Roanoke Chowan Community Health Center

NOTICE OF PRIVACY PRACTICES

(Revised 12/23/2024)

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.

This Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, Roanoke Chowan Community Health Center (RCCHC) has a legal duty to safeguard your protected health information (PHI). Your "protected health information" or "PHI" means any written, electronic and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to your past, present or future physical or mental health condition. PHI may include information such as your name, contact information, payment information regarding for health care products or services, and prescriptions.

This Notice describes how RCCHC may use and/or disclose your PHI under HIPAA for purposes of providing treatment, obtaining payment for treatment and conducting health care operations. Your PHI may be used and/or disclosed only for these purposes unless RCCHC has obtained your authorization or the HIPPA privacy regulations or state law otherwise permits the use or disclosure of your information. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

This Notice also describes your rights regarding your PHI in some cases.

We reserve the right to change the terms of this Notice at any time. If we make an important change to the policies described in this Notice, we will promptly change this Notice and post a revised Notice in our offices. You can also request a copy of this Notice from our contact person (see Section VIII; Contact Person).

IF YOU NEED OR ARE RECEIVING SUBSTANCE USE DISORDER PREVENTION AND TREATMENT CARE FROM RCCHC, INFORMATION REGARDING YOUR SUBSTANCE USE DISORDER CARE IS SUBJECT TO ADDITIONAL PRIVACY PROTECTIONS BEYOND THOSE DISCUSSED IN THIS NOTICE. PLEASE SEE RCCHC'S *NOTICE OF PRIVACY PRACTICES FOR PART 2 PROGRAMS* FOR ADDITIONAL INFORMATION.

I. Summary of Your Rights to Privacy

RCCHC has a legal duty to protect health information about you. RCCHC may use and disclose PHI about you in the following circumstances:

- To provide health care treatment to you.
- To obtain payment for services.
- For health care operations.
- Under other certain circumstances without your authorization.

RCCHC may contact you:

- To provide appointment reminders.
- With information about your treatment, services, products or health care providers.
- For fundraising activities.

You have several rights regarding PHI about you:

- You have the right to object to certain uses and disclosures.
- You have the right to request restriction on uses and disclosures of PHI about you.
- You have the right to request different ways to communicate with you.
- You have the right to see and copy PHI about you.
- You have the right to request amendment of PHI about you.
- You have the right to a listing of disclosures we have made.
- You have a right to a copy of this notice.
- You may file a complaint about our privacy practices.

II. We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances:

- To Provide Treatment to You:
    - RCCHC participates in an electronic health information exchange program that allows patient information to be shared with non-RCCHC providers that are involved in the patient's care. This exchange program provides a fast, secure, and reliable way to provide health information to non-RCCHC providers. The health information is shared in accordance with this Notice and federal and state law. Patients have the right to opt out of the electronic health information exchange program; however, providers may request and receive information using other methods, such as fax or mail. If you have previously opted out of the electronic

health information exchange program and would like to opt in, you may obtain a form from this facility. Complete the form and return to the registration staff.

- RCCHC is part of an organized health care arrangement operated by an organization called OCHIN, which involves several other participating health care providers in addition to RCCHC. A current list of OCHIN participants is available at www.ochin.org. As a business associate of RCCHC, OCHIN supplies information technology and related services to RCCHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your PHI may be shared by RCCHC with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

- RCCHC will use and disclose your PHI to provide, coordinate, or manage your health care and any related services, to remind you of your procedure date or an appointment, to inform you of potential treatment alternatives or options, to contact you after your treatment as part of our follow-up practices, and to inform you of health-related benefits or services that may be of interests to you. This includes the coordination or management of your health care with a third party for treatment purposes.

  For example, we may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose PHI to physicians who may be treating you or consulting within RCCHC with respect to your care, including mental health and substance use information. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider (e.g., a doctor treating you for a stroke may need to know if you have diabetes because this disease may slow down your healing process, and the doctor may also inform a dietician so that we can make sure you eat the appropriate meals). We may also disclose PHI about you to people outside of RCCHC who may be involved in your medical care after you leave our facility, such as a radiology practice for an MRI. If you do not wish to be contacted, please contact our Privacy Officer (see Section IX; Contact Person).

