

Western Carolina University

Notice of Privacy Practices

(Your Rights to Your Health Information)

Effective April 14, 2003

Revised August 1, 2014

Western Carolina University is committed to protecting the privacy of your health information.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

Please Review Carefully

WHO WILL FOLLOW THIS NOTICE

We provide services to our patients throughout several departments and areas of Western Carolina University. This Notice applies to the collective entity known as “Western Carolina University, or WCU.

This Notice applies to the healthcare professionals and others who may be involved directly or indirectly in your care such as employees, physicians, allied health professionals such as physician assistants and nurse practitioners, residents, students, volunteers, business associates and others affiliated with WCU. Your medical information may be shared as necessary for treatment, payment and health care operations relating to the clinical care that you are being provided.

OUR PLEDGE TO YOU

We are committed to maintaining the confidentiality of your medical and health information. We create a record of the care and services provided to you; and use this record to provide the highest quality of care to you while complying with state and federal requirements. The information created about you is called “protected health information” or “PHI”. This notice applies to all of the records that we maintain. This notice will explain how we may use and disclose your PHI; and describes your rights regarding such information. We are required by law to make sure that medical information that identifies you is safeguarded; to give you our Notice of Privacy Practices; and to follow the terms of the current notice.

HOW YOUR INFORMATION MAY BE USED AND DISCLOSED

The following list contains examples of when your medical/mental health record may be released without obtaining your prior authorization.

Treatment: We may use your medical information to provide treatment and services. We may disclose your medical information to doctors, nurses, technicians, medical students and other personnel involved in your care.

Payment:

Other Purposes: We may use or disclose your medical information for other reasons; some of which may or may not require your authorization. When required, an authorization to release your information will be obtained. You may revoke an authorization in writing, unless we have taken action in reliance upon your prior authorization.

Examples of other uses and disclosures include but are not limited to:

- Proof of immunizations to a school when required for attendance; with your permission
- When required by federal or state law
- To avert a serious threat to health or safety of the public or another person
- To authorized federal officials for intelligence and national security activities
- To authorized federal officials to protect the President or other persons or foreign heads of state or to conduct special investigations
- As required by military authorities if you are a member of the armed forces
- In response to a court or administrative order, subpoena or other lawful process
- To law enforcement in response to a court order, subpoena or similar process for the purposes of identifying or locating a suspect, fugitive, material witness or missing person; about a victim of a crime; about a death believed to be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime including location of the crime or victims; the identity, location or description of the person who may have committed the crime
- To report child or elder abuse or neglect or domestic violence
- If you are an inmate, your information may be released to a correctional institution for your health care; to protect your health, the health and safety of others; or the safety of the correctional institution
- To an organ donation bank or to facilitate organ or tissue donation
- To workers' compensation or similar programs for work-related injuries or illness
- For public health activities such as to prevent or control disease, injury or disability; to report births and deaths; to notify a person who may have been exposed or who may be at risk of spreading a disease
- To health oversight agencies for activities such as audits, investigations, inspections and licensure. For activities necessary for the government to monitor the health care system, government programs and compliance with civil rights laws
- To a coroner/medical examiner to identify a deceased person or determine cause of death
- To funeral directors to carry out their duties
- For authorized research purposes. Research projects are subject to special approval processes. Before we use or disclose your information, the project will have been evaluated through this process.

Special Cases: We must also comply with North Carolina laws and/or other federal laws about certain types of information. Examples of these include but are not limited to:

- **Communi**

maintained in our designated record set. There may be exceptions to this such as access to psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings or information that may be governed by other regulations. To view

April 14, 2003. The first list within a 12-month period is free; charges may occur for additional requests by the same individual within a 12-month period. We will notify you of the cost and you may choose to withdraw or revise your request before any costs are incurred. Your right to a request may be temporarily suspended at the request of a health oversight or law enforcement agency if we are notified that the disclosure will impede the activities of the agency.

Right to Request Restrictions/Confidential Communications: You have the right to

and ask for Pam Buchanan. You can also email pmbuchanan@email.wcu.edu. Federal law protects you and there will be no retaliation for filing a complaint. WCU and its employees may not intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against any individual for exercising his/her rights under this Notice of Privacy, or for participating in any process established by this Notice, including filing a complaint or participating in an investigation, compliance review⁹ proceeding or hearing under any section of the Privacy Rules.

You may also file a complaint with the Department of Health and Human Services (DHHS), Office for Civil Rights (OCR). For up to date information, please refer to the Office for Civil Rights website at www.hhs.gov/ocr/privacy. OCR has ten regional offices and each office covers specific states. The address for the regional office for North Carolina is:

Office for Civil Rights
US Dept of Health and Human Services
Atlanta Federal Center, Suite 16T70
61 Forsyth ST S.W.
Atlanta, GA 30303-8909
Phone: 800-368-1019
Fax: 404-562-7881
TDD: 800-537-7697