



# PATIENT INFORMATION

## Notice of Privacy Practices

*Effective April 14, 2003*

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.

### Our Pledge Regarding Health Information

WakeMed uses and shares health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We are committed to protecting health information about you.

### Who Will Follow this Notice?

This notice describes the practices of WakeMed at all its locations and that of:

- All employees, staff, volunteers and other members of the WakeMed work force at all of its locations.
- All members of its medical staff, including physicians and their representatives and other health care providers who may be independent practitioners/independent contractors/physicians in private practice not employed by WakeMed and the professional practices to which they belong.
- Contracted business associates of WakeMed, including but not limited to certain physician practices and providers of professional services.

In this Notice of Privacy Practices “We” includes all of the above listed persons and entities.

### How We May Use Your Health Information

**For Treatment.** We may use your health information to provide, coordinate or manage your medical treatment or related services. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment for you. For example, a doctor treating you for a broken hip may need to know if you have diabetes. The doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different WakeMed departments may also access your health information in

order to coordinate services that you will need such as prescriptions, lab work and X-rays. We may also disclose your health information to other providers such as home health providers or physicians who may be involved in your medical care after you leave WakeMed.

**For Payment.** We may use and disclose your health information to bill and collect payment for treatment and services that you receive from us or from other health care providers. For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you, as well as your diagnosis and procedures and supplies used in the course of treatment. In certain situations, you can request that we not send information about your treatment to your insurance company. See instructions below for requesting a restriction under Your Health Information Rights.

**For Health Care Operations.** We may use and disclose health information about you for health care operations. For example, your health information may be disclosed to members of the medical staff, risk manager or quality improvement personnel, and others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your case and similar cases.
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide.

**WakeMed Directory.** We may include limited information about you in the WakeMed directory while you are a patient here. The directory information (name, location in the WakeMed system and general condition as fair, stable, etc.) will only be released to people who ask for you by name. We will ask about your religious preference so that we understand if any of your beliefs affect the way care should be delivered while you are here. We will ask you if you would like to have clergy visits. If you agree, your religious affiliation will be included in the directory and will only be given to clergy or to clergy-appointed representatives of your own faith.

**Appointments/Follow-up Calls.** We may use your information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care received at a WakeMed facility.

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**Individuals Involved in Your Care.** We may share information about your care or condition with an authorized representative, a family member or other person identified by you or who is involved in your care or payment related to your care. If you do not want information about you released to those involved in your care, see instructions for requesting a restriction under Your Health Information Rights.

We will obtain your written authorization to use psychotherapy notes that are kept by your therapist separate from the medical record. We will also obtain your written authorization to disclose your health information to a specific person or entity outside of WakeMed, such as when you ask us to send your health information to a life insurance company or an attorney, except we will not obtain your written authorization when we are disclosing your health information for the following purposes: (1) treatment, payment or health care operations; (2) to persons involved in your care during this encounter; and (3) where we are required or permitted by law to disclose your health information.

**Fundraising Activities.** We may share certain information with the WakeMed Foundation, a foundation related to the WakeMed health system, so that the Foundation may contact you regarding its mission to educate the community about programs and projects at WakeMed and to request donations for the WakeMed Foundation to benefit WakeMed. We will only release contact information, such as your name, address, phone number, dates of service, type of service and attending physician. We will not release any information about you to any unrelated or outside fundraising organization. If you do not want WakeMed to contact you for fundraising efforts, you must notify WakeMed's Privacy Officer in writing. Furthermore, each time we contact you for fundraising efforts we must ask you if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will not disclose your information for fundraising purposes unless in the future we receive your written authorization to do so.

**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 encourage you to purchase or use any particular product or service by notifying WakeMed's Privacy Officer in writing. If we receive direct or indirect payment in exchange for such communications to you, we will first 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 WakeMed acting on our behalf and in accordance with a written agreement between the business associate and WakeMed.

**Other Disclosures.** Incidental disclosures of your health information may take place in the health care setting and are allowed by law. An example of an incidental disclosure would be discussion of your treatment plan at a nurses' station or in a semi-private room. Additionally, information that does not identify you may be reported to various agencies that study health information.

## How We May Disclose Your Health Information Outside of WakeMed Without Your Authorization

**Required or Permitted by Law.** We may disclose information about you when required or permitted to do so by federal, state or local laws. For example, we may disclose your health information to respond to a court order, a court ordered subpoena or other subpoenas in limited circumstances in accordance with applicable law. We may also disclose information about you to law enforcement in certain circumstances, such as to report violent injuries, to provide certain information concerning persons involved in motor vehicle accidents, to locate a suspect, fugitive, victim or missing person or concerning an incapacitated victim of a crime.

**Public Health Risks.** We may disclose information for the following public health activities:

- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report information related to victims of child abuse or neglect.
- To report reactions to medications or recalls of products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To evaluate a work-related illness or injury.

