

PRIVACY PRACTICES

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.

Blue Ridge HealthCare, the members of the Medical Staff of its various components, and other health care providers affiliated with the system have agreed, as permitted by law, to share your health information among themselves for the purposes of treatment, payment, and health care operations. This enables us to better address your health care needs.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at Blue Ridge HealthCare facilities, hereinafter referred to as “BRHC”. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will apply to all of the records of your care generated and maintained by BRHC, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Also, this notice will apply to any health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

This notice will tell you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to your health information.
3. Follow the terms of the notice that is currently in effect. BRHC may revise this notice from time to time.

WHO WILL FOLLOW THIS NOTICE

For purposes of this notice, Blue Ridge Health Care (“BRHC”) includes only the following entities:

- Grace Hospital
- Valdese Hospital
- College Pines Health & Rehabilitation Center
- Grace Heights Health & Rehabilitation Center
- Physician Offices Operated by Blue Ridge HealthCare

While the above entities are all bound by this notice, each is a separate entity and is independently responsible for providing health care to you.

This notice describes BRHC’s practices and that of:

1. The listed BRHC entities and any and all of their facilities.
2. Any health care professional providing services at one of the above-listed BRHC entities. This includes independent physicians and professionals treating you at BRHC facilities. These independent physicians and professionals and the above-listed affiliated entities constitute an organized health care arrangement under certain laws governing the privacy of health information only. These individuals are otherwise independent practitioners and are not agents of any of the facilities.
3. All departments and units of BRHC including Blue Ridge Home Health Care and medical clinics owned by Grace Hospital or Valdese Hospital.
4. All employees, staff volunteers and other BRHC personnel.

All of the above-listed persons and entities may share health information with each other for treatment, payment or healthcare operations purposes as described in this notice.

HOW WE MAY USE & DISCLOSE YOUR HEALTH INFORMATION

When you register for services, you agree that BRHC may use your individually identifiable health information for treatment, payment and health care operations.

The following categories describe different ways that we may use and disclose health information for treatment, payment and health care operations. 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 at least one of the categories.

For Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, medical students, or other BRHC 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. The doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different BRHC departments may also share your health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose your health information to people outside of BRHC to provide services that are a part of your medical care.

For Payment. We may use and disclose your health information so that your treatment and services provided by BRHC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your insurance will cover the treatment. We may also need to give your insurance company information about a surgery you had at a BRHC facility so that your insurance company will pay us or reimburse you for the surgery.

For Health Care Operations. We may use and disclose your health information for healthcare operations. This is necessary to run BRHC and give quality care to our patients. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many BRHC patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at BRHC.

Treatment Alternatives. We may use and disclose health 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 health information to tell you about health-related benefits or services that may be of interest to you.

Business Associates. There are some services provided in our organization through contracts with business associates. For example, we may use a copy service when making copies of your medical record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your insurance company for the services rendered. To protect your health information, however, we enter into a contract with the business associate requiring it to appropriately safeguard your health information.

Fundraising Activities. We may use your health information to contact you in an effort to raise money for BRHC and its operations. We may disclose to a foundation health information related to a treatment or service so that the foundation may contact you in raising money for BRHC. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services. Our fundraising materials will contain information on how you may

have your name removed from any future fundraising mailing lists. If you do not want BRHC to contact you for fundraising efforts, you must notify our Chief Privacy Officer in writing.

USES OR DISCLOSURES WE MAY MAKE WITHOUT YOUR CONSENT OR AUTHORIZATION

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction, the law permits or requires BRHC to use or disclose individually identifiable health information without your written consent or authorization to do the following:

Hospital Directory. Unless you object, we may include certain limited information about you in the patient directory while you are a patient at the hospital. This information may include your name, (location in the hospital,) 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 including the new media. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release your health information to a family member, other relative, close personal friend or any other person that you identify, who is involved in your care or payment related to your care.

Research. We may use your health information for research. We may consult with researchers to see whether you are eligible for involvement in research studies. If we use or disclose your health information for any reason, we will keep the information confidential. A healthcare provider will request a separate consent from you or your legal representative, should research activities potentially affect your rights or welfare.

As Required By Law. We will disclose your health information 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 your health information 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, however, would only be to someone able to help prevent or reduce the threat.

Disaster Relief. We may release your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Organ and Tissue Donation. We may release health 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.**Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. If authorized by law, we may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your health information for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report child abuse or neglect.
4. To report reactions to medications or problems with products.

5. To notify people of recalls of products they may be using.
6. 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.
7. To notify the appropriate government authority if we believe an adult 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 your health 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 may disclose your health information in response to a court or administrative order. We may also disclose your health information 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 health information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About a death we believe may be the result of criminal conduct.
5. About criminal conduct at BRHC.
6. 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 health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities. We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information 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; (3) for the safety and security of the correctional institution.

