

ARMC Health Care Notice of Privacy Practices

Effective date: August 1, 2009; version 2

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. If you have any questions about this notice, please contact the ARMC Health Care Privacy Officer at (336) 538-7977, (336) 538-7450, or at Alamance Regional Medical Center, PO Box 202, Burlington, NC 27216-0202.

Who will follow this notice

This notice describes ARMC Health Care privacy practices at all its locations and those of:

- Any independent health care professional who is on the Medical Staff and authorized to enter information into your medical record.
- All departments and units of ARMC Health Care, including:
 - Alamance Regional Medical Center, Inc. (All departments at all locations, including: Burlington, NC; Elon, NC; Gibsonville, NC; Mebane, NC)
 - ARMC Physicians Care, Inc.
 - Alamance Extended Care, Inc. (Edgewood Place)
 - Alamance Regional Medical Center Foundation, Inc.
 - Alamance Health Enterprises, Inc.
- Any member of a volunteer group we allow to help you while you are receiving ARMC Health Care services.
- All employees, staff, medical staff and other ARMC Health Care personnel.
- All students or trainees.
- All these persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment, for payment, and for health care operations purposes and the purposes described in this notice.
- Independent health care professionals who provide care at the Hospital and who have agreed to follow the terms of this Notice are not employees or agents of ARMC Health Care, and ARMC Health Care is not responsible for how they fulfill their professional responsibilities. Your doctor may have different policies or notices regarding the doctor's use and disclosure of medical information created in the doctor's office about you.

Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive within ARMC Health Care. Your health information is contained in a medical record that is the physical property of ARMC Health Care. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care and billing for care that are created within ARMC Health Care, whether made by the ARMC Health Care personnel or your independent personal doctor or other independent health care personnel, who are responsible for their own actions. Your doctor or other independent health care personnel treating you may have different policies or notices regarding confidentiality and disclosure of your medical information that is created in their office or other location outside ARMC Health Care.

This notice will tell you about the ways in which the people listed above may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at the Hospital with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How information about you may be used and disclosed

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Use and disclosure of your information for treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors who are ARMC Health Care medical staff and to nurses, technicians, medical students, or other ARMC Health Care personnel who are involved in taking care of you within ARMC Health Care. Different departments of the ARMC Health Care also may share medical information about you in order to coordinate what you need, such as prescriptions, lab work and x-rays.

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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

We also may need to disclose medical information about you to people outside ARMC Health Care who may be involved in your medical care before or after you leave ARMC Health Care, such as family members, or others who provide services such as home health agencies, therapists, or physicians that are part of your care. We will only disclose medical information about you to people outside ARMC Health Care who are not currently involved in your care within ARMC Health Care, if such disclosure is required or permitted by law, or with your consent.

Use and disclosure of your information for payment

We may need to use and disclose medical information about you so that the treatment and services you receive from ARMC Health Care or that you receive from other providers, including other hospitals, may be billed by either ARMC Health Care or the other independent providers. This is so that payment may be collected from you, an insurance company or health plan, or a third party.

For example: we may need to give your insurance company or health plan information about an examination you received at the ARMC Health Care so your insurance company or health plan will pay us or reimburse you for the examination.

We may also tell your insurance company or health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your insurance company or health plan will pay for the treatment. To obtain payment, we will only disclose medical information about you to people outside ARMC Health Care who are not currently involved in your care, if such disclosures are required or permitted by law, or with your consent.

Use and disclosure of your information for health care operations

Our staff and business associates may use and disclose medical information about you for ARMC Health Care operations. These uses and disclosures are necessary to run ARMC Health Care and make sure that all of our patients receive quality care.

For example: we may use medical information to review our treatment and services and to evaluate the performance of our staff and medical staff in caring for you.

We may also combine medical information about many ARMC Health Care patients to decide what additional services ARMC Health Care should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to hospital personnel, doctors, nurses, technicians, students, and other ARMC Health Care personnel for review and learning purposes.

We may also combine the medical information we have about you and other patients with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We will only disclose medical information about you that identifies you, to people outside ARMC Health Care who are not involved in ARMC Health Care operations, as required by law or permitted by law, or with your consent.

Appointment reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care within ARMC Health Care. We will leave a message for you at any telephone number you give us, stating information necessary to confirm the appointment, unless we have agreed in writing to your written request to handle appointment reminders differently.

Treatment alternatives

We may use and disclose your medical information to tell you about or recommend different ways to treat you.

