

**NOTICE OF PRIVACY PRACTICES  
OF  
THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM, INCLUDING:  
THE UNIVERSITY OF NORTH CAROLINA HOSPITALS,  
UNC PHYSICIANS & ASSOCIATES,  
THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE,  
REX HEALTHCARE, INC.  
REX HOSPITAL, INC.  
REX OUTREACH SERVICES, INC.  
REX HOME SERVICES, INC.  
REX MANAGEMENT SERVICES, INC.  
REX ENTERPRISES COMPANY, INC.  
REX HEALTHCARE FOUNDATION, INC.  
FOUR COUNTY PRIMARY CARE, RLLP  
MID-CAROLINA HOMECARE SPECIALISTS, L.L.C.  
(the providers listed above are called "UNC Health Care System")  
AND ALL INDIVIDUALS PROVIDING HEALTH CARE SERVICES AT FACILITIES  
OWNED OR OPERATED BY UNC HEALTH CARE SYSTEM,  
AND THIS NOTICE APPLIES TO SERVICES PROVIDED AT EACH OF THOSE  
FACILITIES (contact Privacy/Security Officer below for facility locations)**

The UNC Health Care System providers are treated as one associated health care provider ("affiliated covered entity") under the laws that protect the privacy and security of medical information about you. Health care providers, such as outside physicians or their staffs, who are not employed by UNC Health Care System, but provide services at UNC Health Care System facilities, provide this care along with UNC Health Care System through an "organized health care arrangement" under the laws that protect the privacy of medical information about you. All of these health care providers are referred to as "we" in this 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.**

**Effective: March 10, 2003  
Revision Effective: July 1, 2005**

**If you have any questions or requests regarding the privacy of your  
medical information, please contact the Privacy/Security Officer at  
(919) 843-2233, 101 Manning Drive, Chapel Hill, NC 27514.**

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**A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.**

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We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about: your past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must explain how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. The providers participating in our “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website, [www.unchealthcare.org](http://www.unchealthcare.org).

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**B. WE WILL OBTAIN YOUR GENERAL CONSENT FOR SOME USES AND DISCLOSURES OF PHI ABOUT YOU, AND WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN OTHER CIRCUMSTANCES.**

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Federal law requires us to protect the privacy of PHI about you. In addition, North Carolina law protects not only your rights of privacy, but also your relationship with your physician and, if applicable, your mental health provider. State law generally restricts

our disclosure (and that of your physician or mental health provider) of your health information in many instances. However, we may disclose your health information under State law with your permission, pursuant to a court order, or as otherwise may be permitted or required by law. We will request that you sign a “general consent for treatment” form which asks for your permission to provide treatment to you and to use or disclose PHI about you in circumstances described in subsection B.1 below. This “general consent for treatment” also asks for you to sign a statement confirming that you have received a copy of this Notice. This “general consent for treatment” is different from an “authorization” that is mentioned in other parts of this Notice.

- 1. The “general consent for treatment” form that you sign will allow us to use and disclose PHI about you for the purposes of: providing treatment to you, obtaining payment for those services, and for health care operations. These purposes are described below.**

### **Treatment:**

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

**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. Departments of the hospital and/or physicians may also need to share PHI about you in order to coordinate different services you may need, such as prescriptions, lab work and x-rays. We may also need to disclose PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

### **Payment:**

Generally, we need to use and give medical information about you to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may need to 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 need to share portions of medical information about you with the following:

- Billing departments;

- Collection departments or agencies, or attorneys assisting us with collections, including the State of North Carolina Office of the Attorney General;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury;
- Consumer reporting agencies (e.g., credit bureaus); and
- Others who are responsible for your bills, such as your spouse or a guarantor of your bills, as necessary for us to collect payment.

**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. We may also need to send the same information to our hospital department which reviews our care of your illness or injury.