Blood Testing. While you are receiving care, a health care worker may accidentally be exposed to blood or other body fluids. If this occurs, your blood will be tested for the presence of certain diseases (for example, HIV, Hepatitis B and C). These tests are necessary to help protect the health care worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required or permitted by law.

MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, please note the following:

- If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirements, BRHC will only disclose information regarding your AIDS, HIV or communicable disease status with your written permission except (i) if you cannot be identified from the information, (ii) as disclosure is required or permitted under communicable disease law or laws specifically authorizing or requiring disclosure of AIDS information or records, (iii) if a subpoena or court order requires disclosure, or (iv) if release is necessary to protect public health.
- *If you're an adult care home patient*, your personal and medical records may not be disclosed by the adult care home without your written release unless disclosure is required by law. The written release must specify to whom the disclosure may be made except if disclosure is: (a) for the purposes of payment, treatment or health care operations and is to a party contracted with the adult care home (and the contract requires disclosure), (b) to the treating physician, or (c) to agencies/ institutions/ individuals providing emergency medical services. You may object in writing to a treating physician's access to your medical records and the adult care home may not refuse to abide by such objection.
- *If you are a nursing home patient*, then the nursing home will not reveal your confidential information to anyone unless you give permission in writing. When you sign a written consent, you are agreeing that the nursing home may disclose your confidential information for purposes of payment, treatment or healthcare operations. If the nursing home discloses information for any purpose other than payment, treatment or healthcare operations, you must sign a different permission form. However, please note that the nursing home may reveal the information without your written consent if the law requires the nursing home to do so or if the communication is to family members provided that you do not object or in other limited circumstances.
- *If you provide confidential information to a social worker*, the social worker will not reveal that information to anyone outside BRHC unless you give permission in writing. When you sign a written consent, you are agreeing that a social worker may share information you have provided to the social worker when the social worker discloses this information for treatment, payment and health care operations purposes. If the social worker reveals your information for any purpose other than treatment, payment or health care operations purposes, then you must sign a different permission form. However, please note that the social worker may reveal information you have given to the social worker without your written permission if the law requires the social worker to do so or not revealing the information may present a clear and imminent danger to you or others.
- *If you provide confidential information to a substance abuse professional*, then the substance abuse professional will not reveal that information to anyone, unless you give permission in writing. When you sign a written consent, you are agreeing that a substance abuse professional may share information you have provided to the substance abuse professional when the substance abuse professional discloses this information for treatment, payment and health care operations purposes. If the substance abuse professional reveals your information for any purpose other than treatment, payment or health care operations purposes, then you must sign a different permission form. However, please note that the substance abuse professional may reveal the information without your written permission if there is a clear and imminent danger to you or to others; in a medical emergency, but then only to an appropriate professional or to public authorities; or, when the law requires the substance abuse professional to disclose the information.

- *If you provide confidential information to a massage or bodywork therapist, then the massage or bodywork therapist will not reveal that information to anyone, unless you give permission in writing. When you sign a written consent, you are agreeing that a massage or bodywork therapist may share information you have provided to the massage or bodywork therapist when the massage or bodywork therapist discloses this information for treatment, payment and health care operations purposes. If the massage or bodywork therapist reveals your information for any purpose other than treatment, payment or health care operations purposes, then you must sign a different permission form. However, the massage or bodywork therapist may reveal the information without your written permission if the law or a court order may require the therapist to do.*
- *For adult day care and adult day health program patients, BRHC will not disclose confidential information to anyone unless you name a person in writing. You will need to provide BRHC with written consent or authorization to disclose your confidential information each time BRHC needs to disclose the information, unless the law requires BRHC to disclose the information.*
- *If you are seeking treatment and rehabilitation for drug dependence, BRHC shall not reveal your name to law enforcement officers or agencies, unless you provide us with written permission. BRHC shall also not reveal your name in any court, grand jury or administrative proceeding without your written permission, unless the law compels BRHC to reveal your name.*
- *For patients of long term care facilities, home health care, ambulatory surgery facilities, and BRHC's cardiac rehabilitation program, you have the right to object in writing to BRHC's disclosing your individually identifiable health information to the North Carolina Department of Health and Human Services during an inspection.*
- *If you are an unemancipated minor under North Carolina law, then BRHC physicians will not disclose, without your consent, information related to your health status regarding treatment for venereal disease, pregnancy (except in the case of an abortion), abuse of drugs or alcohol or emotional disturbance to a parent, legal guardian, person standing in loco parentis or a legal custodian who has legal authority to provide permission for your medical or psychiatric care. However, the physician may notify these individuals if in the physician's opinion the notification is essential to your life or health. In addition, the physician may give such information if your parent, legal guardian, person standing in loco parentis or legal custodian contacts the physician concerning your treatment.*