Health-related benefits and services

We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising activities

We may share information about you with people or organizations that are involved in fund-raising activities by or for the benefit of ARMC Health Care. We may disclose medical information to a business partner or a foundation related to ARMC Health Care so that the business partner or foundation may contact you in raising money for ARMC Health Care. We only would release contact information, such as your name, address and telephone number and the dates you received treatment or services at ARMC Health Care. Also, we may respond to you with fund-raising information, to any communication you send to us. If you do not want ARMC Health Care to contact you for fund-raising purposes, you must notify the ARMC Health Care Foundation in writing at PO Box 202, Burlington, NC 27216-0202.

Hospital directory

Unless you tell us otherwise, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information will include your name and location in the Hospital, and could include your general condition (e.g., fair, stable, etc.) and your religious affiliation. Your name and location within the hospital may be released to callers or visitors who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. The hospital directory is maintained so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

If you do not want anyone to be provided Directory information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must indicate your choice on the ARMC Patient Directory Consent Form, or notify the ARMC Health Care Privacy Officer in writing.

Individuals involved in your care

In addition to furnishing information in connection with the hospital directory, as explained above, we may disclose medical information about you to a friend or family member who is involved in your medical care, unless you

object. This would include persons named in any durable power of attorney or similar document provided to us. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

You can object to these disclosures 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 cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to disclose relevant information to someone involved in your care, or to an entity assisting in a disaster relief effort.

Individuals involved in processing payment for your care (spouse or other responsible party)

If you have consented to our disclosure of medical information for the purpose of obtaining payment for the care provided to you, such disclosure may also entail giving information to other family members who are insureds on your policy or to someone who helps pay for your care, and your consent authorizes such disclosure.

As required by law

We will disclose medical information about you when required by federal, state, or local law.

Special situations: Research

Under certain circumstances, we may use and disclose medical information about you for research purposes.

For example: a research project may involve comparing the health and recovery of all patients who received one medication to those who received a different medication for the same condition. If the researcher is also the physician who treated you at the time your records were created, that physician may access that information for purposes of research.

Medical information about you that has had all identifying information removed (de-identified) may be used for research without your consent.

Human subjects research studies are subject to a special approval and oversight process, generally requiring your written consent if the researchers will know who you are, including your written authorization to use and disclose your protected health care information. An institutional review board (IRB) may waive or alter the informed consent requirement if it reviews and approves a research study in accord with federal regulations for the protection of human subjects.

To avert a serious threat to health or safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public, or of another person. Any disclosure, however, would only be made to someone able to help prevent the threat.

Special communication assistance

We may share your medical information with language interpreters when there are communication barriers present, such as with non-English speaking or hearing-impaired patients.

Organ and tissue donation

We are required by law to release medical information concerning deceased patients to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, for the agency to determine organ or tissue donation potential. If you are an organ or tissue donor, we are also required by law to provide medical information about you after your death to the entity who receives the organ or tissue donation.

Military personnel and veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs, medical information about you to determine whether you are eligible for certain benefits.

Workers' compensation

We may release without your consent medical information about you for workers' compensation or similar programs under appropriate circumstances. These programs provide benefits for work-related injuries or illness.

Public health activities and risks

We may disclose without your consent medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report suspected abuse or neglect as required by law;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using; and
- 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.

Health oversight activities

We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process by someone else involved in the dispute by furnishing your medical records or information under seal to the court. The copies of your medical record under seal may only be opened by the parties to the case or their attorneys unless a judge orders otherwise. Effort will be made to tell you about the request or obtain an order protecting the information requested.

Claims or concerns

If you communicate a concern to us or make a medical claim, your medical information may be shared as required with appropriate hospital staff, our insurance company or our attorney.

Law enforcement purposes

We may release without your consent medical information about you, if asked to do so by a law enforcement official under certain circumstances, including:

1. in response to a court order, grand jury demand, or search warrant;
2. in cases of suspected criminal conduct within ARMC Health Care;
3. in cases of death or injury we believe may be the result of criminal conduct.

