

GRANVILLE HEALTH SYSTEM
OXFORD, NORTH CAROLINA
PRIVACY NOTICE

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.

I. HOW GRANVILLE MEDICAL CENTER MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Federal law requires Granville Health System to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. Granville Health System must abide by the terms and conditions of this Privacy Notice, as Granville Health System may revise this Privacy Notice from time to time.

A. USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

Granville Health System may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- “Treatment” could include consulting with or referring your case to another health care provider. The type of health information that Granville Medical Center could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status.
- Granville Health System may use or disclose your individually identifiable health information for its own provision of treatment activities of another health care provider.
- “Payment could include Granville Health System’s efforts to obtain reimbursement from you or a responsible third party for services that Granville Health System has provided to you. Granville Medical Center may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse.
- “Health care operations” could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services Granville Health System provides to you. As part of Granville Health System’s treatment of you and its operations, Granville Health System may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. Granville Health System may also contact you for fundraising purposes. Granville Health System may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity which receives this information must have or have had a treatment relationship with you and the information we disclose must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

B. USES OR DISCLOSURES GRANVILLE MEDICAL CENTER MAY MAKE WITHOUT YOUR AUTHORIZATION

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section C, the law permits or requires Granville Health System to make, use and/or disclose individually identifiable health information without your written authorization: (a) for certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration, (b) to report suspected abuse, neglect or domestic violence, (c) to submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (d) in the course of judicial and administrative proceedings, (e) for law enforcement purposes, (f) to a medical examiner, coroner, or funeral director, (g) to assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (h) to further research, provided that Granville Medical Center complies with federal requirements, (i) to avert a serious and imminent threat to public health safety, (j) for specialized government functions, including activities related to the military, veterans, or national security, (k) to comply with worker’s compensation or similar laws. Granville Health System will make the above uses and/or disclosures of information in accordance with applicable law.

In addition, Granville Medical Center may use and/or disclose your individually identifiable health information as follows:

- **Business associates:** There are some services provided by Granville Health System through contracts with business associates which are vendors, professionals and others who perform some treatment, payment of health care operations function on behalf of Granville Health System or who otherwise provide services and have access to or use your protected health information. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a certain copy service we use when making copies of health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with Granville Health System.

- **Directory:** Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known, and the health professional's judgment.
- **Notification:** Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- **Communication with family:** Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- **Disaster Relief:** We may use or disclose information for disaster relief purposes.
- **Incidental Uses and Disclosures:** We are permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required by law.
- **Limited Data Sets:** We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

C. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following:

- **If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirements,** Granville Health System will only disclose information regarding your AIDS, HIV or communicable disease status with your written permission except (a) if you cannot be identified from the information, (b) as disclosure is required or permitted under communicable disease law or laws specifically authorizing or requiring disclosure of AIDS information or records, (c) if a subpoena or court order requires disclosure, or (d) if release is necessary to protect public health. If Granville Health System reveals your information for treatment, payment or health care operations purposes, or for any other reason, then you must sign a different permission form.
- **If you are a nursing home patient,** then the nursing home will not reveal your confidential information to anyone, unless you give permission in writing. If the nursing home discloses information for any purpose, you must sign a permission form. However, please note that the nursing home may reveal information without your written consent if the law requires the nursing home to do so or if the communication is to family members, provided that you do not object, or in other limited circumstances.
- **If you provide confidential information to a social worker,** the social worker will not reveal that information to anyone unless you give permission in writing. If the social worker reveals your information for any purpose, then you must sign a permission form. However, please note that the social worker may reveal information you have given to the social worker without your written permission if the law requires the social worker to do so or if not revealing the information may present a clear and imminent danger to you or others.
- **If you provide personal information to an optometrist, dentist or podiatrist,** they will not reveal that information to anyone, unless you give permission in writing. If the optometrist, dentist or podiatrist reveals your information for any purpose, then you must sign a permission form. However, please note that they may reveal the information without your written permission if the law requires them to do so.
- **If you provide confidential information to a substance abuse professional,** the substance abuse professional will not reveal that information to anyone, unless you give permission in writing. If the substance abuse professional reveals your information for any purpose, then you must sign a permission form. However, please note that they may reveal the information without your written permission if there is a clear and imminent danger to you or to others; in a medical emergency, but then only to an appropriate professional or to public authorities; or, when the law requires them to disclose the information.
- **For adult day care and adult day health program patients,** Granville Health System will not disclose confidential information to anyone unless you name a person in writing. You will need to provide Granville Health System with

written permission to disclose your confidential information each time Granville Health System needs to disclose the information, unless the law requires Granville Health System to disclose the information.

