

**East Carolina University
Health Care Components**

Notice to Patients About Our Privacy Practices

- 1. The purpose of the attached Notice of Privacy Practices (Notice) is to tell you how we can use and disclose your health information. It also describes certain rights that you have about your health information kept by us. Please look at it with care.**
- 2. We are legally required to give you this Notice and to get a signed statement that you received it. By signing this, you are only saying that you have received our Notice.**
- 3. This Notice also has persons you can contact if you have any questions. It tells you how to file a complaint if you think your rights have been denied. It also tells you how to file a complaint about our practices described in the Notice.**

By signing this paper, you confirm receipt of East Carolina University's Health Care Components Notice of Privacy Practices.

Patient Signature

Date

Parent/Guardian

Relationship to Patient

Completed by Component Staff Providing Notice:

Print Patient Name

Date of Birth

Medical Record Number

Signature & Name of Staff Providing Notice

Date

Location/Clinic

Disposition

Remove Original with Signature and file in Component's Designated Record Set/Medical Record. Provide Patient with Remaining Packet.

**East Carolina University
Health Care Components
Notice of 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.

EFFECTIVE: April 14, 2003

As a Health Care Component of East Carolina University, the law requires us to protect the privacy of your health information. We call this your “protected health information (PHI)”. We are also required to tell you of our duties to protect your PHI and to explain our privacy guidelines.

We are required to follow the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice. These new guidelines will be valid for your entire PHI that we keep. Copies of our Notice are on hand at all of our Health Care Components. You can also contact the Privacy Official. That address and phone number are at the end of this Notice. You can see the Notice at any of our sites and on our website at <http://www.ecu.edu/ecuphysicians>.

We are required to include in this Notice certain descriptions that reflect a higher level of protection before we use or disclose your PHI as described below. There are many laws that may offer this additional protection of your PHI. Our Health Care Components have procedures in place to consider this protection before using or disclosing PHI. You may contact the Privacy Official if you believe this may apply to your PHI.

1. WE MAY USE AND REVEAL PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING SETTINGS.

- **Treatment:** We may use and reveal PHI about you to provide or coordinate health care treatment provided to you.

EXAMPLE - Your doctor may share PHI about you with another health care provider, or by ordering lab or radiology services, or by calling in a prescription.

- **Payment:** We may use and reveal PHI about you to obtain payment for services. This could include certain sharing of PHI that your health insurance plan may require before it approves or pays for the health care services we advise for you.

EXAMPLE – Your health plan may have to approve any treatment. We will have to share your PHI with them so they will approve the treatment. We may also have to share more of your PHI with them after treatment so they will pay us.

- **Healthcare Operations:** We may use or reveal PHI about you to carry out certain business actions separately or as part of our involvement in an Organized Health Care Arrangement (OHCA) with Pitt

County Memorial Hospital. These actions include, but are not limited to, quality assessment activities, training of medical students and residents, licensing, solving complaints, and carrying out other business actions.

EXAMPLE – We are reviewed by outside groups that measure the quality of the care our patients receive. They include government agencies or accrediting groups. We also review and measure the skills and training of the doctors that care for you. Both ECU and non-ECU health care workers not directly involved in your care may do such reviews.

2. **WE MAY USE AND REVEAL PHI ABOUT YOU IN A NUMBER OF OTHER SETTINGS IN WHICH YOU DO NOT HAVE THE CHANCE TO AGREE OR OBJECT. THESE MAY INCLUDE:**

- **Required By Law:** For certain legal or other administrative actions. For example, we may reveal PHI about you in response to a court order.
- **Public Health:** For public health activities required by law to receive the information.
- **Health Oversight:** To health oversight agencies for legally allowed audits, investigations, certain government programs, and inspections.
- **Abuse or Neglect:** To a public health expert for reports of child abuse or neglect. We may reveal PHI if we believe that you have been a victim of abuse, neglect or domestic violence to governmental agencies who are allowed to receive such information.
- **Food and Drug Administration:** To a person required by the Food and Drug Administration to report harmful events, product defects or problems, tracking of products to permit recalls, or to conduct post marketing surveillance.
- **Law Enforcement:** Law enforcement reasons may include (1) legal courses of action required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the site of the practice, and (6) medical emergency when it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation:** To a coroner or medical examiner for identification purposes, or to find out the cause of death. We may also reveal protected health information to a funeral director in order to permit them to carry out their duties. PHI may be used and revealed if you are an organ, eye, or tissue donor.
- **Research:** PHI may be used for research without the individual's authorization if the University and Medical Center Institutional Review Board (UMCIRB) grants a waiver of the requirement for authorization. Two scenarios that require neither authorization nor waiver of authorization: 1) reviews preparatory to research, and 2) research on decedent's information.
- **Criminal Activity:** We may use or disclose PHI as necessary to prevent or lessen a serious threat to the health or safety of a person.

