



Wake Forest University Baptist
MEDICAL CENTER®

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.

If you have any questions about this Notice, please contact the **WFUBMC Privacy Office**,
Medical Center Boulevard
Winston-Salem, NC 27157
336-713-HIPA (4472)

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of North Carolina Baptist Hospital (NCBH) and Wake Forest University Health Sciences, which includes Wake Forest University Physicians (WFUP), collectively referred to herein as Wake Forest University Baptist Medical Center (WFUBMC):

- any health care professional authorized to enter information into your WFUBMC chart;
- all departments and units of WFUBMC (including the pharmacy);
- any member of a volunteer group we allow to help you while you are in WFUBMC; and
- all employees, staff and other WFUBMC personnel.

These entities, sites and locations will follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes and other purposes described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at WFUBMC. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care and billing for that care that are generated or maintained by WFUBMC, whether made by WFUBMC personnel or other healthcare providers not associated with our facilities. Those healthcare providers not associated with WFUBMC that created any records we maintain may have different policies or notices regarding confidentiality and the use and disclosure of your medical information created in their offices or at locations other than WFUBMC. A notice of their privacy practices may be obtained directly from them.

This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices, and your legal rights, with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

North Carolina Baptist Hospital

Medical Center Boulevard • Winston-Salem, North Carolina 27157

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A - HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

FOR TREATMENT: We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, or other WFUBMC personnel who are involved in taking care of you.

For 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. Different departments of WFUBMC also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside WFUBMC who may be involved in your medical care after you have been treated by WFUBMC, such as employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted, or to other healthcare providers who may be involved in your treatment. We may also disclose medical information about you to others outside of WFUBMC who are involved in your care and who have entered into an agreement with WFUBMC to exchange health information electronically.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at WFUBMC may be billed to and payment may be collected from you, an insurance company or a third party (including collection agencies). For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to another health-care provider, such as a receiving facility, for their payment activities.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for WFUBMC operations. We may disclose medical information to "business associates" who provide business services on behalf of WFUBMC. These uses and disclosures are necessary to run the hospital and clinics and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and 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 we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care entities 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 who you are. For example, your information may be used for purposes of quality assurance and quality improvement by either the hospital or its physicians.

We may also disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at WFUBMC.

TREATMENT ALTERNATIVES: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. You may elect not to receive any communications from us that encourage you to purchase or use any particular product or service by notifying the Privacy Office in writing.

Beginning on February 17, 2010, if we receive direct or indirect payment in exchange for such communications to you, we will

obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of WFUBMC acting on our behalf and in accordance with a written agreement between the business associate and WFUBMC.

FUNDRAISING ACTIVITIES: We may use certain limited information (such as your name, address, telephone number, dates of service) to contact you in the future to seek donations for community service programs, patient care, medical research, and education. If you do not want us to contact you for fundraising efforts, you must notify the Privacy Office in writing. Beginning on February 17, 2010, 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 not disclose your information for fundraising purposes unless in the future we receive your written authorization to do so.

WFUBMC DIRECTORY: For visitation and customer service we maintain a directory of active WFUBMC patients. We may include certain limited information about you in the WFUBMC directory. This information may include your name, location in WFUBMC, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This is so your family, friends, and clergy can visit you in WFUBMC and generally know how you are doing. 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. If you do not want anyone to know this information about you while you are an active patient in WFUBMC, please let the admissions staff or your nurse know and they will begin the process.

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 your care. We may also tell your family or friends your condition and that you are in WFUBMC. 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.

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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and the use of medical information pursuant to the project, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process; however, we may 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, so long as the medical information they review does not leave the facility, and so long as the information sought is necessary for the research purpose. We will ask for your specific permission if the research involves treatment, except under limited circumstances. If you are asked for such permission, you have the right to refuse.

Beginning February 17, 2010, we will not be permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization.

AS REQUIRED BY LAW: We will disclose medical information about you when required 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 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: We may release medical 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 may 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 Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

WORKERS' COMPENSATION: In accordance with applicable state law, we may release 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 medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- 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 notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government 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 may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at WFUBMC or on WFUBMC property; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release medical information to a coroner or medical examiners. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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 the other parts of this Notice, psychotherapy notes will not be disclosed outside WFUBMC 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 WFUBMC, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against WFUBMC, unless you have properly authorized such disclosure in writing.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

B - YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT

You have the following rights regarding medical information we maintain about you:

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. 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.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by WFUBMC, as applicable, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Beginning February 17, 2010, if we have all or any portion of your health 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.

