

WAKE FOREST BAPTIST HEALTH NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
Revised February 17, 2010
Revised September 23, 2013
Revised July 1, 2016
Revised August 23, 2018
Revised July 13, 2020

This Notice of Privacy Practices applies to the care and treatment you receive at Wake Forest Baptist Health (“WFBH”) facilities that are designated as an “affiliated covered entity” under the federal law known as HIPAA that protects the privacy and security of your medical information. Terms defined in the HIPAA Rules will have the same meaning in this Notice.

This Notice also applies to and will be followed by:

- the health care providers, such as physicians or their staffs, who provide services at a WFBH facility, whether or not they are employed by a WFBH facility unless such physicians or their staffs provide a copy of a separate Notice of Privacy Practices that they will follow; and
- other persons who are employed by or work at WFBH facilities.

All of these persons are referred to as “we” in this Notice.

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.

If you would like a list of the WFBH facilities covered by this Notice, or if you have any questions about this Notice or regarding the privacy of your medical information, please contact the WFBH Privacy Office at:

WFBH Privacy Office
Medical Center Boulevard
Winston-Salem, NC 27157
336-713-4472
877-793-8262
privacy@wakehealth.edu

The list of the WFBH facilities covered by this Notice also is available at <http://www.wakehealth.edu/Compliance/Notice-of-Privacy-Practices.htm>.

NONDISCRIMINATION NOTICE

WFBH complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak certain foreign languages, language assistance services, free of charge, are available to you. Call 1-336-713-2271 (TTY: 1-336-713-2279).

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. Llame al 1-336-713-2271 (TTY: 1-336-713-2279).

中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-336-713-2271 (TTY: 1-336-713-2279)。

tiếng việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-336-713-2271 (TTY: 1-336-713-2279).

한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-336-713-2271 (TTY: 1-336-713-2279) 번으로 전화해 주십시오.

Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-336-713-2271 (ATS : 1-336-713-2279).

العَرَبِيَّة

ملاحظة: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن العربية، اللغة تتحدث كنت إذا: ملحوظة
الكاتبة المبرقة: 1-336-713-2279.

Hmoob

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-336-713-2271 (TTY: 1-336-713-2279).

Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-336-713-2271 (телетайп: 1-336-713-2279).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-336-713-2271 (TTY: 1-336-713-2279).

ગુજરાતી

યુ ના: જો તમે જરાતી બોલતા હો, તો િન: લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-336-713-2271 (TTY: 1-336-713-2279).

ភាសាខ្មែរ

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-336-713-2271 (TTY: 1-336-713-2279)។

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-336-713-2271 (TTY: 1-336-713-2279).

हिन्दी

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-336-713-2271 (TTY: 1-336-713-2279) पर कॉल करें।

ລາວ

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ1-336-713-2271 (TTY: 1-336-713-2279).

日本語

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-336-713-2271 (TTY: 1-336-713-2279)まで、お電話にてご連絡ください。

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are committed to protecting the privacy of health information about you and that can identify you, which we call “protected health information”. Protected health information, or PHI, includes information about your past, present or future health, health care we provide you, and payment for your health care contained in the record of care and services provided by Wake Forest Baptist Health and the entities and medical staffs listed in this Notice (collectively, “Wake Forest Baptist Health” or “WFBH”). This Notice will apply only to records of your care at WFBH facilities. Our privacy practices concerning your PHI are as follows:

- We will safeguard the privacy of PHI about you that we have created or received.
- We will explain how, when and why we use and/or disclose your PHI.

- We will only use and/or disclose your PHI as described in this Notice unless we obtain your written authorization.

We must follow this Notice. We may change this Notice and make the changes apply to PHI we already have if we:

- post the new notice in our locations;
- make copies of the new notice available if someone asks for it (either at our locations or through the Privacy Officer listed in this Notice); and
- post the revised notice on our website.

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 your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, or other WFBH personnel who are involved in taking care of you.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of WFBH also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you, in electronic or other format, to people outside WFBH who may be involved in your medical care, such as employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted, or to other health care providers who may be involved in your treatment.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at WFBH may be billed to and payment may be collected from you, an insurance company or a third party (including collection agencies). For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to another health care provider, such as a receiving facility, for their payment activities.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for business activities that we call “health care operations.” These uses and disclosures are necessary to run the hospital and clinics 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 we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical

information from other health care entities 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 who you are. For example, your information may be used for purposes of quality assurance and quality improvement by either the hospital or its physicians.

