

## Notice of Privacy Practices

This notice describes how medical information about you may be used and shared and how you can get access to that information.

Please review it carefully.

Last updated September 2021

A copy of this Notice is also available in Spanish.  
Una copia de este anuncio esta disponible tambien en Espanol.

### Other State and Federal Laws

Some state and federal laws require additional privacy protections for certain health information. For example, some states give unemancipated minors the legal right to consent to certain types of care and protects the privacy of those encounters, with specific exceptions. Other examples include:

**Substance Use Treatment Locations** If you receive treatment for drug or alcohol use at one of our designated substance use locations, federal laws prevent us from releasing that information, except in limited situations. If you are a patient at one of these designated locations at UNC Health Blue Ridge, you will receive more detailed notices and information.

**Behavioral Health Facilities** If you receive treatment at one of our licensed behavioral health facilities, some state laws may allow you to restrict your information from being shared with providers outside of those facilities (certain exceptions apply). Ask your behavioral health facility for more information.

### Authorization for Other Uses of Health Information



Before we use or share your health information in a manner not covered by this Notice or required or permitted by applicable laws, we will ask for your written permission. For example, we will ask for your written permission to use or share psychotherapy notes, to use your health information for marketing purposes, or to share your information in a way that constitutes sale of health information. Note that we can remove or aggregate identifiers so the information becomes anonymous and then use or share it without written permission.

### Your Rights Regarding Your Health Information



You have certain rights regarding the health information we maintain about you, which are outlined below. Our Health Information Management Department (HIM) oversees many of these rights. The request forms and instructions are available on their our website at [unhealthblueridge.org](http://unhealthblueridge.org) for patients-visitors/medical-records. Your MyAtriumHealth account also has links to some of these request forms. If you have any questions, please call HIM at 828-580-6887 and they will be happy to help you.

### Right to a Copy of Your Health Records

You can ask for a copy of part or all of your medical record, though certain exceptions may apply. For example, if your doctor decides something in your record might endanger you or someone else, your request may be denied in whole or in part. To request a copy of your record, go to the HIM website and submit the Patient Request for Access form. In most cases, you will receive the information within 30 days of when we receive your request, unless we let you know we need another 30 days, such as if the records are in storage.

### Right to Revoke or Cancel an Authorization

You can sign an Authorization to give us permission to share your information with others, such as with your employer or a life insurance company. You can revoke (cancel) that permission at any time by going to the HIM website and submitting the Revocation of Authorization for Release of Information form. Once we have processed your revocation, we will no longer use or share your health information under the revoked Authorization. We cannot, however, take back information we have already shared.

### Right to Request Changes to Your Health Information

You can ask to change or add information to your health record that you think is wrong or incomplete. For example, you may remember telling the doctor that you fell riding your bike, but the record says you tripped over your dog. To request an amendment, go to the HIM website and submit the Health Information Amendment form. Your provider has the right to decide whether to accept or deny your request in whole or in part. We will let you know the decision within 60 days, though we may let you know if we need another 30 days and why. Regardless of the decision, your amendment request will be noted in your record, as well as your disagreement letter if you choose to send one.

### Request an Accounting of Disclosures

You have the right to ask for a list of those we've shared your information over the last 6 years, known as an "accounting of disclosures." Note the list will not include disclosures made to those involved in treatment, payment, or for health care operations, or certain other disclosures, such as those authorized by you. To request an accounting of disclosures, go to the HIM website and submit the Request for Accounting form. You must include the time frame for the request. You can get one accounting of disclosures at no charge every 12 months; after that, there may be a fee. In most cases, we will send the accounting of disclosures within 60 days. If we need an extra 30 days, we will let you know.

### Request Restrictions on Sharing Your Information

You have the right to ask that we limit how we use or share your information for treatment, payment or health care operations. You can also ask us to limit sharing information with others involved in your care, such as a family member or friend. To request a restriction communication, go to the HIM website and submit the Request for Restrictions on Use and Disclosure of Information form. Note that we are not required to agree to your request, except as stated below. If we do agree to the restriction, it goes into effect when we notify you and even then, it may not be followed in some situations, such as emergencies or when required by law. If you restrict us from sharing information with your health plan by paying for the visit in advance, we will not share your information (note this does not affect our ability to share your information for treatment). You must complete certain forms for a self-pay billing restriction at each location of care, which are available at registration.

### Request That We Change How We Contact You

You can make reasonable requests to be contacted at different places or in different ways. For example, you may ask that we call you on your cell phone instead of your home number or that we send results to your office instead of your home. To request confidential communications, go to the HIM website and submit the Request for Confidential or Alternative Means of Communication form. You are not required to tell us the reason for your request. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted.

