

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE READ CAREFULLY.

**Compassion Health Care, Inc.
Notice of Privacy Practices**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information. We may use and disclose your medical records for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information. We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to fundraising communications, that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and

- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You have the following rights with respect to your PHI:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances, which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations
- The right to inspect and copy your PHI
- The right to amend your PHI
- The right to receive an accounting of disclosures of your PHI
- The right to obtain a paper copy of this notice from us upon request
- You have the right to be notified following a breach of unsecured PHI as required by applicable law.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

We participate in NC Health Information Exchange Authority (NC HIEA), the statewide health information exchange authority (HIEA) designated by the State of North Carolina. The HIEA is a secure network for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a NC HIEA participating health care facility not affiliated with Compassion Health Care, health care providers there will be able to see important health information held in our electronic medical record systems.

Your NC HIEA record may include medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses, or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date, sex, and last four digits of your social security number. All information contained in the HIEA is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations such as mandated disease reporting to the North Carolina Division of Public Health.

You do not have to participate in the HIEA to receive care. For more information about NC HIEA and your choices regarding participation, visit www.hiea.nc.gov or call 919-754-6912.

Opt-out forms are available from our staff if you choose not to participate.

We also share data with other Healthcare Agencies using a secure bi-directional interface; Quest Diagnostics, i2i Tracks, others may be added.

This notice is effective as of June 27, 2022, and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post a copy and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your privacy has been violated by our office. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact Wanda McCullough, HIPAA Privacy Officer, by phone at 336-694-9331 ext. 250 or by email at wmccullough@compassionhealthcare.org for more information or to report a concern, in person or in writing.

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