



## **NOTICE OF PRIVACY PRACTICES OF United Health Centers**

**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.**

**Effective: 05/01/2019**

**If you have any questions or requests, please contact:**

**ATTN: NURSE MANAGER  
United Health Centers  
2101 Peters Creek Parkway, Ste.16-19,  
Winston- Salem, NC 27127  
336-293-8728 ext 508**

## **Table of Contents**

**(Please refer to full document for details)**

- A. We have a legal duty to protect health information about you.
- B. We may use and disclose Protected Health Information (PHI) about you without your authorization in the following circumstances.
  - 1. We may use and disclose PHI about you to provide health care treatment to you.
  - 2. We may use and disclose PHI about you to obtain payment for services.
  - 3. We may use and disclose PHI about you for health care operations.
  - 4. North Carolina Health Information Exchange
  - 5. We may use and disclose PHI under other circumstances without your authorization or a chance to agree or object.
  - 6. You can object to certain uses and disclosures.
  - 7. We may contact you to provide appointment reminders.
  - 8. We may contact you with information about treatment, services, products or health care providers.
  - 9. We may contact you for fundraising activities.
- C. You have several rights regarding PHI about you.
  - 1. You have the right to request restrictions on uses and disclosures of PHI about you.
  - 2. You have the right to request different ways to be in touch with you.
  - 3. You have the right to see and copy PHI about you.
  - 4. You have the right to request a change to PHI about you.
  - 5. You have the right to a listing of disclosures we have made.
  - 6. You have a right to a copy of this Notice.
- D. You may file a complaint about our privacy practices.
- E. Effective date of this Notice.
- E. Appendix A: North Carolina State Law and other Issues

## **A. We Have a Legal Duty to Protect Health Information About You**

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about: your past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. If we participate in an “organized health care arrangement” (defined in subsection B.3 below), the providers participating in the “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

## **B. We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances**

### **1. We may use and disclose PHI about you to provide health care treatment to you.**

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

**EXAMPLE:** Your doctor may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share PHI about you with a pharmacy when calling in a prescription.

### **2. We may use and disclose PHI about you to obtain payment for services.**

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may

share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of medical information about you with the following:

- Billing departments;
- Collection departments or agencies, or attorneys assisting us with collections;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus).

**EXAMPLE:** Let's say you have the flu. We may need to give your health plan(s) information about your condition, supplies used, and services you received (such as labs). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed. .

### **3. We may use and disclose PHI about you for health care operations.**

We may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. We may also disclose PHI for the "health care operations" of any "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the care provided by a hospital and the physicians who see patients at the hospital. In addition, we may disclose PHI about you for the "health care operations" of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers. Examples of the way we may use or disclose PHI about you for "health care operations" include the following:

- *Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.* For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- *Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people.* We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- *Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.*
- *Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.*
- *Cooperating with outside organizations that assess the quality of the care we and others provide.* These organizations might include government agencies or accrediting bodies such as the National Council for Quality Assurance.
- *Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.* For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing.

- *Assisting various people who review our activities.* For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- *Planning for our organization's future operations, and fundraising for the benefit of our organization.*
- *Conducting business management and general administrative activities related to our organization and the services it provides.*
- *Resolving grievances within our organization.*
- *Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.*
- *Complying with this Notice and with applicable laws.*

#### **4. North Carolina Health Information Exchange**

We participate in NC Health Information Exchange (NC HIE), the statewide health information exchange (HIE) designated by the State of North Carolina. The HIE is a secure network for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a NC HIE participating health care facility not affiliated with United Health Centers, Inc., health care providers there will be able to see important health information held in our electronic medical record systems.

Your NC HIE record includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included is your full name, birth date, sex, and last four digits of your social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations such as mandated disease reporting to the North Carolina Division of Public Health.

You do not have to participate in the HIE to receive care. For more information about NC HIE and your choices regarding participation, visit [www.nchie.org](http://www.nchie.org) or call 855-926-1042.

#### **5. We may use and disclose PHI under other circumstances without your authorization or a chance to agree or object.**

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- *When the use and/or disclosure is required by law.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the use and/or disclosure is necessary for public health activities.* For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*

- *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- *When the disclosure is for law enforcement purposes.* For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- *When the use and/or disclosure relates to decedents.* For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- *When the use and/or disclosure relates to organ, eye or tissue donation purposes.*
- *When the use and/or disclosure relates to medical research.* Under certain circumstances, we may disclose PHI about you for medical research.
- *When the use and/or disclosure is to avert a serious threat to health or safety.* For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.* For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

## **6. You can object to certain uses and disclosures.**

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share your name and your general condition (critical, serious, etc.) in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.
- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

## **7. We will ask for your written authorization for the activities below.**

We will ask for your written authorization before we use or disclose PHI for the following purposes:

- Psychotherapy notes made by the individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, and certain other limited exceptions, including government oversight and safety.
- Certain types of marketing activities, and if we are being paid by a third party to make the marketing statements, we will tell you in the authorization request.
- Except for certain purposes or with your authorization, we may not sell your information.