We may also disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider. In addition, we may use and disclose your medical information to comply with this Notice and with applicable laws, or in connection with the sale of all or part of our business.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. 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. For example, we may use a copy service to make copies of your medical record. To protect your health information, we require the business associates to appropriately safeguard it. They are also required to do so by law.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

TREATMENT ALTERNATIVES: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

MARKETING OF HEALTH-RELATED BENEFITS AND SERVICES: We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you. However, if we will receive direct or indirect payment in exchange for making such communications to you, we will obtain your written authorization before sending you such communications, 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 is made to you face-to-face.

You may elect not to receive any communications from us that encourages you to purchase or use any particular product or service by notifying the Privacy Office in writing.

HEALTH INFORMATION EXCHANGES: WFBH participates in NC HealthConnex, North Carolina's statewide health information exchange ("HIE"). NC HealthConnex permits other health care providers treating you to electronically access information about treatment you received at WFBH, even if those providers are not part of WFBH, in order to coordinate your health care.

If you do not want your health information from WFBH or from other providers to be shared through NC HealthConnex, you may opt out of having NC HealthConnex share your information by submitting an opt out form directly to NC HealthConnex. Forms and information about NC HealthConnex are available at <https://hiea.nc.gov/patients> and <https://hiea.nc.gov/patients/your-choices>. If you would like to review these forms and information but do not have access to them online, please contact the WFBH Privacy Office at 336-713-4472 or privacy@wakehealth.edu. WFBH also may participate in other HIEs which enable us to access information about your treatment by other health care providers so that we can better treat you when you visit WFBH

facilities. If these other HIEs permit you to opt out of having your health information shared, we will notify you of that option when you present to a WFBH facility.

FUNDRAISING ACTIVITIES: We may use PHI about you to contact you with the opportunity to make a donation to WFBH for advancing patient care, health care education and research. We may use a foundation or business associate to assist with our fundraising efforts. We may use or disclose your contact information, your age and date of birth, your gender, the dates you received treatment or services, the department of service, the name of the treating physician, outcome information, and your health insurance status. You have the right to opt out of receiving these communications. If you do not want to be contacted for fundraising purposes, please contact us at: OptOutFundraising@wakehealth.edu or write to the Development Office, P.O. Box 571021, Winston-Salem, NC 27157-1021. To help us honor your request, please include your name, address and phone number. If you decide to opt out, that decision will not affect your ability to obtain health care at WFBH. Even if you opt out, you still may receive general fundraising materials from us that are not based on PHI about you.

HOSPITAL DIRECTORY: We may include certain limited information about you in the hospital directory while you are a patient at one of our hospitals. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not want your information listed in the hospital directory, please let the admissions staff or your nurse know and they will begin the process.

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 your care. We may also tell your family or friends your condition and that you are at one of our facilities. 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. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbance.

RESEARCH: WFBH's mission includes supporting discovery of new knowledge and treatments that benefit our patients. In order to develop better ways to treat our patients, we may use and disclose medical information about you for research purposes under certain circumstances. 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. Medical information about you that has had information that could be used to identify you removed may be used for research without your consent. However, all research projects that will use medical information that identifies you are subject to a special approval process. This process evaluates a proposed research project and the use of medical information for that project, trying to balance the research needs with patients' need to keep their medical information private. Before we use or disclose identifying medical information for research, the project will have been approved

through this research approval process. We also may 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), and to identify and contact you to see if you are interested in participating in a specific research study, but we will only do so if the medical information the researchers review does not leave the facility, and if the information they seek is necessary for the research purpose. We will ask for your specific permission if the research study involves treatment, except under limited circumstances. If you are asked for such permission, you have the right to refuse. Unless we notify you in advance and obtain your written authorization, we are not permitted to receive any money or other thing of value in connection with using or disclosing your medical information for research purposes, except for money to cover the costs of preparing and sending the medical information to the researcher.

You may contact our Institutional Review Board at 336-716-4542 with any questions about research.

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 would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION: 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 may 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 applicable state law, we may release 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 medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births, deaths, and certain injuries and illnesses;
- to report child abuse or neglect;
- 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;
- 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;
- to support public health surveillance and combat bioterrorism.

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, and licensure. These activities are necessary for the government 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 valid 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.

LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- in response to a court order or court-ordered subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death or injury we believe may be the result of criminal conduct;
- about suspected criminal conduct at WFBH or on WFBH property; and
- 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.

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 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.

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: We will ask for your written authorization before we use or disclose psychotherapy notes, as defined by HIPAA, 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.