- **Specialized Government Functions:** We may use or disclose PHI for the purpose of eligibility determination by the Department of Veterans Affairs. We may also reveal your PHI with federal officials for conducting national security activities and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- **Inmates:** If you are a prisoner and your doctor created or received your PHI in the course of giving care to you.
- **Worker's Compensation:** We may use or disclose PHI as necessary to support worker's compensation claims pending before the Industrial Commission.

3. **OTHER USES AND DISCLOSURES OF PHI ABOUT YOU.**

- **Appointment Reminders:** We may contact you to remind you of an appointment for treatment.
- **Information About Treatment, Services or Products:** We may use or reveal PHI to manage your care. This may include telling you about treatments, services, or products on hand.
- **Fundraising Activities:** We may use or reveal PHI about you in order to contact you to raise money for ECU and its Health Care Components. We would only reveal contact information and the dates you received treatment or services from us. If you do not want us to contact you about fundraising activities, you must tell our Privacy Official as described below.
- **Family or Personal Representative:** In certain situations, we may use or reveal PHI to a family member, other relative, or a close personal friend of the patient, or any other person identified by the patient, PHI directly relevant to such person's involvement with the patient's care or payment related to the patient's care.

4. **ANY OTHER USE OR REVEALING OF PHI ABOUT YOU CALLS FOR YOUR WRITTEN AUTHORIZATION.**

- For any reason other than those listed above, we will ask for your written authorization before we use or reveal your PHI. Any written authorization we receive can be canceled at anytime in writing. We will not reveal PHI about you if you cancel your authorization unless we did this prior to your cancellation.

5. **YOUR RIGHTS REGARDING PHI ABOUT YOU.**

- **Request Limits:** You may request further limits on our uses and revealing of PHI about you. We are not required to agree to all requested limits. If we agree, there still may be circumstances such as those described above in which you cannot object. Ask the clinic front desk or contact the Privacy Official as described below if you want to request further limits on your PHI.
- **Different ways to Contact You:** You may request different ways for us to contact you about your PHI. Examples include using a different address, phone number, or mailing address. We will honor your request if we can. This will depend on whether or not we can contact you about how payment will be handled. Ask the clinic front desk or contact the Privacy Official as described below if you want to change the way we contact you about your PHI.

- **Right to see and get Copies of PHI:** You may see and receive a copy of your PHI kept in our clinical or billing records used to make decisions about you. We may charge you for copies. There are times in which we do not have to fulfill your request. We will write to you in these cases. Ask the clinic front desk or contact the Privacy Official as described below if you want to see or get copies of your PHI.
- **Right to Request Amendments of PHI:** You may request that the PHI that we keep about you be changed. We may turn down your request if we did not create the information, or if we believe the information is correct. If we turn down a request, we will write to you and will describe your rights for further review. If we agree to change, we will make every effort to share with any persons who may have received PHI about you that needs changing. Ask the clinic front desk or contact the Privacy Official as described below if you want to request an amendment.
- **Listing of Disclosures we have made:** You may request a list of the persons or places that PHI about you was revealed to for up to the last six (6) years. This does not include information revealed before April 14, 2003 or those related to your treatment, payment, our health care operations, and those allowed by law. Ask the clinic front desk or contact the Privacy Official as described below if you want to request a listing of disclosures.
- **Copy of this Notice:** You may request a copy of this Notice at any time. This will be on hand in our delivery sites, or you may contact the Privacy Official as described below.

6. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

- If you think we have denied your privacy rights described in this Notice, or you want to complain to us about our privacy practices, you can contact the person below:

**Privacy Official
Brody School of Medicine at East Carolina University
600 Moyer Blvd
Lakeside Annex 2
Greenville, NC 27858**

Phone 252-744-2030 or Email HealthCarePrivacy@mail.ecu.edu

You may also send a written complaint to the Secretary, Department of Health and Human Services.

IF YOU FILE A COMPLAINT, WE WILL NOT TAKE ANY ACTION AGAINST YOU OR CHANGE OUR TREATMENT OF YOU IN ANY WAY.