## **8. We may contact you with information about treatment, services, products or health care providers.**

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

**EXAMPLE:** If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

## **9. We may contact you for fundraising activities.**

We may use PHI about you, including disclosure to a foundation or business associate, to contact you to raise money for our facility and its operations. We would only release contact information, the dates you received treatment or services at our facility, department of service, treating physician, outcome information and health insurance status. You have the right to opt out of receiving these communications. If you do not want to be contacted in this way, you should contact the person listed on the cover page of this Notice.

### **\*\* ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION \*\***

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting the practice where you receive services. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

## **C. You Have Several Rights Regarding PHI About You**

### **1. You have the right to request restrictions on uses and disclosures of PHI about you.**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions, except with respect to PHI about services for which you paid out of pocket, and not through your health plan. However, even if we agree to your request, in certain situations your

restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.4 of the previous section of this Notice. You may request a restriction by contacting the practice where you receive services.

## **2. You have the right to request different ways to be in touch with you.**

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must agree to reasonable requests, but, when appropriate, we may ask that you provide us with information regarding how payment, if any, will be handled and you may give us a different way to get in touch with you. You may ask us to use a different way to be in touch with you by contacting the practice where you receive services.

## **3. You have the right to see and copy PHI about you.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. 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. You may request to see and receive a copy of PHI by contacting the practice where you receive services.

## **4. You have the right to request a change to PHI about you.**

You have the right to request that we make changes to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the change. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to change the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to change the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the changes. You may request a change to PHI about you by contacting the person listed on the cover page of this Notice.

## **5. You have the right to a listing of disclosures we have made.**

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures

- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting the person listed on the cover page of this Notice.

#### **6. You have a right to receive notice of a breach.**

We are required by law to notify affected individuals if we determine that there has been a breach of unsecured PHI.

#### **7. You have the right to a copy of this Notice.**

You have the right to request a paper copy of this Notice at any time by contacting the person listed on the cover page of this Notice. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

### **D. You May File A Complaint About Our Privacy Practices**

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below:

**ATTN: NURSE MANAGER  
United Health Centers  
2101 Peters Creek Parkway, Ste.16-19,  
Winston- Salem, NC 27127  
336-293-8728 ext 508**

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

### **E. Effective Date of this Notice**

This Notice of Privacy Practices is effective on: 05/1/2019

## APPENDIX A

### NORTH CAROLINA STATE LAW AND OTHER ISSUES

Special Provisions for Minors under North Carolina Law: Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. Regarding abortion services, however, North Carolina law requires the consent of both the minor and the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

Special Provisions for Mental Health, Developmental Disabilities and Substance Abuse Services: If you request treatment and rehabilitation for drug dependence from one of our practitioners, your request will be treated as confidential. We will not disclose your name to any police officer or other law-enforcement officer unless you consent to our sharing of it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential. North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement. We can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We also may disclose information to the following people: (i) a health care provider who is providing emergency medical services to you and (ii) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment. If we determine that there is an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat. We also will disclose information about you if the law requires us to do so, for example, when a court orders disclosure, when we suspect abuse or neglect of a child or disabled adult, and when one of our physicians believes that a client has a communicable disease or is infected with HIV and is not following safety measures. If we believe it is in your best interests, we may disclose information about you for a guardianship or involuntary commitment proceeding that involves you. When you are admitted to, or discharged from, a mental health, developmental disabilities, or substance abuse facility, we may disclose that fact to your next of kin if we believe the disclosure is in your best interest, but only if you do not object. If you have a next of kin who is substantially involved in your care, upon his or her request we are required to provide this kin with information relating to your admission or discharge from a facility, including the identity of the facility, any decision on your part to leave a facility against medical advice, and referrals and appointment information for treatment after discharge after we notify you that this information was requested. If you apply for or receive substance abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient of substance abuse services. There are some exceptions to this requirement. We can disclose this information within our program to members of our workforce as needed to coordinate your care and to agencies or individuals

that help us carry out our responsibilities in serving you. We may disclose information to medical personnel in a medical emergency. If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services, and we may disclose substance abuse treatment information when making the report. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, on the premises of our program or against our program personnel, we may report information about the crime or threat to law enforcement officers.

Special Provisions for Communicable Diseases: If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or disclose information in order to protect against the spread of the disease.