### **Health Care Operations:**

We need to use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. We may also need to disclose PHI for the "health care operations" of the "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the care provided by our hospital and the physicians who see patients at the hospital. In addition, we may need to disclose PHI about you for the "health care operations" of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers. Examples of the way we may need to use or disclose PHI about you for "health care operations" include the following:

- *Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.* For example, we may need to use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- *Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people.* We may need to use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- *Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.*

- *Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.*
- *Cooperating with outside organizations that assess the quality of the care we and others provide.* These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- *Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.* For example, we may need to use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing, or to organizations which accredit our special programs such as our cancer or trauma programs.
- *Assisting various people who review our activities.* For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- *Planning for our organization's future operations, and fundraising for the benefit of our organization.*
- *Conducting business management and general administrative activities related to our organization and the services it provides.*
- *Resolving grievances within our organization.*
- *Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.*
- *Complying with this Notice and with applicable laws.*

Business Associates: There are some services we provide through outside individuals or companies which we call "Business Associates", including vendors, contracted health care providers, offsite storage facilities, and liability insurance carriers. In order to protect PHI about you, we require each "Business Associate" to agree to appropriate safeguards and procedures for privacy and security.

## **2. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.**

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. However, some North Carolina laws regarding specific types of treatment may provide you with more protection, and those special protections are discussed in

subsection B.4 below. The circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object include:

- *When the use and/or disclosure is required by law.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the use and/or disclosure is necessary for public health activities.* For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition (subject to the special restrictions discussed in subsection B.4 below). This includes lifetime reporting to the North Carolina Cancer Registry information about cancer patients that we treat.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency, such as the North Carolina Division of Facility Services, which is authorized by law to oversee our operations (subject to the special restrictions discussed in subsection B.4 below).
- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- *When the disclosure is for law enforcement purposes.* For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- *When the use and/or disclosure relates to decedents.* For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- *When the use and/or disclosure relates to organ, eye or tissue donation purposes.*
- *When the use and/or disclosure relates to research.* Under certain circumstances, we may disclose PHI about you for research.
- *When the use and/or disclosure is to avert a serious threat to health or safety.* For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and

veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

- *When the use and/or disclosure relates to correctional institutions and in 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.
- *When the use and/or disclosure is required under North Carolina's laws regarding workers' compensation.* For example, in certain circumstances, we may disclose PHI about you to your employer and your employer's workers' compensation carrier regarding a work-related injury or illness.

### **3. You can object to certain uses and disclosures.**

Unless you object, we may use or disclose PHI about you in the following circumstances (subject to the special restrictions discussed in subsection B.4 below):

- We may share your location in the facility and your general condition (critical, serious, etc.) in our patient listing with people who ask for you by name. In addition, this information, including religious affiliation, is included on a clergy list and will be shared with community clergy (not employed by UNC Health Care System) when requested.
- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, authorized representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of this Notice.

### **4. You may have additional rights under other laws.**

Some North Carolina laws provide you with more protection for specific types of information than federal laws protecting the privacy of medical information about you, and where applicable, we will follow the requirements of those state laws. Some of these laws are discussed in other sections above. In addition, the following laws may apply to our treatment of you:

