



## Your Information. Your Rights. Our Responsibilities.

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.**

### 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.

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#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

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#### 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.

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## Your Rights *continued*

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

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- 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 with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, 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.

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### 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.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your 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.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## 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 in the situations described below, talk to us. 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
- Include your information in a hospital directory
- Contact you for fundraising efforts

*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 these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## 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.

**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.

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**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 any conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• 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 law.</li> <li>• This does <b>NOT</b> include reproductive healthcare services. This kind of information will not be shared without your authorization.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you:</li> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena</li> </ul>
<b>NC Health Information Exchange</b>	<ul style="list-style-type: none"> <li>• We participate in the NC Health Information Exchange (NC HealthConnex). NC HealthConnex is a secure network for healthcare providers to share your important health information to support treatment and continuity of care at other NC organizations. Your NC HealthConnex record includes medications, labs, imaging reports, conditions, diagnoses, and health problems. To ensure your health information is entered into the correct record, your full name, date of birth, sex, and last four digits of your social security number are also included. All information contained in the NC HealthConnex database is kept private and used in accordance with applicable state and federal laws and regulations. The information is only accessible to participating providers to support your treatment and healthcare operations such as mandated disease reporting to the NC Division of Public Health. You do not have to participate in NC HealthConnex to receive care. For more information about NC HealthConnex and your choices regarding participation, visit <a href="https://hiea.nc.gov/">https://hiea.nc.gov/</a>. Brochures are also available at all RHG facilities.</li> </ul>

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice effective as of September 23, 2013.

This Notice of Privacy Practices applies to all RHG facilities including but not limited to the following.

- Rural Health Group at Drugco Express (Roanoke Rapids)
- Rural Health Group at Enfield
- Rural Health Group Family and Women's Health (Roanoke Rapids)
- Rural Health Group at Halifax Community College (Weldon)
- Rural Health Group at Halifax Medical Specialists (Roanoke Rapids)
- Rural Health Group at Henderson (Medical)
- Rural Health Group at Henderson Dental
- Rural Health Group at HRMC (on campus of ECU North in Roanoke Rapids)
- Rural Health Group at Jackson (Medical)
- Rural Health Group at Jackson Dental
- Rural Health Group at KIPP (Gaston)
- Rural Health Group at Lake Gaston (Littleton)
- Rural Health Group at Norlina
- Rural Health Group at Rich Square
- Rural Health Group at Roanoke Rapids Family Practice
- Rural Health Group at Roanoke Rapids Pediatric
- Rural Health Group at Roanoke Rapids Dental
- Rural Health Group at Scotland Neck
- Rural Health Group at Stovall
- Rural Health Group at Twin County (Hollister)
- Rural Health Group at Whitakers

HIPAA Privacy Officer: Tierra Anthony, [tierra.anthony@rhgnc.org](mailto:tierra.anthony@rhgnc.org), 252-436-6941

HIPAA Security Officer: Jennifer Conner, [jennifer.conner@rhgnc.org](mailto:jennifer.conner@rhgnc.org), 252-536-5825

# NORTH CAROLINA

In addition to HIPAA Federal Regulations, the following NC state statutes also protect your privacy.

**GS § 8-53:** NC law protects the privacy of communications regarding mental health treatment between you and your mental health provider. Before disclosing mental health information about you to others for treatment, payment, or health care operations, we will request that you sign a written form giving us permission to share the information.

**GS § 90-21.5 and GS § 90-21.7:** Under NC 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.

**GS § 90-109.1:** If you request treatment and rehabilitation for drug dependence from one of our providers, your request will be treated as confidential. We will not disclose your name to any law enforcement officer unless you consent to our sharing of it.

**GS § 122C:** NC 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. We also may disclose information to the following people: a health care provider who is providing emergency medical services to you; 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 our safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat. We will also disclose 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 precautions. If we believe it is in your best interests, we may disclose information about you for a guardianship or involuntary commitment preceding 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 interest. 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, and 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.

**GS 130A-143:** If you have one of several 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 disease.

HIPAA Privacy Officer: Tierra Anthoy, [tierra.anthony@rhgnc.org](mailto:tierra.anthony@rhgnc.org), 252-436-6941

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