

WAKE FOREST BAPTIST HEALTH NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
Revised February 17, 2010
Revised September 23, 2013
Revised July 1, 2016

This Notice of Privacy Practices applies to the care and treatment you receive at Wake Forest Baptist Health (“WFBH”) 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. Terms defined in the HIPAA Rules will have the same meaning in this Notice.

This Notice also applies to the health care providers, such as physicians or their staffs, who are not employed by a Wake Forest Baptist Health facility, but provide services at a Wake Forest Baptist Health facility, and provide this care along with Wake Forest Baptist Health through an “organized health care arrangement” under HIPAA. All of these health care providers are referred to as “we” in this Notice.

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.

If you would like a list of the WFBH facilities covered by this Notice, or if you have any questions about this Notice or regarding the privacy of your medical information, please contact the WFBH Privacy Office at:

WFBH Privacy Office
Medical Center Boulevard
Winston-Salem, NC 27157
336-713-4472
877-793-8262

privacy@wakehealth.edu

<http://www.wakehealth.edu/Compliance/Notice-of-Privacy-Practices.htm>

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are committed to protecting the privacy of health information about you and that can identify you, which we call “protected health information”. Protected health information (PHI) includes information about your past, present or future health, healthcare we provide you, and payment for your healthcare contained in the record of care and services provided by Wake Forest Baptist Health and the entities and medical staffs listed in this Notice (collectively, “Wake Forest Baptist Health” or “WFBH”). This notice will apply

only to records of your care at WFBH facilities. Our privacy practices concerning your protected health information are as follows:

- We will safeguard the privacy of protected health information that we have created or received.
- We will explain how, when and why we use and/or disclose your protected health information.
- We will only use and/or disclose your protected health information as described in this Notice.

We must follow this Notice. We may change this Notice and make the changes apply to PHI we already have if we:

- Post the new notice in our offices;
- Make copies of the new notice available if someone asks for it (either at our offices or through the Privacy Officer listed in this Notice); and
- Post the revised notice on our website.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. 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 one of these categories.

FOR TREATMENT: We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, or other WFBH 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of WFBH also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside WFBH who may be involved in your medical care, electronically or otherwise, such as employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted, or to other healthcare providers who may be involved in your treatment.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at WFBH may be billed to and payment may be collected from you, an insurance company or a third party (including collection

agencies). For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to another healthcare provider, such as a receiving facility, for their payment activities.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for business activities that we call “healthcare operations.” These uses and disclosures are necessary to run the hospital and clinics and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer.

We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who you are. For example, your information may be used for purposes of quality assurance and quality improvement by either the hospital or its physicians.

We may also disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider. In addition, we may use and disclose your medical information to comply with this Notice and with applicable laws, or in connection with the sale of all or part of our business.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we’ve asked them to do. To protect your health information, we require the business associates to appropriately safeguard it. They are also required to do so by law.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

TREATMENT ALTERNATIVES: We may use and disclose medical 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 medical information to tell you about health-related benefits or services that may be of interest to you. You may elect not to receive any communications from us that encourages you to

purchase or use any particular product or service by notifying the Privacy Office in writing.

If we receive direct or indirect payment in exchange for such communications to you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of ours.

FUNDRAISING ACTIVITIES: We may use PHI about you, to contact you with the opportunity to make a donation to WFBH for advancing patient care, health care education and-research. We may use a foundation or business associate assist with our fundraising efforts. We may use or disclose your contact information, the dates you received treatment or services, the department of service, the name of the treating physician, outcome information and your health insurance status. You have the right to opt out of receiving these communications. If you do not want to be contacted for fundraising purposes, please contact us at: OptOutFundraising@wakehealth.edu or write to the Development Office, P.O. Box 571021, Winston-Salem, NC 27157-1021. To help us honor your request, please include your name, address and phone number.

HOSPITAL DIRECTORY: We may include certain limited information about you in the hospital directory while you are a patient at one of our hospitals. 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 be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not want your information listed in the hospital directory, please let the admissions staff or your nurse know and they will begin the process.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at one of our facilities. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbance.

RESEARCH: In order to develop better ways to treat our patients, we may use and disclose medical information about you for research purposes under certain circumstances. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and the use of medical information pursuant to the project, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process; however, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility, and so long as the information sought is necessary for the research purpose. We will ask for your specific permission if the research involves treatment, except under limited circumstances. If you are asked for such permission, you have the right to refuse. We are not permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization.

You may contact our Institutional Review Board at 336-716-4542 with any questions about research.

AS REQUIRED BY LAW: We will disclose medical information about you 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 medical information about you 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 would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION: We may release medical 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.

ACTIVE DUTY MILITARY PERSONNEL AND VETERANS: If you are an active duty member of the armed forces or Coast Guard, we may give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may

use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

WORKERS' COMPENSATION: In accordance with applicable state law, we may release medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS: We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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; • to notify the appropriate government authority if we believe a 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;
- To support public health surveillance and combat bioterrorism.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical 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 must disclose medical information about you in response to a valid court or administrative order. We may also disclose medical information about you 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 medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at WFBH or on WFBH property; and
- 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 medical 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 medical information about patients to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

PSYCHOTHERAPY NOTES: We will ask for your written authorization before we use or disclose psychotherapy notes, as defined by HIPAA, made by the individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and healthcare operations, and certain other limited exceptions, including government oversight and safety.

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

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. For more information about these rights, contact the Privacy Office listed in this Notice.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

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 may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by WFBH, as applicable, 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.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

RIGHT TO AMEND: If you feel that medical 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 us.