- 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 release information in order to protect against the spread of the disease.
- In connection with its supervision of our services, the North Carolina Department of Health and Human Services may make inspections of our operations and may review health information of our patients. If you receive services from one of our special services, including our home health agency, hospice, ambulatory surgical facility or cardiac rehabilitation program, before we release any health information relating to you to this agency, we will provide you with written notice and the opportunity to object to this release.
- Under North Carolina law, our pharmacy will only disclose or provide a copy of prescription orders for you to:
  - you, your guardian, or, if you are a minor, your parent, guardian or someone legally acting in the place of your parent; or to you, if you are a minor and have consented to the treatment of the condition for which the prescription was issued;
  - the provider who issued the prescription or who is treating you;
  - a pharmacist who is providing pharmacy services to you;
  - a person who gives us a written authorization to release the information which is signed by you or your authorized representative;
  - a person authorized by subpoena, court order or statute;
  - a company which, by law or contract, is responsible for providing or paying for medical care for you;
  - a member or designated employee of the Board of Pharmacy;
  - your executor, administrator or spouse, if you are deceased;
  - Board of Pharmacy-approved researchers, if there are adequate safeguards to protect the confidentiality of the information; or
  - the person who owns the pharmacy or his authorized agent.
  - We may also release information about you if we reasonably believe that the release is necessary to protect the life or health of any person.
- 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 care or treatment. If we determine that there is an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat. We also will release information about you if the law requires us to do so, for example, when a court orders disclosure, when we suspect abuse or neglect of a child or disabled adult, and when one of our physicians believes that a client has a communicable disease or is infected with HIV and is not following safety measures. If we believe it is in your best interests, we may disclose information about you for a guardianship or involuntary commitment proceeding that involves you. When you are admitted to, or discharged from, a mental health, developmental disabilities, or substance abuse facility, we may disclose that fact to your next of kin if we believe the disclosure is in your best interests, but only if you do not object. If you have a next of kin who is substantially involved in your care, upon his or her request we are required to provide this kin with information relating to your admission or discharge from a facility, including the identity of the facility, any decision on your part to leave a facility against medical advice, and referrals and appointment information for treatment after discharge after we notify you that this information was requested.

- If you apply for or receive substance abuse 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. If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services, and we may disclose substance abuse treatment information when making the report. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, on the premises of our program or against our program personnel, we may report information about the crime or threat to law enforcement officers. Under state law, if you request treatment and rehabilitation for drug dependence from one of our practitioners, your request will be treated as confidential. We will not disclose your name to any police officer or other law-enforcement officer unless you consent to our sharing of it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential.
- Certain professional licensing rules and ethical standards may provide more protection for health information, and where applicable, we will follow those rules and standards.

Special Provisions for Minors under North Carolina 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 of North Carolina; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. Regarding abortion services, however, North Carolina law requires the consent of both the minor and the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

**5. We may contact you to provide appointment reminders.**

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

**6. We may contact you with information about treatment, services, products or health care providers.**

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

**EXAMPLE:** If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

**7. We may contact you for fundraising activities.**

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for the hospital and its operations. We would only release demographic information (including contact information, age, gender, and insurance status) and the dates you received treatment or services at the hospital. If you do not want to be contacted in this way, you must notify our contact person listed on the cover page of this Notice.

**\*\* ANY OTHER USE OR DISCLOSURE OF PHI  
ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION \*\***

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting our Medical/Health Information Management Department. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

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**C. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.**

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

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.2 of the previous section of this Notice. You may request a restriction by contacting the Privacy/Security Officer at (919) 843-2233 or the Privacy Officer of the particular hospital or clinic providing services to you.

**2. You have the right to request different ways to communicate with you.**

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by contacting the Privacy Officer of the particular hospital or clinic providing services to you.

**3. You have the right to see and copy PHI about you.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, 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. There are certain situations in which 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 the Medical/Health Information Management Department of the hospital or clinic providing services to you.

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

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must

explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by contacting the Medical/Health Information Management Department of the hospital or clinic providing services to you.

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

If you ask our contact person in writing, you have the right to receive a written list of certain disclosures we have made of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.3 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.2 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list 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. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting the Privacy/Security Officer at (919) 843-2233.

#### **6. You have the right to a copy of this Notice.**

You have the right to request a paper copy of this Notice at any time by contacting the Privacy/Security Officer. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

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**D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.**

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If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below:

**UNC Health Care System  
Attn: Privacy/Security Officer  
Medical Information Management Dept.**

**101 Manning Drive  
Chapel Hill, North Carolina 27514  
Phone: (919) 843-2233**

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information can be found at the website for the Office of Civil Rights at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

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**E. EFFECTIVE DATE OF THIS NOTICE**

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This Notice of Privacy Practices is effective on July 1, 2005.