

**CAREPARTNERS HEALTH SERVICES
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.

Effective Date: **February 17, 2010**

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact the CarePartners Health Services ("CarePartners") Privacy Officer at 828.277.4800 (TTY/TDD 828.274.6196).

This is a joint notice for CarePartners and Comprehensive Rehab Care Physicians (CRCP) in that CRCP provides medical services for CarePartners Rehabilitation Hospital through an organized health care arrangement (OHCA).

This Notice describes the types of uses and disclosures that we may make of your protected health information ("PHI"), and gives you some examples. With some exception, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. In addition, we may make other uses and disclosures which occur as a by-product of the permitted uses and disclosures described in this Notice.

We are required to follow the privacy practices that are described in this Notice, however, we reserve the right to change the terms of this Notice or our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in each of our designated areas. You can also request a copy of this Notice at any time and can view a copy of the Notice on our website at www.carepartners.org.

NOTE: References in this Notice to health care professionals include only those professionals that are employed by CarePartners.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of:

- CarePartners.
- Any health care professional authorized to enter information into your medical record maintained by CarePartners, including members of CarePartners medical staff and allied health staff.
- All agencies, departments and units of CarePartners that have access to your medical record.

This Notice applies to all employees, staff, students and trainees, volunteers, and other agents acting on behalf of CarePartners at the following delivery sites:

- CarePartners Adult Day Services
- CarePartners Home Health Services
- CarePartners Hospice & Palliative Care Services

- CarePartners Outpatient Rehabilitation Services
- CarePartners Private Duty Services
- CarePartners Rehabilitation Hospital

All these persons, entities, sites, and locations follow the terms of this Notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this Notice.

The independent health care professionals who provide care at CarePartners and who have agreed to follow the terms of this Notice are not employees or agents of CarePartners, and CarePartners is not responsible for how they fulfill their professional responsibilities.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from CarePartners. Each time you are provided care by CarePartners or another health care provider, a record of your visit is made. Typically, this record contains your symptoms, medical history, examinations, test results, diagnoses, treatments, and plans for future care or treatment. These items are all considered protected health information about you. This information is maintained in what is often referred to as your health or medical record and is the physical property of CarePartners.

We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care and billing for that care that are generated or maintained by CarePartners, whether made by CarePartners personnel or other health care providers. Other health care providers may have different policies or notices regarding confidentiality and the use and disclosure of your medical information that apply to medical information created in their offices or at locations other than CarePartners.

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

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices at CarePartners, and your legal rights, with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

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 these 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, medical students, volunteers, or other personnel who are involved in taking

care of you at CarePartners. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We also may need to disclose medical information about you to people outside CarePartners who may be involved in your medical care before, during, or after you are released from our care, such as friends, family members, or employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted. For example, we may use and disclose PHI about you in order to coordinate services you need, such as prescriptions, lab work, x-rays, or other health care services.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from CarePartners may be billed by CarePartners and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from CarePartners so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as a receiving facility, for their payment activities concerning you.

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 your medical information with the following:

- Billing and/or collections departments or agencies;
- Insurance companies, health plans and their agents which provide coverage to you;
- CarePartners 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).

- **For Health Care Operations.** We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run CarePartners and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services CarePartners should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel affiliated with CarePartners for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received, are receiving, or will receive care from that provider.

- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. You may elect not to receive any communications from us that encourage you to purchase or use any particular product or service by notifying CarePartners' Privacy Officer in writing. If we

receive direct or indirect payment in exchange for such communications to you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of CarePartners acting on our behalf and in accordance with a written agreement between the business associate and CarePartners.

- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for CarePartners and its operations. We may disclose medical information to a business partner or a foundation related to CarePartners so that the business partner or the foundation may contact you in raising money for CarePartners. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at CarePartners. If you do not want CarePartners to contact you for fundraising efforts, you must notify CarePartners' Privacy Officer in writing. If you have not already done so, we must ask you each time we contact you for fundraising efforts if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will not disclose your information for fundraising purposes unless in the future we receive your written authorization to do so.
- **Facility Directory.** Unless you tell us otherwise, we may include certain limited information about you in a facility directory while you are a patient at CarePartners. This information may include your name, location in our facility, and your general condition (e.g., fair, stable, etc.). The directory information may also be released to people who ask for you by name. If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must advise the Admissions/Intake staff that you do not wish to be listed in the facility directory.
- **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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with 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 medical needs, so long as the medical information they review does not leave CarePartners. We will almost always 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 CarePartners. We will not be permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization. Medical information about you that has had all identifying information removed may be used for research without your consent.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar

document provided to us. We may also give information to someone who helps pay for some or all of 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. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

- **As Required or Permitted By Law.** We will disclose medical information about you when required or permitted 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 it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.
- **Incidental Uses and Disclosures.** We are permitted to use and disclose information incidental to another use or disclosure of your protected health information permitted or required under law.
- **Limited Data Sets.** We may use or disclose a limited data set (i.e. in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.
- **Appointment Reminders.** CarePartners may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care. We will leave a message for you at any telephone number you give us stating the time of the appointment and the name of the person with whom you have the appointment unless we have your written request to handle appointment reminders differently.

