

YOUR INFORMATION.YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

- We may use and share your information as we:
- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us:
Beth Cirillo, Privacy Officer
Mission Health
950 Hendersonville Road
Asheville, NC 28803
Phone: (828) 213-8540
Email: HIPAA@msj.org
www.mission-health.org
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
- In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory
 - If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
 - In the case of fundraising:
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you.** We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization** We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- **Bill for your services** We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- **Do research** We can use or share your information for health research.
- **Fundraising** We may disclose certain information to Mission Health Foundations so they may contact you regarding fundraising activities. You have the right opt-out of fundraising.
- **Health Information Exchange** Mission Health participates in electronic health information exchanges which allow the sharing of your medical information for appropriate purposes. Your information will be included unless you choose to opt-out.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. When North Carolina law gives more protection to your health information than included in this notice or required by federal law, we will give that additional protection including:
 - Confidentiality relating to treatment for mental health and drug or alcohol abuse.
 - Unless you object in writing, we may release health information related to your mental health to any health care provider involved in your care, to third party payers for payment or to others for quality improvement activities.
 - In most cases, uses and disclosures of psychotherapy notes will require your authorization.
- NC law permits a hospice, home health, ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey, and we will comply with such written objection.
- If you apply for and 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 for substance abuse services. There are some exceptions to this requirement.
- For instance, we may disclose information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out our responsibilities in serving you, and to health care providers in an emergency.
- We are required to report certain communicable diseases to appropriate authorities, such as AIDS, HIV, sexually transmitted diseases, food poisoning and others. This reporting does not require your permission.
- North Carolina law limits the sharing of pharmacy information. This information is generally only shared with those involved in your care or who have oversight of the organization.
- **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

OTHER INSTRUCTIONS FOR NOTICE

Who Will Follow This Notice

Mission Health System, Inc. (“Mission Health”) is a regional health care system made up of separate legal entities providing different levels and types of medical care and related services in varying locations. Mission Health provide services in varying settings, including (1) inpatient, acute care and other related services; (2) hospital-based outpatient department or ambulatory services; (3) physician practices or clinics that may include rural health clinics or federally qualified health care centers; (4) other outpatient medical services (such as laboratory services), and (5) post-acute care settings, including but not limited to, inpatient rehabilitation, Hospice, PACE, home health and long term care. This Notice applies to services provided by Mission Health in each of these settings.

This Notice of Privacy Practices applies to the care and treatment you receive at Mission Health facilities that are designated as an “affiliated covered entity” under the federal law known as HIPAA that protects the privacy and security of your medical information. The Mission Health affiliated covered entities include the following: Mission Hospital, Inc., Blue Ridge Regional Hospital, Inc., The McDowell Hospital, Inc., Transylvania Community Hospital, Inc., Angel Medical Center, Inc., and Highlands-Cashiers Hospital, Mission Medical Associates, Inc., Transylvania Physician Services, Inc., Highlands-Cashiers Physician Services, Inc., and Community CarePartners, Inc. This Notice also applies to the health care providers, such as physicians or their staff, who are not employed by a Mission Health facility but provide services at a Mission Health facility, and provide this care along with Mission Health through an “organized health care arrangement” under HIPAA. All of these care providers are also referred to as “we” in this Notice.

Your Medical Record

Mission Health providers may also share a common or unified electronic medical record system such that your medical information will be accessible to Mission Health providers who need the information to provide care or treatment to you, for payment purposes, for healthcare operations, or other legal purposes.