For patients receiving mental health, developmentally disabled or substance abuse services:

- *Except as described in these paragraphs, BRHC may only use or disclose your confidential information if you sign a consent or authorization that specifies the name of the persons to whom BRHC may disclose the information. Your consent and authorization must also state the specific time period during which the permission is valid.*
- *If a court has adjudicated you incompetent or you are a minor, BRHC will not disclose your health information to a person acting as an external client advocate on your behalf, unless both you and your legally responsible person have executed a consent or authorization.*
- *BRHC may also disclose your health information, without your consent or authorization, in the following circumstances: (i) to other health care providers treating you, as necessary to meet an emergency, provided that we attempt to obtain your consent after the emergency; (ii) to health oversight agencies for oversight activities (e.g., audits);*

(iii) to internal client advocates to monitor services that BRHC is providing to you and to serve as an advocate; (iv) to provide law enforcement agencies and other persons with information regarding your escape from, breach of condition of release from and/or return to a 24-hour facility, in order to assure your expeditious return and protect the public; (v) to an attorney upon your request or to your personal representative; (vi) to comply with the provisions of a court order; (viii) to the court, certain attorneys and/or other interested parties in connection with certain legal proceedings (including involuntary commitment, guardianship, criminal cases, and others) where your confidential information is relevant to the proceeding; (ix) in some circumstances, to attorneys representing BRHC or its employees; (x) as the law requires, including laws requiring reporting of abuse or neglect; (xi) to a correctional institute to facilitate your treatment; (xii) to avert an imminent and serious threat to the health or safety of yourself or another individual; (xiii) to business associates who perform services for BRHC and who have a contract with BRHC that prohibits the business associate from further disclosing the information; (xiv) in certain cases, limited information, such as the act of admission or discharge, certain transfers, decision to leave against medical advice, referral and appointment information for treatment after discharge to certain individuals you designate, your next of kin, and/or certain other family members, to provide them with basic information related to your treatment. BRHC will not disclose more detailed information about your treatment to these individuals (e.g., diagnosis, prognosis, medications prescribed, dosage, side effects, progress and additional information), unless you have given your consent or authorization. However, please note that BRHC can disclose your health information to these individuals only if your health care professional deems the disclosure to be therapeutically beneficial to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

Right to Inspect and Copy. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes or certain other types of information.

To inspect and copy health information that may be used to make decisions about you, you must submit your request to the Medical Records Director of the appropriate BRHC treatment facility (location). 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 will respond to you within 24 hours of receiving your request unless the information is not maintained or accessible to us on-site (in which case we will respond within 10 days). We may request an extension of time to comply if necessary.

We may deny your request to inspect and/or obtain a copy your health information in limited circumstances. If you are denied access to health information, you may, in some instances, request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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.

Right to Amend. If you feel that health 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 BRHC.

To request an amendment, your request must be made in writing and submitted to the Medical Records Director of the appropriate BRHC treatment facility (location). In addition, you must

provide a reason that supports your request. We will respond within 60 days of receiving your written request. We may request an extension of time to comply if necessary.

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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the health information kept by or for BRHC.
3. Is not part of the information which you would be permitted to inspect and copy.
4. Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (I) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in a patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are apart of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health 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 health 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. For example, you could ask that we not use or disclose information about a surgery you had.

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.

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. You may not limit uses and disclosures that we are legally required or allowed to make.

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 at home.

To request confidential communications, you must make your request in writing to: Chief Privacy Officer, Blue Ridge HealthCare, P.O. Box 700, Valdese, North Carolina 28690. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We may charge you for

expenses incurred due to your request. We may also require that you specify an alternative address or method of contact.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may obtain a copy of this notice at any time from our website, www.blueridgehealth.org and/or from any of the BRHC treatment facilities.

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 health information we already have about you as well as any information we receive in the future. The notice will contain the effective date in the top right-hand corner of the first page. Any changes to this Notice will be posted on our website at www.blueridgehealth.org and at our office, and will be available upon request. You can view the current notice at our website, www.blueridgehealth.org. You can receive a paper copy of this notice upon request to Chief Privacy Officer, Blue Ridge HealthCare, P.O. Box 700, Valdese, North Carolina, 28690, telephone: (828)879-7523.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with BRHC or with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Chief Privacy Officer at (828) 879-7523.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

We require your written permission to make other uses and disclosures of health information not covered by this notice or the laws that apply to us.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. However, the revocation is not effective to the extent that BRHC has already acted in reliance on the authorization.

You understand that we are unable to take back any disclosures we have already made with your permission.

We are required to retain records of the care that we provided you.

Effective Date: April 14, 2003



If you have any questions about this privacy notice, please contact our Chief Privacy Officer at (828) 879-7523, or in writing at Post Office Box 700, Valdese, North Carolina 28690.