SPECIAL SITUATIONS

- **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.
- **Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying

for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:
 - To prevent or control disease, injury, or disability;
 - To report deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - 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; and
 - To report suspected abuse or neglect as required by law.

- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process;
 - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
 - In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
 - To report a death or injury we believe may be the result of criminal conduct;
 - To report suspected criminal conduct committed at CarePartners facilities; or
 - Concerning your name, current location, and whether you appear to be impaired if you were involved in a motor vehicle accident.

- **Coroners and Medical Examiners.** We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of CarePartners to funeral directors to carry out their duties.

- **National Security and Intelligence Activities.** We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.

- **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.

- **Psychotherapy Notes.** Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside CarePartners except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within CarePartners, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against CarePartners, unless you have properly authorized such disclosure in writing.
- **Inmates.** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to CarePartners that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you. If you are in the custody of the North Carolina Department of Corrections (“DOC”), and the DOC requests your medical records, we are required to provide the DOC with access to your records.

MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following circumstances require additional protection of your information.

- If you are tested or receive treatment for HIV or AIDS, we will not release any information about your test results or treatment, except in the following circumstances: (1) if you cannot be identified from the information; (2) as disclosure is required or permitted under communicable disease law or laws specifically authorizing or requiring disclosure of HIV/AIDS information or records; (3) if a subpoena or court order requires disclosure; or (4) if you give us permission to release this information.
- For Minors or Developmentally Disabled Patients: A parent, guardian, or other person with authority to act in loco parentis has authority to have access to and decide the use and disclosure of protected health information concerning a minor or developmentally disabled patient, except when:
 - (1) A custody order or agreement provides otherwise;
 - (2) A court order provides otherwise;
 - (3) There is a reasonable basis to suspect abuse or neglect and providing such information or authority to the parent, guardian, or other person acting in loco parentis is reasonably believed to present a risk of injury or harm to the minor or developmentally disabled patient;
 - (4) The minor or developmentally disabled patient has the right to obtain health care on his or her own behalf as is permitted in the following cases:
 - (a) For outpatient diagnosis or treatment of emotional illness;
 - (b) For diagnosis or treatment of pregnancy (not abortion);
 - (c) For diagnosis or treatment of sexually transmitted diseases; in these circumstances, however, CarePartners may choose to disclose such information to the parent or guardian if the parent or guardian contacts CarePartners and requests such information.

(d) The parent or guardian has agreed that such information will be confidential between the minor or the developmentally disabled patient and CarePartners.

- Behavioral Health Care Services: Regardless of the other parts of this Notice, any information relating to alcohol and drug treatment or other behavioral health care treatment, including psychotherapy notes, will not be disclosed outside CarePartners except as authorized by you in writing, pursuant to a court order, or as required by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your medical record unless your attending physician determines that information in that record, if disclosed to you, would be detrimental to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by CarePartners will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

Your health information is contained in records that are the property of CarePartners. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to CarePartners' Health Information Management Services. 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 and may collect the fee before providing the copy to you. If you request, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records in CD format.

- **Right to Amend.** If you feel that medical information we have about you in your record 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 CarePartners. If CarePartners did not create the information, then you must provide evidence that the originator is not available to receive your request to amend the information.

To request an amendment, your request must be made in writing and submitted to CarePartners' Health Information Management Services. 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:

- Is not part of the medical information kept by or for CarePartners;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you during the prior six years.

To request this list or accounting of disclosures, you must submit your request in writing to CarePartners' Health Information Management Services. Your request must state a time period that may not be longer than six years prior to the request. 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. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you had given to us relating to disclosure of your protected health information.

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 with emergency treatment.

To request restrictions, you must make your request in writing to CarePartners' Privacy Officer. 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.

You may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of CarePartners. If you pay all such charges ***in full*** at the time of such request, we are required to agree to your request.

- **Right to 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 by mail, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and 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 or any revised Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, you may print the current Notice from our website, www.carepartners.org, or contact CarePartners' Health Information Management Services Department at 828.274.2400, extension 4220.

CHANGES TO THIS NOTICE

We reserve the right to change 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 at CarePartners' home office. The Notice will contain on the first page, in the top right-hand corner, the effective date. If the Notice changes, a copy will be available to you upon request. The revised Notice will also be available on CarePartners web site, www.carepartners.org.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CarePartners or with the Secretary of the United States Department of Health and Human Services.

If you have any questions about this Notice, or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the CarePartners Privacy Officer at 828.277.4800 (TTY/TDD 828.274.6196) or 68 Sweeten Creek Road, Asheville, NC 28803. Complaints do not have to be in writing, though it is recommended.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice may be made in accordance with your written permission or as required by law. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to CarePartners' Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. You understand 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.

Community CarePartners does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For questions, contact CarePartners Privacy Officer at 828.277.4800 (TTY/TDD 828.274.6196).