

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed by Carolina Neurosurgery & Spine Associates, and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information
- Raise funds

➤ **See pages 4-5** for more information on these choices and how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 5-8** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to CNSA's Medical Records Department.
- We may deny your request to inspect and/or obtain a copy of your health information in limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- If you feel that health 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 or for CNSA. To request an amendment, your request must be made in writing to CNSA's Privacy Officer, 225 Baldwin Ave, Charlotte, North Carolina, 28204. In addition, you must provide a reason that supports your request. We will respond within 60 days of receiving your written 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:
  - Was not created by CNSA, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the health information kept by or for CNSA.
  - Is not part of the information which you would be permitted to inspect and copy.
  - Is accurate and complete.

#### Request confidential communications

- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at home.
- To request confidential communications, you must make your request in writing to CNSA's Privacy Officer, 225 Baldwin Ave, Charlotte, North Carolina, 28204. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask (and may not include dates before April 14, 2003), who we shared it with, and why. The list will include the date of the disclosure, to whom health information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to

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make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- To request this list or accounting of disclosures, you must submit your request in writing to CNSA's Privacy Officer, 225 Baldwin Ave, Charlotte, North Carolina 28204.

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**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we can take any action.

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**Right to request restrictions**

- You have the right to request a restriction or limitation on the health 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 health 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.
- To request restrictions, you must make your request in writing. 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. 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. You may not limit uses and disclosures that we are legally required or allowed to make.
- However, we are required to agree to your request for a restriction of a disclosure of your health information to a health plan if the health information pertains solely to a health care item or service for which you, or someone on your behalf, has paid us in full.

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**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.
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## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services, to evaluate the performance of our staff in caring for you, to combine your information with many other patients to assess the need and effectiveness of treatments.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing or controlling disease, injury, or disability.
  - Assisting with and notifying people of product recalls.
  - Reporting births and deaths.
  - Reporting adverse reactions to medications.
  - Reporting suspected child abuse, neglect, or domestic violence.
  - Preventing or reducing serious threat to anyone’s health or safety.
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

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**Teaching**

- We may disclose information to doctors, nurses, technicians, medical students, and other CNSA personnel for review and learning purposes.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - About the victim of a crime, if under certain circumstances, we are unable to obtain the person’s agreement.
  - About a death we believe may be the result of criminal conduct. About criminal conduct at CNSA.
  - In emergency circumstances to report a crime; the location of a crime or victims; or the identify, description, or location of the person who committed the crime.
  - With health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.
  - For special government functions such as military, intelligence, national security, and presidential protective services.

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, discovery request, warrant, or in response to a subpoena.
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**Unemancipated minors**

- If you are under the age of 18 and are not married and have not been emancipated by a court of law, we will not reveal any information about any treatment you receive for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbance, except upon your request in the following circumstances:
    - Your doctor determines the information needs to be shared with your parents because there is a serious threat to your life or health.
    - If your parent or guardian contacts your doctor and specifically asks about your treatment for one of the four conditions above.
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**Appointment reminders**

- We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at CNSA.
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**Treatment alternatives**

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

- We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
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**Business associates**

- There are some services provided in our organization through contacts with business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we've asked them to do and bill you or your insurance company for the services rendered. To protect your health information, however, we require the business associate through a written agreement to appropriately safeguard your health information and to be obligated to the same restrictions that you impose upon us with respect to the use and disclosure of your health information.
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**Individuals involved in your care or payment for your care**

- We may release your health information to a family member, other relative, close personal friend, or any other person who is involved in your care or payment related to your care.
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**Research**

- Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.
  - Research projects are subject to a special approval process, which evaluates project proposals, anticipated use of medical information, and patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific needs, so long as the medical information they review does not leave the clinic.
  - In most circumstances we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the clinic.
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**Inmates**

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correction institution or law enforcement official. This release may be necessary, for example, for the institution to provide you with health care or to protect the health and safety of you or others.

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**Blood testing**

- While you are receiving care, a health care worker may accidentally be exposed to your blood or other body fluids. If this occurs, your blood will be tested for the presence of certain diseases (for example, HIV, Hepatitis B and C).
- These tests are necessary to help protect the health care worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required or permitted by law.

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**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.

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**Health information exchanges**

- CNSA may submit your health information to any health information exchanges ("HIE") in which we participate. An HIE is a health information exchange database where member providers can access your medical information for routine or emergency care. These currently include, but are not limited to, CareConnect Carolinas (a regional HIE) and NC HealthConnex (a statewide HIE). This means that other health care providers may have access to your health information through their participation with the HIE.
- If you do not want your medical information to be sent to one or both of these HIEs, you can opt out by visiting their websites, <https://www.carolinashealthcareconnect.org> and <https://hiea.nc.gov>. It may take several days for an HIE opt-out to go into effect.

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**Other uses of health information**

- Other uses and disclosures of health information not covered by this notice or the laws that apply to us, including uses or disclosures for most marketing purposes and any sale of your health information, except for sales of your health information related to your treatment or as otherwise permitted by law, will be made only with your written authorization.
  - If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. Understand that we are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provide to you.
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## Our Responsibilities

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- We are required by law to maintain the privacy and security of your health information.
- Give you this notice of our legal duties and privacy practices with respect to your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- This notice applies to:
  - Any health care professional authorized to enter information into your medical record, including doctors on the medical staff.
  - All departments and units of CNSA.
  - All employees, staff, volunteers, and other CNSA personnel.
  - In addition, these CNSA facilities may share health information with each other for treatment, payment, or healthcare operations purposes as described in this notice.

***A copy of this Notice is also available in Spanish.  
Hay disponible una copia de este Anuncio en Inglés.***

**Effective Date: January 1, 2019**

**CNSA Privacy Officer  
225 Baldwin Avenue  
Charlotte, North Carolina 28204  
(800) 344-6716**