

## Notice of Privacy Practices

### Notice of Privacy Practices

Effective Date: April 14, 2003 Updated: July 19, 2016

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.

This notice describes how health information about you may be used and disclosed and how you may have access to this information. When it comes to your health information you have certain rights.

### Your Rights

You have the right to:

- Request to review or receive a copy of your paper or electronic medical record
- Request in writing to make corrections to your paper or electronic medical record
- Request in writing to change how your information is communicated
- Request us to limit how we share your information
- Request in writing a list of those with whom we've shared your information
- Request a copy of our Notice of Privacy Practices at any time
- Choose someone to act for you through a health care power of attorney
- File a complaint if you believe your privacy rights have been violated

### Your Choices on how we share certain information about you

You have some choices in the way that we use and share information with your consent we can:

- Tell family and friends about your condition
- Request in writing that we send your health information to your designee or third party
- Share information in a disaster relief situation
- Provide mental health care
- Market our services
- Raise funds.

### Our Uses and Disclosures

We may use and share your information without your consent so we can:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal court actions
- Comply with the both Federal and State law

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Request an electronic or paper copy of your medical record

- You can request to see or get an electronic or paper copy of your medical record.

- We will provide a copy of your record or with your permission a summary of your health information, within 30 days of your request or could be up to 60 days if your Medical Record is in storage and not immediately available at the local facility. We may charge a reasonable, cost-based fee for copying your records.
- Your request for access can be denied. If your request is denied you will receive a letter about the denial within 60 days of your request. You will also receive your rights about asking for the denial to be reviewed and the right to file a complaint.

#### Ask us to correct your medical record

- You can request in writing to correct your health information that you think is incorrect or incomplete. Your correction will be written and added to your medical record.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to share certain health information. We are not required to agree to your request, but we will let you know if we can accommodate your request.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations. If you have a health insurance provider and they pay for your services we may share the information with them for payment and operations.

- Get a list of those with whom we’ve shared information
- You can ask for a list (accounting of disclosure) of the times we’ve shared your health information for six years prior to the date you ask, and who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

If you have a court appointed legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

#### You have the right to file a complaint if you believe your privacy rights has been violated

We will not retaliate against you for filing a complaint

- You can complain to any Monarch staff member if you feel your rights have been violated. Any staff member is able to assist you in filing a complaint utilizing Monarch’s Complaint and Grievance policies. For further information, contact the Quality Management Department at (800) 342-1598.
- If you feel there are problems with the privacy of your health information you can also contact the HIPAA Privacy Officer at (800) 342-1598.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- sending letter to; 200 Independence Avenue, S.W., Washington, D.C. 20201  
by calling (877) 696-6775  
by visiting the [HIPAA website](#)

#### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information with your consent in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases we never share your information unless you give us written permission

- Sale of your information
- Marketing purposes
- Fundraising purposes
- Sharing of psychotherapy notes

#### Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways without your consent.

To treat you- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see this [link](#).

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research-We can use or share your information for health research.

Work with a medical examiner or funeral director-We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We can use or share health information about you:

- For workers' compensation claims
- For certain types of law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions -We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Comply with the law- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Sometimes state law requires greater limits on disclosures. North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services.

There are some exceptions to this requirement; we can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We also may disclose information to the following people: (i) a health care provider who is providing emergency medical services to you and (ii) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your services. We also will disclose information about you if the law requires us to do so, for example, when a court orders disclosure or when we suspect abuse or neglect of a child or disabled adult.

If you apply for or receive substance use disorder services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient of substance abuse services. There are some exceptions to this requirement. We can disclose this information within our program to members of our workforce as needed to coordinate your care and to agencies or individuals that help us carry out our responsibilities in serving you. We may disclose information to medical personnel in a medical emergency and as may otherwise be required by law.

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice. In addition, the law permits certain

minors (such as those emancipated by law) to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or disclose information in order to protect against the spread of the disease.

#### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know within 60 days if we determine a breach has occurred that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in this notice and make the notice available to you.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

#### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our service sites and on this web site at [www.MonarchNC.org](http://www.MonarchNC.org).

#### Health Information Exchange (HIE): What You Should Know

- We may provide your health care information to a health information exchange (“HIE”). Currently, we participate in NC HealthConnex, a state-wide HIE.
- An HIE is a health information database where other health care providers can access your medical information from wherever they are if they are also members of the HIE. These providers may include your doctors, nursing facilities, home health agencies, or other providers who care for you outside of our hospitals or our practices. For example, you may be traveling and have an accident in another part of the state. If the doctor treating you is a member of the HIE in which we participate, he or she could access the information about you that was contributed. Accessing this additional information (like medical history, allergies, or prescriptions) on the HIE can help your doctor quickly give you well-informed care.
- If you do not want your medical information to be contributed to the HIE and shared with these other health care providers, please submit an opt out form available at <https://hiea.nc.gov/patients/your-choices>. You can also ask for a copy of the opt out form at the front desk. It may take several days for the opt out to go into effect. Please note that if you opt out, your providers may not have the most recent information about you which may affect your care.