



**MAHEC**  
**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.

## **OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION.**

We understand that medical information about you and your health is personal and are committed to keeping it private in accordance with this notice. As a patient of ours, we create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This "Notice of Privacy Practices" applies to all protected health information and records of your care generated by our offices, whether made by your personal doctor or other staff. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

### **Under the law, we are required to:**

1. Make sure that medical information that identifies you is kept private;
2. Give you this Notice that describes our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the Notice that is currently in effect and assist you in understanding it.

## **WHO SEES AND SHARES MY MEDICAL INFORMATION?**

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 the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, residents, medical students, or other staff who are involved in your care. For example, if during the course of your treatment, your physician determines that he/she needs to consult with another specialist, he/she will share your medical information with the specialist and obtain his/her advice. Different departments or offices of MAHEC may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside of MAHEC who may be involved in your medical care after you leave our office, such as family members, clergy or others we use to provide services that are part of your care.

**Health Information Exchanges.** We may provide your health care information to a secure health information exchange (HIE) in which we participate. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. We currently participate in a regional HIE called Mission Health Connect and a state-wide HIE called the NC Health Information Exchange Authority (NC HIEA). A

health information exchange (HIE) allows your providers to electronically share important health care information with other physicians, hospitals and other providers/organizations who participate in the HIE. The HIE allows clinical information to quickly move between different electronic medical record systems while maintaining the privacy, security and accuracy of the information. Working as a team, providers that participate will have access to a more complete health record for their patients to support treatment and continuity of care. For example, you may be traveling and have an accident in another area of the state. If the doctor treating you is a member of the HIE in which we participate, s/he can access the information about you that we and other providers have contributed. Accessing this additional information can help your doctor provide you with quick, well-informed treatment because s/he will have learned about your medical history or allergies or prescriptions from the HIE. You do not have to fully participate in any HIE to receive care at MAHEC. For more information about your choices of participation in the NC HIE or Mission Connect HIE, contact a MAHEC representative at (828) 257-2980. For questions about NC HIEA you may also call (919) 754-6912 or send an email to [hiea@nc.gov](mailto:hiea@nc.gov)

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at MAHEC are properly billed and paid for. For example, we send requests for payment to your health insurance company. The health insurance company (or business associate helping us obtain payment) requests information from us regarding medical care given.

**For Healthcare Operations.** We may use and disclose medical information about you for our office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we obtain insurance, legal, quality assessment, training, credentialing, medical review and other services from outside companies or business associates. When necessary, we will share information about you with these companies or business associates to obtain these services. These business associates will also be required to protect your medical information. We may also disclose protected medical information to residents and students in our training programs who at times observe patient care. And, we may call you by name while you are in our office waiting room.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose medical information to contact you and to remind you that you have an appointment with us.

**Fundraising:** We may use limited, demographic information (name, address, telephone number, dates of service, age, gender and insurance status) to contact you for the purpose of raising money for Mountain Area Health Education Center, Inc. (MAHEC) or any foundation it forms. The money raised will be used to expand and improve the services and programs we provide to the community and region. Any fundraising letter you receive from us will provide you with instructions on how to opt out of any future fundraising letters.

**Marketing:** We may use your medical information to inform you about our health care services, treatment alternatives or other health-related benefits and services that may be of interest to you.

**Research.** Under certain circumstances, we may use and disclose medical information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose medical information for research, the project will go through a special approval process. However, even without special approval, we may permit researchers to look at records to help them identify patients, who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any medical information.

**Individuals Involved in Your Care or Payment for Your Care.** Using our best judgment, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give

information to someone who helps pay for your care. 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.

**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, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, 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.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability;
2. To report births and deaths;
3. To report child abuse or neglect;
4. To report reactions to medications or problems with products;
5. To notify people of recalls of products they may be using;
6. 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;
7. 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.

**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, accreditation organizations, and licensure. These activities are necessary for the government and other organizations to monitor the health care system, government programs, and compliance with civil rights law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a 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.

**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 of MAHEC 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.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct at MAHEC; and
6. 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.

**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.

**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.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by our written authorization. However, it is important to remember 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.

## **DO I HAVE A CHOICE ABOUT WHAT INFORMATION CAN BE RELEASED?**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. However:

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer or his/her designee. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

## **WHAT IF MY MEDICAL INFORMATION NEEDS TO GO SOMEWHERE ELSE?**

Other uses and disclosures of your protected medical information will only be made with your written authorization, unless otherwise permitted or required by law as described above. Some examples include:

1. You want your medical information sent to another person.
2. Another person requests a copy of your medical information.

The authorization form tells us what, where and to whom the information must be sent. Your authorization is good for six (6) months or until the date you put on the form. You can cancel or limit the amount of information sent at any time by letting us know in writing.

**NOTE:** If you are less than 18 years-old, your parents or guardians will receive your private medical information, **unless by law you are able to consent for your own health care treatment.** If you are able to consent for your own health care, then your private medical information will not be shared with parents or guardians unless you sign an authorization form. You may also ask to have your medical information sent to a different person that is helping you with your health care.

### **MAY I SEE MY MEDICAL INFORMATION?**

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer or his/her designee. 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.

### **WHAT IF I DO NOT AGREE WITH THE INFORMATION IN MY MEDICAL RECORD?**

If you believe 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 MAHEC. To request an amendment, your request must be made in writing and submitted to the Privacy Officer or his/her designee. In addition, you must provide a reason that supports your request. We may deny your request for an amendment 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for MAHEC;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

### **HOW CAN I FIND OUT IF MY MEDICAL INFORMATION HAS BEEN RELEASED WITHOUT MY AUTHORIZATION?**

To find out if your medical information has been released without your needed authorization, you may request an "accounting of disclosures." This is a list of the disclosures we make of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer or his/her designee. Your request must state a time period, which may not be longer than six (6) 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.

## **FUTURE CHANGES TO MAHEC'S PRIVACY PRACTICES AND THIS NOTICE.**

We reserve the right to change MAHEC's privacy practices and 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 in our clinical sites and on MAHEC's Web site, <http://www.mahec.net>. In addition, at any time you may request a copy of the Notice currently in effect.

## **OUR RIGHT TO CHECK YOUR IDENTITY/TAKE YOUR PICTURE.**

For your protection, we may check your identity whenever you have questions about your treatment or billing activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your medical information. We may also take your picture and/or request a picture ID when you arrive for your appointment.

## **QUESTIONS OR COMPLAINTS?**

If you believe your privacy rights have been violated, you may file a complaint with MAHEC or with the Secretary of the Department of Health and Human Services. To file a complaint with MAHEC, please contact our Privacy Officer at 828-257-4408 or send a written complaint to MAHEC, Attention Privacy Officer, 121 Hendersonville Road, Asheville, NC 28803. ***You will not be penalized for filing a complaint.***

**Thank you for being a MAHEC patient! We look forward to providing your healthcare services.**

## **Facilities include but are not limited to:**

- MAHEC Dental Health Center
- MAHEC Family Health Center at Biltmore
- MAHEC Family Health Center at Cane Creek
- MAHEC Family Health Center at Newbridge
- MAHEC Family Health Center at Lake Lure
- MAHEC Family Health Center at Enka/Candler
- MAHEC Family Health Center at Swannanoa
- MAHEC OB/GYN Specialists

This Notice is effective **March 22, 2016** and replaces earlier versions.