### Right to A Paper Copy of This Notice

You have the right to a paper copy of this Notice upon request. You may also obtain a copy of this Notice at any time from our website, [unhealthblueridge.org](http://unhealthblueridge.org), or from the location where you obtained treatment.

### Right to Be Notified of a Breach

You have the right to be notified if your health information is acquired, used, or shared in a manner not permitted under law which results in more than a low risk of compromise to the security or privacy of your health information.

### Changes to this Notice of Privacy Practices



We reserve the right to change and update this Notice. The revised Notice will be effective for health information we already have about you, as well as for any health information we create or receive in the future. The effective date is listed on the first page of the Notice and we will post the current copy at each registration location and on our website, [unhealthblueridge.org](http://unhealthblueridge.org).

### Complaints and Contacts



If you believe we impermissibly shared or used your information or that your rights were denied under HIPAA, you can file a complaint with UNC Health Blue Ridge by calling our Customer Care Line at (828) 580-5599 or our main number at (828) 580-5000 and ask to speak with the Privacy Department. You can file a complaint with the Secretary of the Department of Health and Human Services by going to [hhs.gov/hipaa](http://hhs.gov/hipaa). You will not be punished for filing a complaint.

UNC Health Blue Ridge complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

For more information, please see: [unhealthblueridge.org/privacy](http://unhealthblueridge.org/privacy).

## Protecting Your Privacy



UNC Health Blue Ridge is committed to improving health, elevating hope, and advancing healing for all. To do so, we need to use and share your information among ourselves, with our vendors, and with providers and agencies involved with your care. We understand that health information is personal, and we are committed to protecting your privacy. This Notice outlines how we protect your information and your rights under the Health Insurance Portability and Accountability Act (“HIPAA”). We are required by law to:

- Maintain the privacy of your health information as outlined in this Notice
- Provide you with notice of our legal duties and privacy practices related to your health information
- Follow the terms of the Notice currently in effect

## Who Follows This Notice



Our Notice of Privacy Practices applies to entities that are owned or controlled by UNC Health Blue Ridge, including our facilities, practices, departments, and other sites of service; personnel who are employed by, contracted by, train with, or volunteer with UNC Health Blue Ridge; members of our various medical staffs and their approved personnel while they care for you at one of our locations; and others authorized to use or access protected health information.

## How Your Information Is Used and Shared

**For Treatment** We may use and share your health information to provide, coordinate, or manage your health care and related services, both with our own providers and with others involved in your care. Different personnel may also share your health information to coordinate the different things you need, such as prescriptions, lab work and X-rays. For example, a doctor treating you for a broken leg may need to know if you have diabetes so she can treat you properly and work with our dietitian so you can have low sugar meals. Our case manager will need to know about your diabetes so he can connect with other agencies to get you access to the proper resources after discharge. We may also share your information with a health registry so we can access information that may help us identify a different way to treat you. We may share and receive your health information from other providers, including within our system, to treat you.

**Treatment Alternatives** We may use and share your health information to tell you about possible treatment options or alternatives that may be of interest. For example, if you have heart issues, we may tell you about exercise resources or apps that could support your heart health. Note you are responsible for reviewing any additional terms of use may apply to apps or other tools that you use.



## Communicating With You

We may use and share health information to contact you about treatment, care, or payment. For example, we may use your cell phone and email information to send you appointment reminders or to remind you that it is time for an annual checkup. We may also reach out to you for feedback about a recent visit or to see if you are feeling better. We may also use and share health information to tell you about health-related benefits or services that may be of interest to you (such as a skin cancer screening event) or to tell you about a new practice opening near you. These messages may be sent using automated dialing and/or pre-recorded messages. Unless you tell us otherwise, you agree we can send you reminders via phone calls, emails, text messages, or other means based on the information you have on file with us. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks. [For more information, see \[unhealthblueridge.org/privacy\]\(https://www.unchealthblueridge.org/privacy\).](#)

## For Payment



We may use and share your health information with others to bill and collect payment for the services we provide to you, such as with billing departments, insurance companies, health plans and their agents, and consumer reporting agencies. For example, if you broke your leg, we may need to share information about your condition, the supplies used, and the services you received (such as X-rays or surgery) with your health plan so they can pay your bill. We may also contact payors before you receive scheduled services, such as for pre-approval from your health plan or to confirm you qualify for coverage.

## For Health Care Operations



We may use and share your health information to carry out business activities that help us operate our health system, improve the quality and cost of patient care, and conduct other health care operations. For example, we may look at patient information to evaluate the performance of our staff, plan new services, identify new locations for services, or send you a survey about your experience. We may also use patient information to train personnel and students, respond to governmental agencies, support our licensing, analyze data, and for legal and other purposes. We can also share your information with other providers who have a relationship with you for their own health care operations. For example, if you come to us in an ambulance, EMS may want to know the resolution to your care to determine if their medics delivered appropriate treatment to you in the ambulance.