You must provide a written explanation that supports your request. We may deny your request 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:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for WFBH;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete. If we deny your request for an amendment, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. This accounting does not include disclosures that are made to carry out treatment, payment, or health care operations, or information that has already been delivered to you or your health care representative, or information disclosed pursuant to an authorization.

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request that we restrict the use and disclosure of PHI about you.

We are not required to agree to your requested restrictions, except with respect to PHI about services for which you paid out of pocket, and not through your health plan.

However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by writing to the Privacy Office or emailing privacy@wakehealth.edu.

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 by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

RIGHT TO RECEIVE NOTICE OF A BREACH: We are required by law to notify affected individuals if we determine that there has been a breach of unsecured PHI.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our website, www.wakehealth.edu .
To obtain a paper copy of this Notice, call the Privacy Office at (336) 713-4472 or (877)793-8262 or e-mail privacy@wakehealth.edu.

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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will make best efforts to make available a copy of the current Notice in effect.

If you believe your privacy rights have been violated, you may file a complaint with our privacy office, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Medical Center Privacy Office at (336) 713-HIPA (4472) or e-mail privacy@wakehealth.edu.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us (for example, treatment, payment, and healthcare operations) will be made only with your written authorization. Except for certain purposes or with your authorization, we may not sell your medical information. If you provide us with an authorization to use or disclose medical information about you, you may revoke that authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to protect disclosures that were made with your authorization.

Wake Forest Baptist Health

PRIVACY NOTICE ADDENDUM

You may have additional rights under North Carolina laws.

In the event that North Carolina law requires us to give more protection to your health information than stated in this notice or required by Federal law, we will give that additional protection to your health information.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Because it supervises our services, the North Carolina Department of Health and Human Services may inspect our operations and may review protected health information. If you get care from one of our special services, such as hospice, ambulatory surgery, or cardiac rehabilitation, before we release any health information about you to this agency, we will give you a written notice and a chance to object to the release of your health information.

PHARMACY

Under North Carolina Law, our pharmacy will only disclose or give a copy of prescription orders for you to:

- You, your guardian, or, if you are under the age of 18, your parent, guardian, or someone acting in the place of your parent; or to you, if you are under 18 and have given permission for the treatment of the condition relating to the prescription;
- The provider who wrote the prescription or who is treating you;
- A pharmacist who is providing pharmacy services to you;
- A person who gives us written permission to share the information that is signed by you or your authorized representative;
- Obey a subpoena, court order, or statute;
- A company that is responsible for providing or paying for your medical care;
- A member or designated employee of the Board of Pharmacy;
- Your executor, administrator, or spouse, if you are deceased;
- Board of Pharmacy-approved researchers, if there are adequate safeguards to protect the confidentiality of the information;
- The person who owns the pharmacy or his/her authorized agent.
- We may also release information about you if we reasonably believe that the release is necessary to protect the life or health of any person.

HIV, AIDS, MENTAL HEALTH, DRUG OR ALCOHOL ABUSE

There are additional state law confidentiality protections relating to communicable diseases, such as HIV and AIDS, and relating to treatment for mental health and drug or alcohol abuse. North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement. We can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We also may disclose information to the following people: (1) a health care provider who is providing emergency medical services to you and (2) to other mental health, developmental disabilities, and substance abuse facilities

or professionals when necessary to coordinate your care or treatment. If we determine that there is an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat. We also will release information about you if the law requires us to do so, for example, when a court orders disclosure, when we suspect abuse or neglect of a child or disabled adult, and when one of our physicians believes that a client has a communicable disease or is infected with HIV and is not following safety measures. If we believe it is in your best interests, we may disclose information about you for a guardianship or involuntary commitment proceeding that involves you. When you are admitted to, or discharged from, a mental health, developmental disabilities, or substance abuse facility, we may disclose that fact to your next of kin if we believe the disclosure is in your best interests, but only if you do not object. If you have a next of kin who is substantially involved in your care, upon his or her request we are required to provide this kin with information relating to your admission or discharge from a facility, including the identity of the facility, any decision on your part to leave a facility against medical advice, and referrals and appointment information for treatment after discharge after we notify you that this information was requested.

If you apply for or 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 of substance abuse services. There are some exceptions to this requirement. We can share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If we believe that a child is abused or neglected, we must report the abuse or neglect to the Department of Social Services, and we may share substance abuse treatment information when making the report. We will disclose information to obey a court order.

Under North Carolina law, if you request treatment and rehabilitation for drug abuse, your request will be confidential. Even if we refer you to another person for help, we will continue to keep your name confidential. We will not disclose your name to any police officer or other law enforcement officer unless you give us permission to do so, or unless we must disclose this information in order to obey a court order.

CRIME

If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report this to the police.

SPECIAL PROVISIONS FOR MINORS UNDER NORTH CAROLINA LAW:

Under North Carolina law, minors, with or without the consent of a parent or guardian, may consent to services for the prevention, diagnosis and treatment of certain illnesses including: sexually transmitted diseases and other diseases that must be reported to the

State; pregnancy, abuse of drugs or alcohol; and emotional disturbance. In general, however, a minor cannot terminate a pregnancy unless she has permission from a parent, guardian, or a grandparent with whom she has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. If you are a minor and you consent to one of these services, you have all the rights stated in this Notice relating to that service. If you are a minor and have been married, are a member of the armed services, or have been “emancipated” by a judge, then you have the right to be treated as an adult for all purposes, and have all rights and authority stated in this Notice for all services.