HIPAA Privacy Rule To Support Reproductive Health Care Privacy

- On June 25, 2024 the Department of Health and Human Services (HHS or "Department") issued a final rule to modify the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health

Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

- The rule aims to strengthen privacy protections for reproductive health care information:
  - Prohibits the use or disclosure of protected health information (PHI) related to lawful reproductive health care in certain circumstances, particularly for non-healthcare purposes like criminal, civil, or administrative investigations or proceedings.
  - Requestors of PHI related to reproductive health care must attest that their purpose is not for prohibited uses and acknowledge potential criminal penalties for violations.
  - Covered entities must update their Notices of Privacy Practices to comply with these changes.

- **To Obtain Payment for Services**

  - Your PHI will be used and disclosed, as needed, to obtain payment for the services that are provided by RCCHC.

    For example, we may need to disclose PHI to your health insurance company in order to get prior approval for a surgical procedure. We may also disclose PHI to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your PHI to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose PHI to another provider involved in your care for the provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services. We may also share portions of your medical information with collection departments or outside collection agencies.

- **For Healthcare Operations:**

  - RCCHC may use and disclose your PHI as necessary for our own health care operation or business activities to facilitate the functions of RCCHC and to provide quality care to all patients.

    For example, health care operations include such activities as;

    - Quality assessment and improvement activities to improve our care to you.

- Reviewing and evaluating the skills, qualifications and performance of staff providing care for you

- Training programs, including those in which students, trainees, or practitioners of health care learn under supervision.

- Accreditation by outside organizations that evaluate or certify and license our facility.

- Credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, business management and general administrative activities.

- We may provide your PHI, including your condition and status, to a family member, friend, or other person that you indicate is involved in your health care. In addition, we may disclose PHI about you to an entity assisting in disaster relief efforts so that a family member or other person responsible for your care can be notified about our condition status and location.

- In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

III. In Addition to the Aforementioned Uses and Disclosures for Treatment, Payment and Health Care Operations, We May Use and Disclose Your PHI Without Your Authorization for a Number of Other Reasons, Including the Following:

- Use and/or Disclosure Required by Law. RCCHC will disclose your PHI when we are required to do so by any federal, state, or local law or other judicial or administrative proceeding.

- Use and/or Disclosure necessary for Public Health. RCCHC may disclose your PHI for the following public health activities and purposes:

  - To prevent, control, or report disease, injury, or disability as permitted by law.

  - To report vital events such as birth or death as permitted or required by law.

  - To conduct public health surveillance, investigations, and interventions as permitted or required by law.

  - To collect or report adverse events and product defects, track FDA-regulated products; enable product recalls, repairs or replacements to the FDA, and to conduct post-marketing surveillance.

  - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

- Disclosure Relating to Victims of Abuse, Neglect, or Domestic Violence. For example, RCCHC may notify government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence. RCCHC will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

- Use and Disclosure for Health Oversight Activities. For example, RCCHC may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

- Disclosure for Judicial and Administrative Proceedings. For example, RCCHC may disclose your PHI in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by statute if we receive satisfactory assurance that you have been notified of the request or that an effort was made to secure a protective order.

- Disclosure For Law Enforcement Purposes. For example, RCCHC may disclose your PHI to a law enforcement official for enforcement purposes as follow:

    - As required by law for reporting of certain types of wounds or other physical injuries.

    - Pursuant to court order, court-ordered warrant, subpoena, summons, or similar process.

    - For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.

    - Under certain limited circumstances, when you are the victim of a crime.

    - To any law enforcement official if the facility has a suspicion that your health condition was the result of a criminal conduct.

    - In an emergency to report a crime.

- Use and/or Disclosure Relating to Descendents to Coroners, Funeral Directors, and for Organ Donation. For Example, RCCHC may disclose your PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death.

- Use and/or Disclosure for Research Purposes. For example, RCCHC may use or disclose your PHI for research when the use or disclosure for research has to be approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

- Use and/or Disclosure in the Event of a Serious Threat to Health or Safety. For example, RCCHC may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

- Use and/or Disclosure for Specified Government Functions. For example, in certain circumstances, federal regulations authorize RCCHC to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions having custody of you lawfully, and law enforcement custodial situations.

- For Worker's Compensation. RCCHC may release your PHI to comply with worker's compensation laws or similar programs.