**Health Oversight Activities.** We may disclose information to federal and state agencies for oversight activities authorized by law such as investigations, inspections, audits, surveys and licensing. Examples may include organizations that ensure the quality/safety of the care we provide and agencies that accredit our hospital.

**Health and Safety.** We may disclose health information about you to avert a serious threat to your health or safety or that of any other person or the public.

**Deceased.** Health information may be disclosed as required by law to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation.** If you are an organ or tissue donor, after your death we are required by law to provide medical information about you from death records to organ procurement organizations, tissue banks and eye banks and upon request to the person or entity that you designated to be the donee or first recipient of the organ or tissue donation.

**Research.** We may disclose information for research purposes when the hospital's Institutional Review Board has reviewed and approved the research proposal. Medical record information that identifies you will only be disclosed when you have given permission for us to do so. WakeMed will not 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.

**National Security.** We may disclose your health information to federal officials for intelligence, counterintelligence, and national security activities authorized by law.

**Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must 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.

**Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or other health-related benefits and services that may be of interest to you.

**Inmates.** We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

**Workers' Compensation.** Your health information concerning a workplace-related illness or injury may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**North Carolina Law.** 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.

## Your Health Information Rights

In accordance with federal regulations and WakeMed policies and procedures, you have the right to:

**Request a restriction on certain uses and disclosures of your health information.** You may ask us not to use or disclose certain health information. In some situations, we may be required by law to share your health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department. WakeMed is not required to agree to requested restrictions on the use of health information within the WakeMed system except with regard to psychotherapy notes. WakeMed may but is not required to agree to your requested restrictions to use or disclose your health information outside the WakeMed system when such uses or disclosures are required or permitted by law. However, if you request that we not send information about you to your insurance company and you have already paid the bill in full, we will agree to your request. The request can only apply to disclosures made effective beginning with the next business day after the request. If you are a patient of our nursing homes or home health agency, you have a right to withhold your information from a licensing inspection and must let us know that is your wish by completing a restrictions form.

**Request to inspect and/or obtain a copy of your health record.** Your health information is contained in records that are the physical property of WakeMed. You have the right to request to inspect and/or obtain a copy of your health information and billing records. You also have the right to request that the copies be provided in an electronic disk or flash drive form. We may charge a fee for the costs associated with providing you paper or electronic copies of your records. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

**Request to correct/amend information in your health record.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct/amend the information. If we determine that the health information is incorrect or incomplete, we will revise your record.

**Request confidential communications.** You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is WakeMed's policy that health information and other sensitive

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information will not be communicated by e-mail. It is your responsibility to make sure we have your correct address and contact information.

**Receive a listing of how your information has been shared excluding certain disclosures that are exceptions under the law.**

You have the right to receive a listing of disclosures of your health information for purposes outside of treatment, payment and hospital operations (not including disclosures made prior to April 14, 2003).

**Receive a paper copy of this notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

In order to request a restriction on how your health information is used or to request confidential communication, you must complete a "Restriction of Health Information Request Form."

In order to request a copy, an inspection, a correction/amendment, or a listing of disclosures, you must submit a request in writing to the Medical Records Services Department.

If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the business day on which you provide it in writing to WakeMed's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## WakeMed's Obligations

We are committed to:

- Make sure that medical information that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of this notice.
- Notify you, after management's review, if we are unable to agree to a requested restriction on how your information is used or disclosed.

- Accommodate reasonable requests for communications of your health information in a particular manner or to a location other than your permanent address.
- Obtain your written authorization to disclose your health information for reasons other than those listed above and permitted under law.
- Provide you with notice of a breach of your health information, as required by law if it is determined that a breach has occurred.

WakeMed will investigate any discovered unauthorized use or disclosure of your health information to determine if it constitutes a breach of the federal privacy and security regulations governing certain types of health information. If we determine that such a breach has occurred, we will notify you of the breach and advise you what we have done or intend to do to mitigate the damage (if any) caused by the breach and what you should do to protect yourself from potential harm resulting from the breach.

WakeMed reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting them in our facilities and posting them on our Web site at [www.wakemed.org](http://www.wakemed.org), and upon your request we will provide you with a copy of the most recent version of our Notice of Privacy Practices.

## Contact Information

You may file a complaint with the WakeMed System or with the United States Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

If you have any complaints or questions about information in this document, you may contact:

Privacy Officer, WakeMed  
3000 New Bern Avenue  
Raleigh, NC 27610

or call the Patient Safety Services Department at 919-350-7580.

WakeMed Health & Hospitals • [www.wakemed.org](http://www.wakemed.org)

Raleigh Campus • Cary Hospital • North Healthplex • Apex Healthplex • Brier Creek Medical Park • Clayton Medical Park  
Holly Springs Medical Park • Wake Forest Road Outpatient Rehab Center  
Fuquay-Varina Outpatient & Skilled Nursing Facility • Zebulon/Wendell Outpatient & Skilled Nursing Facility  
Home Health • WakeMed Physician Practices • Blue Ridge Surgery Center

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