RIGHT TO AMEND: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for WFUBMC.

To request an amendment, your request must be made in writing and submitted to the Privacy Office. 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 WFUBMC;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete. If we deny your request for an amendment, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. This accounting does not include disclosures that are made to carry out treatment, payment, or health care operations, or information that has already been delivered to you or your health care representative, or information disclosed pursuant to an authorization.

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Office. 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.

Beginning February 17, 2010, you may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of WFUBMC. If you pay all such charges in full at the time of such request for service, we are required to agree to your request.

RIGHT TO 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. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this 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.

*You may obtain a copy of this
Notice at our website,
www.wfubmc.edu.*

*To obtain a paper copy of this Notice,
call (336) 713-HIPA (4472) (Privacy Office)*

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will make best efforts to make available a copy of the current Notice in effect.

C- HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our privacy office, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Medical Center Privacy Office at (336) 713-HIPA (4472).

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 or the laws that apply to us (for example, treatment, payment, and health care operations) will be made only with your written authorization. If you provide us with an authorization to use or disclose medical information about you, you may revoke that authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to protect disclosures that were made with your authorization.

PRIVACY OFFICE INFORMATION

To contact the Privacy Office for any purpose mentioned in this Notice, send correspondence to:

WFUBMC Privacy Office
Medical Center Boulevard
Winston-Salem, NC 27157
EFFECTIVE DATE: April 2003
Revised: February 2010

D - WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

PRIVACY NOTICE ADDENDUM

You may have additional rights under North Carolina laws.

In the event that North Carolina law requires us to give more protection to your health information than stated in this notice or required by Federal law, we will give that additional protection to your health information.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Because it supervises our services, the North Carolina Department of Health and Human Services may inspect our operations and may review protected health information. If you get care from one of our special services, including hospice, ambulatory surgery, or cardiac rehabilitation, before we release any health information about you to this agency, we will give you a written notice and a chance to object to the release of your health information.

PHARMACY

Under North Carolina Law, our pharmacy will only disclose or give a copy of prescription orders for you to:

- You, your guardian, or, if you are under the age of 18, your parent, guardian, or someone acting in the place of your parent; or to you, if you are under 18 and have given permission for the treatment of the condition relating to the prescription;
- The provider who wrote the prescription or who is treating you;
- A pharmacist who is providing pharmacy services to you;
- A person who gives us written permission to share the information that is signed by you or your authorized representative;
- Obey a subpoena, court order, or statute;
- A company that is responsible for providing or paying for your medical care;

- 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;
- The person who owns the pharmacy or his/her 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.

HIV, AIDS, MENTAL HEALTH, DRUG OR ALCOHOL ABUSE

There are additional state law confidentiality protections relating to communicable diseases, such as HIV and AIDS, and relating to treatment for mental health and drug or alcohol abuse. 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: (1) a health care provider who is providing emergency medical services to you and (2) 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 share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If we believe that a child is abused or neglected, we must report the abuse or neglect to the Department of Social Services, and we may share substance abuse treatment information when making the report. We will disclose information to obey a court order.

Under North Carolina law, if you request treatment and rehabilitation for drug abuse, your request will be confidential. Even if we refer you to another person for help, we will continue to keep your name confidential. We will not disclose your name to any police officer or other law enforcement officer unless you give us permission to do so, or unless we must disclose this information in order to obey a court order.

CRIME

If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report this to the police.

SPECIAL PROVISIONS FOR MINORS UNDER NORTH CAROLINA LAW:

Under North Carolina law, minors, with or without the consent of a parent or guardian, may consent to services for the prevention, diagnosis and treatment of certain illnesses including: sexually transmitted diseases and other diseases that must be reported to the State; pregnancy, abuse of drugs or alcohol; and emotional disturbance. In general, however, a minor cannot terminate a pregnancy unless she has permission from a parent, guardian, or a grandparent with whom she 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 rights stated in this Notice relating to that service. If you are a minor and have been married, are a member of the armed services, or have been "emancipated" by a judge, then you have the right to be treated as an adult for all purposes, and have all rights and authority stated in this Notice for all services.