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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. For more information about these rights, contact the Privacy Office listed in this Notice.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. 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. Another licensed health care professional chosen by WFBH, as applicable, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

RIGHT TO AMEND: If you feel 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 or for us. You must provide a written explanation that supports your request. We may deny your request 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 us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for WFBH;
- is not part of the information which you would be permitted to inspect and copy; or
- is 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 made of medical information about you, which we call an “accounting of disclosures.” This accounting does not include disclosures that are made to carry out treatment, payment, or health care operations, or information that has already been delivered to you or your health care representative, or information disclosed pursuant to an authorization.

Your request must state the time period you wish our accounting of disclosures to cover, which can be no more than six years before the date of your request. 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.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request that we limit our use and disclosure of PHI about you. We are not required to agree to your requested restrictions, except if you ask us not to disclose to your health plan PHI about services for which you paid out of pocket and in full (the amount we charge for the service, not your insurance copay or deductible). 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 that do not require your authorization. You may request a restriction by writing to the Privacy Office or emailing privacy@wakehealth.edu.

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. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

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.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this 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.

You may obtain a copy of this Notice at our website, www.wakehealth.edu. To obtain a paper copy of this Notice, call the Privacy Office at (336) 713-4472 or (877)793-8262 or e-mail privacy@wakehealth.edu.

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. The Notice will contain the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will make best efforts to make available a copy of the current Notice in effect.

If you believe your privacy rights have been violated, you may file a complaint with our privacy office, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the WFBH Privacy Office at (336) 713-HIPA (4472) or e-mail privacy@wakehealth.edu.

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 or the laws that apply to us (for example, treatment, payment, and health care operations) will be made only with your written authorization or as required by law. We will not sell your medical information unless we obtain your written authorization to do so. If you provide us with an authorization to use or disclose medical information about you, you may revoke that authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by that authorization. We are unable to take back disclosures that we already made with your authorization.

PRIVACY NOTICE ADDENDUM

You may have additional rights under North Carolina law and other federal laws.

In the event that North Carolina law or other applicable federal law requires us to give more protection to your health information than stated in this notice or required by HIPAA, we will give that additional protection to your health information.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Because it supervises our services, the North Carolina Department of Health and Human Services may inspect our operations and may review protected health information. If you get care from one of our special services, such as, ambulatory surgery, or cardiac rehabilitation, before we release any health information about you to this agency, we will give you a written notice and a chance to object to the release of your health information.

MENTAL HEALTH AND SUBSTANCE USE DISORDERS

There are additional state law confidentiality protections relating to treatment for mental health and substance (alcohol or drug) use disorders.

MENTAL HEALTH: North Carolina law permits us to disclose health information related to your mental health or developmental disabilities to another general health care provider or a business partner of that provider in order to provide, coordinate, or manage your health care and to perform quality assessment and improvement activities, but you have the right to object to these disclosures. If you wish to object, please contact the WFBH Privacy Office at (336) 713-HIPA (4472) or e-mail privacy@wakehealth.edu. Even if you do object to these disclosures, there are a number of other circumstances under which we can disclose these types of health information, including 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: (1) a health care provider who is providing emergency medical services to you; and (2) to other mental health or developmental disabilities 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 release 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 or developmental disabilities facility as

defined under North Carolina state law, 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.

SUBSTANCE USE DISORDERS: In certain circumstances, federal law protects information regarding substance use disorder diagnosis or services. In those circumstances when it applies to us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as having or having had a substance use disorder. There are some exceptions to this requirement. We can share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If we believe that a child is abused or neglected, we must report the suspected abuse or neglect to the Department of Social Services, and we may share substance use disorder treatment information when making the report. We also will disclose substance use disorder information to obey a court order if the order includes special protections for patients who have or have had a substance use disorder.

CRIME

If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report this to the police.

SPECIAL PROVISIONS FOR MINORS UNDER NORTH CAROLINA LAW:

Under North Carolina law, minors, with or without the consent of a parent or guardian, may consent to services for the prevention, diagnosis, and treatment of certain illnesses, including: sexually transmitted diseases and other diseases that must be reported to the State; pregnancy; abuse of drugs or alcohol; and emotional disturbance. In general, however, a minor cannot terminate a pregnancy unless she has permission from a parent, guardian, or a grandparent with whom she 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 rights stated in this Notice relating to that service. If you are a minor and have been married, are a member of the armed services, or have been “emancipated” by a judge, then you have the right to be treated as an adult for all purposes, and have all rights and authority stated in this Notice for all services.