IV. You Can Object to Certain Uses and/or Disclosures.

Unless you object, RCCHC may use and/or disclose your PHI to your family member, relative and/or a close personal friend if it is directly relevant to the person's involvement in your care (procedure/surgery) or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your general location, condition, or death.

If you would like to object to these disclosures in the above circumstances, please contact our Privacy Officer (see Section IX; Contact Person). If you do not object to these disclosures or if we can infer from the circumstances that you do not object, or if we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

V. Any Other Use or Disclosure of Your PHI Requires Your Written Authorization.

Other than as stated above, RCCHC will not disclose your PHI other than with your written authorization. You may revoke or cancel your authorization in writing at any time; however, we will not disclose PHI about you after we receive your cancellation except for disclosures that were being processed before we received your cancellation. You may request that if you pay your bill in full that we not inform your insurance company of the visit; however, the bill must be paid in full or this is null and void.

VI. Your Rights Regarding Your PHI.

You have the following rights regarding your health information:

- The right to see and copy your protected health information. You may see and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your provider uses for making decisions about you.

  Under federal law in certain situations, however, you may not see and obtain a copy of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you may have the right to have a decision to deny access reviewed by a licensed healthcare professional. You will receive this response in writing stating why we will not grant your request. We may deny your request to see or obtain a copy of your PHI if, in our professional judgment, we determine that access requested is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

  To see and copy your PHI, You must sign a "Release of Information Authorization Form". If you request a copy of your information, RCCHC may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request.

- The right to request a restriction on uses and disclosures of your bill. You have the right to request that we restrict your PHI for the purposes of treatment, payment, or health care operations. You may also request that we not disclose your PHI to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. RCCHC is not required to agree to a restriction that you may request, and we will notify you if we deny your request to a restriction. If RCCHC does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment, to make disclosures to the Secretary of the Department of Health and Human Services, or for uses and disclosures provided in the previous sections of this notice. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer (see Section IX; Contact Person).

- The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate all reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing and specify how or where you wish to be contacted to our Privacy Officer (see Section IX; Contact Person).

- The right to request amendment to your PHI. You have the right to request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. We may deny your request if:

- The information was not created by us (unless you prove the creator of the information is no longer available to amend the record).

- The information is not part of the records used to make decisions about you.

- We believe the information is correct and complete; or

- You would not have the right to see and copy the record as described in the previous paragraph.

If we deny your request for amendment, we will tell you in writing the reasons for the denial and describe your rights to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for an amendment must be in writing and must be directed to our Privacy Officer (see Section VII, Contact Person). In this written request, you must also provide a reason to support the requested amendment. 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.

- <u>You have the right to a listing of disclosures we have made about you</u>. You have the right to request an accounting of certain disclosures of you PHI made by RCCHC. You have the right to receive a written list of these disclosures (but not disclosures made prior to May 1, 2005). This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Privacy Notice. We are not required to account for all disclosures that you may request. The list will not include disclosures that are part of the limited data set we maintain for research and quality improvement purposes, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer (see Section IX; Contact Person). The request should specify the time period sought for the accounting. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- <u>You have the right to a paper copy of this Notice</u>. Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this Notice electronically. We will provide 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).

VII. Our Duties

RCCHC is required by law to maintain the privacy and security of your PHI in accordance with HIPAA and other applicable federal and state laws, and to provide you with this Privacy Notice of our duties and privacy practices. We follow state privacy laws when they are stricter or more protective of your PHI than federal law.

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you within the legally required time frame. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.

VIII. Complaints.

You have the right to express complaints to RCCHC and to the Office for Civil Rights at the U.S. Department of Health and Human Services (OCR) if you believe that your privacy rights have been violated. You may complain to RCCHC by contacting the Privacy Officer in writing at the address provided in Section IX; Contact Person. OCR's contact information and instructions for submitting a complaint to OCR are available at: www.hhs.gov/ocr/privacy/hipaa/complaints/.

We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. All complaints will be investigated to help resolve your issues.

IX. Contact Person

RCCHC's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by RCCHC, you may submit a complaint to our Privacy Officer.

Mail to:

Roanoke Chowan Community Health Center
Attn.: Privacy Officer
P.O. Box 669
Ahoskie, NC 27910

X. Effective Date

The effective date of this Notice is December 23, 2024.