

Notice of Privacy Practices

At Randolph Health, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your privacy rights as they relate to your PHI. This Notice was revised March 1, 2016, and applies to all PHI as defined by federal regulations.

Understanding your Health Record/information – Each time you visit the Organization for health care services, a record of your visit is made. Typically, this record contains:

- Clinical information – your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.
- Demographic information – your name, address, telephone number, email address and Next of Kin.
- Financial information – your insurance provider (s), social security number, account number and contact information for the person responsible to pay for your treatment.

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of this state and the nation
- Source of data for our planning, marketing and fundraising
- Tool by which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, when, where, why and how others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities – We are required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain. Should our privacy practices change, you will be provided with a revised copy at your next visit or upon your request. The Notice is also available on our web sites.

How We May Use & Disclose Your Health Information

For Treatment – We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers, or other personnel involved in taking care of you. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside the Organization who may be involved in your medical care after you have been treated by us, such as friends, family members, or employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted.

For Payment – We may use and disclose medical information about you so that the treatment and services you receive from us may be billed by us and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from the Organization so

your health plan will pay us or reimburse you for the treatment. We may also disclose information about you to another health care provider, such as a receiving facility, for their payment activities concerning you.

For Health Care Operations – We and our business associates may use & disclose medical information about you for health care operations. These uses & disclosures are necessary to run the Organization and ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the Organization should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel affiliated with the Organization for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health for its health care operations purposes if you also have received care from that provider.

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

Fundraising Activities – We may use medical information about you to contact you in an effort to raise money for the Organization and its operations. Specifically, we may use information about you, such as the unit or department from which you received services, to target our fundraising efforts. For example, if we are raising money for women’s health services, we may focus our fundraising efforts on individuals who have received women’s health care services from us in the past. We may also disclose medical information to a business partner or a foundation related to the Organization so that the business partner or the foundation may contact you in raising money for the Organization. We would release limited information about you, such as your name, address and phone number, age and date of birth, gender, your physician, the part of the facility where you received your care, and the dates you received treatment or services at the Organization.

If you do not want us to contact you for fundraising efforts, you must notify the Organization’s Privacy Officer, either in writing, by a telephone call, or by filling out a form during your treatment. If you have not already done so, we must ask you each time we contact you for fundraising efforts if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will no longer disclose your information for fundraising purposes. However, in the future you may let us know that you would like to receive these fundraising communications. Your decision whether or not to receive targeted fundraising materials from us will have no impact on your access to health care services or the treatment we provide to you.

Even if you have opted-out, we may send you non-targeted fundraising materials that are sent out to the general community and are not based on information from your treatment or stay.

Hospital Directory – Unless you notify us that you object, we will use your name, location in the facility, general condition (e.g. fair, stable etc.), and religious affiliation for directory purposes. This information may be provided to people 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 same limited information about you may be made available in press releases to the media. If you do not want anyone to know this 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 notify the Organization’s Privacy Officer in writing.

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 another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We may also disclose medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), as long as the medical information they review does not leave the Organization. If the

researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you provide written permission, we will not receive any money or other things of value in connection for using or disclosing your medical information for research purposes except for money to cover the costs of preparing and sending the medical information to the researcher.

Individuals Involved in Your Care or Payment for Your Care – We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. 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 releases 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 release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

As Required or Permitted by Law – We may disclose medical information about you when required or permitted to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety – We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

Special Situations

Organ and Tissue Donation – If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Active Duty Military Personnel and Veterans – If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. 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 Veteran Affairs medical information about you to determine whether you are eligible for certain benefits.

Workers' Compensation – In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

Public Health Risks – We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following: to report, prevent or control disease, injury or disability; to report births, deaths, and certain injuries or illnesses; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; 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; and to report suspected abuse or neglect as required by law.

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. The government uses these activities 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 must 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 from someone involved in a civil dispute.

Law Enforcement – We may release without your consent medical information to a law enforcement official: in response to a court order, warrant, summons, grand jury demand, or similar process; to comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings; in response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person; to report a death or injury we believe may be the result of criminal conduct; to report suspected criminal conduct committed at the Organization’s facilities; or to report suspected criminal conduct witnessed by the Organization’s staff members away from the our campus.

Coroners and Medical Examiners – We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of the Organization to funeral directors to carry out their duties.

National Security and Intelligence Activities – We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.

Protective Services for the President and Others – We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Psychotherapy Notes – Regardless of other parts of this Notice, psychotherapy notes will not be disclosed outside the Organization except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within the Organization, except for training purposes or to defend a legal action brought against the Organization, unless you have properly authorized such disclosure in writing.

Marketing of Health-Related Products and Services – “Marketing” means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

Sale of Medical Information – We cannot sell your medical information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your medical information must state that we will receive payment of some kind for disclosing your information. However, because a “sale” has a specific definition under the law it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a “sale” of your information.

Inmates – If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to the Organization that such medical information is necessary: 1) to provide you with health care; 2) to protect your health and safety or the health and safety of others; 3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; 4) for law enforcement to maintain safety and good order at the correctional institution; or 5) to obtain payment for services provided to you. If you are in custody of the NC Department of Corrections (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

Your Health Information Rights – You have the following rights regarding medical information we maintain about you:

Receive a paper copy of this Notice or any revised 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.

Request restrictions on uses and disclosures of your PHI except where we are required to disclose the information by law. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, make your request in writing to the Organization's 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.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any Organization location. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

Request Confidential Communications – 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 another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

Inspect and receive copies of your PHI upon your request, unless your attending physician determines that information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect & 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 the Organization will review your request and the denial. The person conducting the review will not be the person who denied your request, and we will do what this reviewer decides.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that are the property of the Organization. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Organization's Privacy Officer. 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 we may collect the fee before 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 and will collect the fees, if any, for preparing the summary or explanation.

Request to Amend your PHI if you feel that medical information we have about you in your record is incorrect or incomplete. You have a right to request an amendment for as long as the information is kept by the Organization.

To request an amendment, make your request in writing to the Organization's Privacy Officer. 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.

In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for the Organization; is not part of the information that you would be permitted to inspect and copy; or has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

Request an Accounting of Disclosures we have made for the previous six (6) years. You may submit your request, for a time period not longer than six years, to the Organization's Privacy Officer and state whether you want the list on paper or 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 and will notify you of the cost involved. 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.

Investigations of Breaches of Privacy – We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with the notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

For More Information or to Report a Problem – If you have questions, would like additional information, or request changes, you may contact the Organization's Privacy Officer at 336-633-7771. If you believe your privacy rights have been violated, you may file a complaint with the Organization's Privacy Officer, 364 White Oak Street, Asheboro, NC 27203 or 336-633-7771 or with Office for Civil Rights, US Department of Health & Human Services, Region IV Manager, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909; Toll free 800-368-1019; TDD Toll free 800-537-7697; website <https://ocrportal.hhs.gov>; email OCRComplaint@hhs.gov. You will not be penalized for filing a complaint.

Other Uses of Medical Information – Other uses and disclosures of medical information not covered by this Notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization, 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 Organization's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purpose that you previously 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.