



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

➤ *See page 2 for more information on these rights and how to exercise them.*

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 patient directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ *See page 3 for more information on these choices and how to exercise them.*

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

➤ *See page 5 and 6 for more information on these uses and disclosures.*

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 share or use

- 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.
- Also available on our website: www.cfhcnc.org

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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 using the information on page 1.
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Rights

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

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.
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Additional Protections

What additional protections do we provide?

HIPAA Reproductive Health Care Privacy Rule prohibits the use or disclosure of protected health information (PHI) by Carolina Family Health Centers, Inc. (CFHC, Inc.) or its staff for either of the following activities:

- To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such healthcare is lawful under the circumstances in which it is provided.
- To identify a person for the purpose of conducting such investigation or imposing such liability.

This applies when:

The reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided.

Example: *If a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care was provided.*

The reproductive health care is protected, required, or authorized by federal law, including the U.S. Constitution, regardless of the state in which health care is provided.

Example: *The use of reproductive health care, such as contraception, is protected by the constitution.*

CFHC, Inc. is required to obtain a signed attestation that the use and disclosures are not for a prohibited purpose when it receives a request for PHI potentially related to reproductive health care.

This attestation applies when the request is for PHI for any of the following:

- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Disclosures to coroners and medical examiners

Example: *If CFHC, Inc. receives a request by law enforcement for records related to reproductive health care, law enforcement officers must sign an attestation that the records are not for a prohibited purpose, such as to investigate a patient when reproductive care was provided lawfully.*

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

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: 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

We can share health information with your employer conducting medical surveillance

Do research We can use or share your information for health research.

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. **Attestation must be signed.*

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Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies. **Attestation applies.*

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

**Attestation applies.*

Respond to law suits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



What are other informational directives I should be aware of?

Carolina Family Health Centers, Inc. (CFHC, Inc.) participates with NC HealthConnex which is a health information exchange system developed nationwide to promote the use of electronic movement and use of health information among health care providers. NC HealthConnex is compliant with all federal and state privacy and security laws. This system allows your medical provider access to your health information generated by other medical providers and allows our providers to send your electronic health information to other providers within the network. This may aid in your care, especially in emergency situations. If you do not want your medical information shared through this system, you must complete and mail the North Carolina Health Information Exchange Authority Patient Opt-Out Form to NC HealthConnex directly (forms are available at <https://hiea.nc.gov/opt-out-form-english>).

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CFHC, Inc. is part of an organized healthcare arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of CFHC, Inc. OCHIN supplies information technology and related services to CFHC, Inc. and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by CFHC, Inc. with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Healthcare operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

CFHC, Inc. shall not use or disclose protected health information regarding substance use treatment disorder records received from a substance use disorder treatment program subject to 42 CFR part 2, or testimony relating the content of such records in civil, criminal, administrative, or legislative proceedings against the patient unless CFHC, Inc. receives written consent from the patient or court order. Once a court order is received the patient or holder of the record is given notice.

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:

www.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 web site.

This Notice of Privacy Practices applies to the following organizations.

Carolina Family Health Centers, Inc. and its service locations:

- Wilson Community Health Centers, 303 Green St. East, Wilson, NC 27893
- Carolina Family Dental Center, 8282 South NC 58, Elm City, NC 27822
- Harvest Family Health Center, 8250 South NC 58, Elm City, NC 27822
- Freedom Hill Community Health Center, 162 NC 33 East, Tarboro, NC 27886
- Lee Student Health Center, 200 Atlantic Christian College Drive NE, Building G, Wilson, NC 27893
- Carolina Family Mobile Unit

Website

www.cfhcnc.org

Privacy Officer

Corina Buzard, Chief Compliance Officer
(252) 293-0013

Effective Date

December 9, 2024