordinate, or manage your medical treatment or related services. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment that will work best for you. For example, a doctor that we refer you to for treatment outside the scope of our specialty, would need to see our office notes to coordinate treatment, prescriptions, lab work, etc.

For Health Care Operations. We may use and disclose health information about you for health care operations including the following:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases.
- Learn how to improve our facility and services; and
- Determine how we can make improvements in the care and services we provide

Appointments/Follow-up Calls. We may use your information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care received at Carolina Womens Health or coordinate your healthcare with another provider.

Individual Involved In Your Care. We may share information with an authorized representative, a family member or other person identified by you, or who is involved in your care or payment related to your care. We may tell your family or friends your condition. If you do not want information about your released to those involved in your care, see instructions for requesting a restriction under **Your Health Information Rights**.

HOW WE MAY DISCLOSE YOUR HEALTH INFORMATION OUTSIDE OF CAROLINA WOMENS HEALTH WITHOUT YOUR AUTHORIZATION

Required by Law. We may disclose information about you when required to do so by federal, state or local laws. For example, we may disclose your health information to respond to a court order or to a court ordered subpoena.

Public Health Risks. We may disclose information for the following public health activities:

- To prevent or control disease, injury or disability.
- To report births or deaths
- To report information related to victims of child abuse or neglect or domestic violence.
- To report reactions to medications or recalls of products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Health Oversight Activities. We may disclose health information about you to avert a serious threat to the health or safety of you, any other person or the public. For example, we may disclose health information to assist law enforcement officials in their duties to locate a suspect, fugitive or a missing person.

Deceased. Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

Research. We may disclose information for research purposes. Medical record information that identifies you will only be used when you have given permission for us to do so.

National Security. We may disclose your health information to federal officials for intelligence, counterintelligence, and national security activities authorized by law.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or other health-related benefits and services that may be of interest to you.

Inmates. We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

YOUR HEALTH INFORMATION RIGHTS

In accordance with federal regulations and Carolina Womens Health policies and procedures, you have the right to:

- **Request a Restriction on Certain Uses and Disclosures of Your Health Information.** You may ask us not to use or disclose certain health information. In some situations, we may be required by law to share your health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department. Carolina Womens Health is not required to agree to requested restrictions.
- **Requests To Inspect and/or Obtain a Copy of Your Health Record.** You have the right to request to inspect and/or obtain a copy of your health information and billing records. We may charge a fee for the cost associated with copying and/or mailing the information.
- **Request to correct/amend Information in Your Health Record.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct/amend the information. If the health information is determined to be incorrect or incomplete, we will revise your record.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure that we have your correct address and contact information.
- **Receive a Listing of How Your Information Has Been Shared.** You have the right to receive a listing of disclosures of your health information for purposes outside of treatment, payment and hospital operations (not including disclosures made prior to April 14, 2003).
- **Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

In order to request a restriction on how your health information is used or to request confidential communication, you must complete a "Restriction of Health Information Request Form".

In order to request a copy, an inspection, a correction or amendment, or a listing of disclosures, you must submit a request in writing to the Privacy Official of Carolina Womens Health.

CAROLINA WOMENS HEALTH'S OBLIGATIONS

We are committed to:

- Making sure that medical information that identifies you is kept private.
- Providing you with this notice of our legal duties and privacy practices with respect to your health information.

- Following the terms of this notice.
- Notifying you, after management's review, if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodating reasonable requests for communications of your health information in a particular manner or to a location other than your permanent address.
- Obtaining your written authorization to disclose your health information for reasons other than those listed above and permitted under law.

Carolina Womens Health reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting them in our facility, and upon your request, we will provide you with a copy of the most recent copy of our Notice of Privacy Practices.

In the event that North Carolina law requires us to give more protection to your health information than required by Federal Law, we will give that additional protection to your health information.

CONTACT INFORMATION

You may file a complaint to Carolina Womens Health, or to the United States Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

If you have any complaints or questions about information in the document, you may contact:
Privacy Officer, Carolina Womens Health, 3404 Wake Forest Rd. Ste 200, Raleigh, NC 27609 or call (919)235-0097