Coroners, medical examiners, and funeral directors

We may release without your consent medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

Security, intelligence activities, and protective services

We may release without your consent medical information about you to authorized federal or state officials for intelligence, counterintelligence, and other governmental activities authorized by law. We may disclose without your consent medical information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release without your consent medical information about you to the correctional institution or law enforcement official with custody of you on behalf of the correctional institution if necessary:

1. for ARMC Health Care to provide you with health care;
2. to protect your health and safety;
3. to obtain payment; or
4. for operations of ARMC Health Care. If you are in the custody of the Department of Corrections (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

Behavioral health care

Regardless of the other parts of this Notice, any information relating to alcohol and drug treatment or other behavioral health care treatment, including psychotherapy notes, will not be disclosed outside the ARMC Health Care except as authorized by you in writing, pursuant to a court order, or as required by law. Private notes that the licensed mental health professional has decided to make about a session with you, keep in his or her personal files, and designate as psychotherapy notes will not be disclosed to personnel working within the hospital, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against the hospital, unless you have properly authorized such disclosure in writing.

Minors

A parent, guardian, or other person with authority to act in loco parentis (in place of parent) has authority to have access to and decide the use and disclosure of protected health information concerning a minor patient, except when:

- A custody order or agreement provides otherwise;
- A court order provides otherwise;
- There is a reasonable basis to suspect abuse or neglect of the minor and providing such information or authority to the parent, guardian, or other person acting in loco parentis is reasonably believed to present a risk of injury or harm to the minor;
- The minor has the right to obtain health care on his or her own behalf as is permitted in any of the following cases:
 - For outpatient diagnosis or treatment of emotional illness;
 - For diagnosis or treatment of pregnancy (other than abortion);
 - For diagnosis or treatment of sexually transmitted diseases; In these circumstances, however, ARMC Health Care may choose to disclose such information to the parent or guardian if the parent or guardian contacts ARMC Health Care and requests such information.
 - When the parent or guardian has agreed that such information will be confidential between the minor and ARMC Health Care.

Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy.

You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care, unless your treating physician determines that providing you with such information would be injurious to your well-being. Access may be denied for a sound medical reason. Access may be denied if release of records to the patient would endanger the patient.

When we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by ARMC Health Care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the medical records department at Alamance Regional Medical Center or at a separate location where you received services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing it.

Right to request amendment

If you feel that medical information we have about 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 ARMC Health Care. To request an amendment, your request must be made in writing and submitted to the ARMC Health Care Privacy Officer, at PO Box 202, Burlington, NC 27216-0202. 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 to amend information that:

- was created by a provider other than the ARMC Health Care, unless the provider who created the information is no longer available to consider or make the amendment;
- is not part of the medical information kept by or for ARMC Health Care;
- is not part of the information which you would be permitted to inspect and copy; or
- has been determined to be accurate and complete.

Right to an accounting of disclosures

You have the right to request a list of certain medical information disclosures we have made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department at Alamance Regional Medical Center or at a separate ARMC Health Care location where you received services. You also may contact the ARMC Health Care Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

Right to request restrictions

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you to individuals or entities outside of ARMC Health Care, and on the use of psychotherapy notes within the hospital by someone other than the person who wrote the notes. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *For example: you could ask that we not use or disclose information about a surgery you had.*

We are not required to agree to your request to restrict use or disclosure of your information within ARMC Health Care or among the health care professionals currently involved in your care at the Hospital except with regard to psychotherapy notes. If we do agree, we will comply with your requested restriction unless the information is needed to provide you emergency treatment. Except as required by law, we will only disclose your confidential medical information to persons outside the ARMC Health Care who are not currently involved in your care, in accordance with your authorization.

To request restrictions, you must make your request in writing to the ARMC Health Care 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.

Right to request alternative type of communication

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. *For example: you can ask that we only contact you at work or by mail, or at a mailing address other than your home address.*

To request certain types of communications, you must make your request in writing to the ARMC Health Care Privacy Officer and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a paper copy of this notice

You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You also may obtain a copy of this notice at our website: www.armac.com. To obtain a paper copy of this notice, contact registration staff at Alamance Regional Medical Center or other ARMC Health Care service location.

Changes to this privacy notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at ARMC Health Care locations providing care directly to individuals. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be made available to you upon request. The notice will contain the effective date prominently on the first page. Each time you register at or are admitted to ARMC Health Care for healthcare services, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with ARMC Health Care, or with the Secretary of Health and Human Services (Region IV, Office for Civil Rights, US Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909). To file a complaint with ARMC Health Care, contact the Privacy Officer at (336) 538-7977, (336) 538-7450, or in writing at PO Box 202, Burlington, NC 27216-0202. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

Other uses of medical information

Other uses and disclosures of your medical information not covered by this notice will be made only with your written permission or as required by law. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to the Alamance Regional Medical Center medical records department. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.