## Business Associates



Sometimes, we hire other people and companies known as business associates to help us perform services and manage operations. We may need to share your health information with these business associates so that they can perform their job for us. For example, we may hire healthcare monitoring companies, collection agencies, or medical directors. We require them to protect your health information and keep it confidential.



## OHCAs and ACOs

UNC Health Blue Ridge participates in organized health care arrangements (OHCAs), such as with medical staff and care coordinators while at our locations, as well as in affordable care organizations (ACOs). These enable us to share information among participating entities and providers in a clinically integrated setting; for treatment, payment, and health care operations purposes; and, for joint activities. [Please see \[unhealthblueridge.org/privacy\]\(https://www.unchealthblueridge.org/privacy\) for more information.](#)

## Right to Opt Out of Certain Uses and Disclosures Fundraising Activities



We may use your health information to contact you about donating to UNC Health Blue Ridge. We may also share your health information with a related foundation that may then contact you to raise money for a treatment or service related cause for our hospital. You can opt out of fundraising communications by emailing [traci.riebel@blueridgehealth.org](mailto:traci.riebel@blueridgehealth.org), calling 828-580-5356, or writing to: Blue Ridge HealthCare Foundation, 2201 South Sterling St., Morganton, NC 28655.

## Facility Directory



We may include your name, your location in the hospital, and your general condition (e.g., good, fair, serious, etc.) in our hospital directory while you are a patient. We will share this directory information with people who ask for you by name. We can also share your religious affiliation with clergy affiliated with your faith, regardless of whether they ask for you by name. To opt out of being included in the facility directory, please notify the staff member registering you or providing your care.

## Individuals Involved in Your Care or Payment



We may share your health information with a family member, personal representative, friend or other person you identify or who is involved in your care or payment. For example, if you bring a sibling to your appointment or have a friend pick you up from a procedure and you do not object to them hearing your medical information, then we can share relevant information with them. We could also tell your family how to care for you at home or share billing information if they are helping with your bills or covering your services. We may also share information to notify people involved in your care about your location, general condition or death. If you are unable to make decisions for yourself or it is an emergency, we will use our professional judgment to decide if it is in your best interest to share your health information with those involved in your care.

## Health Information Exchanges



Health information exchanges (HIEs) are networks of electronic health information contributed by various providers. By seeing records of past care received at other locations in an HIE, providers can to make more informed decisions about care plans and avoid duplicative or unnecessary treatment.

We participate in several HIEs, including Atrium Health CareConnect ([www.atriumhealthcareconnect.org](http://www.atriumhealthcareconnect.org)) and NC Health Connex ([hiea.nc.gov/patients](http://hiea.nc.gov/patients)). You do not have to participate in an HIE to receive care from us, though note that opting out of an HIE does not stop us from using or sharing your information as described in this Notice. Visit the HIE sites listed above to learn more about how they share your information. The forms to opt out of participating in the HIEs are posted on each of their sites, as are the “rescind” forms if you later decide you want to re-engage in the HIE. We may post additional information about other HIEs in which we participate on our website at [unhealthblueridge.org/privacy](https://www.unchealthblueridge.org/privacy).

## Special Situations

In certain situations, we may use or share your health information without your permission or without giving you a chance to object, including:

**When Required by Law**, such as to report gunshot wounds, communicable diseases, child abuse, or to make certain reports to state or federal agencies

**For Organ, Eye or Tissue Donation Purposes**, such as to an organ procurement organization

**For Public Health Activities**, such as to prevent or control disease, injury, or disability; report reactions or problems with medical products; report births or deaths; work with the CDC.

**For Health Oversight Activities**, such as to the state health regulators or the Center for Medicare/Medicaid Services

**For a Legal Proceeding**, such as in response a court order, a warrant, or a legal proceeding

**To Law Enforcement and Correctional Institutions**, such as in the event of certain crimes, missing persons, or other situations involving law enforcement or prisoners

**To Avoid a Serious Threat to Health or Safety**, such as if there is an imminent danger to someone or the public

**To Coroners, Medical Examiners and Funeral Directors**, such as for autopsies and handling of bodies

**For Disaster Relief Purposes**, such as to the American Red Cross

**For Medical Research**, such as for studies that have been approved by special institutional review boards; we will follow the relevant research regulations to protect your information

**For Specialized Government Functions**, such as for military, national security, or medical suitability determinations

**For Workers’ Compensation**, such as to an employer under state law