- *If you are seeking treatment and rehabilitation for drug dependence*, Granville Health System will not reveal your name to law enforcement officers or agencies, unless you provide us with written permission. Granville Health System will also not reveal your name in any court, grand jury or administrative proceeding without your written permission, unless the law compels Granville Health System to reveal your name.
- *For patients of nursing home facilities or ambulatory surgery facilities*, you have the right to object in writing to Granville Health System's disclosing your individually identifiable health information to the North Carolina Department of Health and Human Services during an inspection.
- *If you are an unemancipated minor under North Carolina law*, then Granville Health System physicians will not disclose, without your consent, information related to your health status regarding treatment for venereal disease, pregnancy (except in the case of an abortion), abuse of drugs or alcohol or emotional disturbance to a parent, legal guardian, person standing in loco parentis or a legal custodian who has legal authority to provide permission for your medical or psychiatric care. However, the physician may notify these individuals if, in the physician's opinion, the notification is essential to your life or health. In addition, the physician may give such information if your parent, legal guardian, person standing in loco parentis or legal custodian contacts the physician concerning your treatment.
- *For patients receiving mental health, developmentally disabled or substance abuse services:*

Except as described in these paragraphs, Granville Health System may only use or disclose your confidential information if you give your written permission or sign an authorization that specifies the name of the persons to whom Granville Health System may disclose the information. Your written permission or authorization must also state the specific time period during which the release is valid.

If a court has adjudicated you incompetent or you are a minor, Granville Health System will not disclose your health information to a person acting as an external client advocate on your behalf, unless both you and your legally responsible person have executed a written permission or authorization.

Granville Health System may also disclose your health information, without your permission or authorization, in the following circumstances: (a) to other health care providers treating you, as necessary to meet an emergency, provided that we attempt to obtain your permission after the emergency; (b) to health oversight agencies for oversight activities (e.g., audits); (c) to internal client advocates to monitor services that Granville Health System is providing to you and to serve as an advocate; (d) to provide law enforcement agencies and other persons with information regarding your escape from, breach of condition of release from and/or return to a 24-hour facility, in order to assure your expeditious return and to protect the public; (e) to an attorney, upon your request, or to your personal representative; (f) to comply with the provisions of a court order; (g) to the court, certain attorneys and/or other interested parties in connection with certain legal proceedings (including involuntary commitment, guardianship, criminal cases, and others) where your confidential information is relevant to the proceeding; (h) in some circumstances, to attorneys representing Granville Health System or its employees; (i) as the law requires, including laws requiring reporting of abuse or neglect; (j) to a correctional institute to facilitate your treatment; (k) to avert an imminent and serious threat to the health or safety of yourself or another individual; (l) to business associates who perform services for Granville Health System and who have a contract with Granville Health System that prohibits the business associate from further disclosing the information; (m) in certain cases, limited information, such as the act of admission or discharge, certain transfers, decision to leave against medical advice, referral and appointment information for treatment after discharge to certain individuals you designate, your next of kin, and/or certain other family members, to provide them with basic information related to your treatment. Granville Health System will not disclose more detailed information about your treatment to these individuals (e.g., diagnosis, prognosis, medications prescribed, dosage, side effects, progress and additional information), unless you have given your permission or authorization. However, please note that Granville Health System can disclose your health information to these individuals only if your health care professional deems the disclosure to be therapeutically beneficial to you.

NOTE: References in this Privacy Notice to health care professionals include only those professionals that Granville Health System.

D. MARKETING

We will need your written authorization to use and disclose your protected health information for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby Granville Health System discloses your protected health information to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does not include our describing a health-related product or service (or payment for such product or service) that we provide. Marketing also does not include our communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

E. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Granville Health System may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to Granville Health System.

II. YOUR RIGHTS

Federal and state law protects your right to keep your individually identifiable health information private.

Your Right to Receive Confidential Communications and to Request Restrictions. You may request that you receive communications from Granville Health System regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. Granville Health System reserves the right to condition your request on the receipt of information regarding how you wish Granville Health System to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require Granville Health System to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

Your Right to Inspect and Copy. You have the right to inspect and obtain a copy of any individually identifiable health information in your medical record unless your attending physician has determined that there is a sound medical reason to deny you access or unless the law restricts Granville Health System from disseminating the information.

Your Right to Amend. You also have the right to amend your individually identifiable health information, unless Granville Medical Center did not create such information or unless Granville Health System determines that your medical record is accurate and complete in its existing form.

Your Right To an Accounting. You have the right to request and receive an accounting of disclosures of your individually identifiable health information that Granville Health System has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required Granville Health System to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, please contact Granville Health System's Chief Privacy Officer at 919.690-3000, Ext. 3295.

III. GRIEVANCES OR FURTHER INQUIRIES

If you believe that Granville Health System has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Granville Health System and the Department of Health and Human Services. To file a complaint with Granville Health System, please contact Heather Rivers, Privacy Officer at 919:690-3000, Ext. 3295. Granville Health System will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

IV. AMENDMENTS

Granville Health System reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If Granville Health System amends this Privacy Notice, you will be provided with a revised copy at your next visit to Granville Health System or upon request. The revised Privacy Notice will also be available on Granville Medical Center's web site, www.ghsHospital.org

This Privacy Notice is effective on April 14, 2003.

This Privacy Notice was revised on February 15, 2019