

H I P A A

Implementation of
The Health Insurance Portability and Accountability Act of 1996
at Nash Health Care Systems



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What Is HIPAA?

As part of its regulatory compliance efforts, Nash Health Care Systems (“NHCS”) is committed to fulfilling the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

HIPAA is a federal law that includes requirements relating to the following areas:

It provides for “portability” of health care coverage so that individuals can transfer from one health plan to another without exclusions and limitations relating to pre-existing conditions;

It prohibits discrimination relating to health plan eligibility and premiums;

It establishes increased surveillance and penalties relating to fraud and abuse; and

It includes administrative simplification provisions that establish standards for electronic transmission of certain health information.

The administrative simplification provisions of HIPAA relate to maintaining privacy and security of individually identifiable health information (also referred to as protected health information or “PHI”) by prescribing how such information is to be shared, transferred, and stored. These provisions will have a significant impact on how PHI is managed and disclosed by NHCS and other health care providers. The provisions will also affect how information is shared relating to the group health plan that covers NHCS employees.

The HIPAA administrative simplification requirements specify national standards relating to handling of PHI in the following areas:

Electronic Transactions and Code Sets: These provisions automate business processes relating to administration and payment of the health care claims. NHCS must comply with these provisions by October 16, 2003.

Data Security: These provisions ensure confidentiality and integrity of PHI that is transmitted electronically. NHCS is working on achieving compliance with these provisions until the compliance date of April 21, 2005.

Unique Health Identifiers: These provisions establish a system for identifying individuals, health plans, employers, and health care providers for use in data transmissions. NHCS must comply with the portion of these provisions relating to employers by July, 2004 and will work on achieving compliance with the remainder of these provisions during 2003 and 2004 until a firm compliance deadline is established by the government.

Privacy: These provisions ensure that patients have control over and can obtain specific information about how their PHI is disclosed to others, limit release of PHI to the minimum amount reasonably necessary for the particular need or transaction, and give patients an opportunity to inspect copies of, and request amendment of their PHI.

How Is HIPAA Enforced?

HIPAA privacy provisions will be enforced through complaints made by individuals or their attorneys to the United States Office of Civil Rights (“OCR”) within the United States Department of Health and Human Services (“DHHS”). Enforcement of HIPAA security and other provisions will be handled by the Centers for Medicare and Medicaid Services (“CMS”). Punishments for violation of HIPAA can include being excluded from Medicare and Medicaid. In addition, monetary penalties and prison terms can apply as follows:

Offense	Monetary Penalty	Imprisonment
One violation of a provision	\$100.00	NA
Multiple violations of a provision	Up to \$25,000.00	NA
Wrongful disclosure of PHI	Up to \$50,000.00	Up to 1 year
Wrongful disclosure of PHI under false pretenses	Up to \$100,000.00	Up to 5 years
Wrongful disclosure of PHI under false pretenses with intent to sell, transfer, or use for commercial advantage, personal gain, or malicious harm	Up to \$250,000.00	Up to 10 years

Who Is Involved In Implementing HIPAA?

Achieving HIPAA compliance at NHCS will involve all employees, medical staff members, volunteers, contractors, vendors, and others who receive or are exposed to PHI or who use PHI in connection with performing services for the hospital. Everyone who works for the hospital or provides services within the hospital environment will be required to comply with NHCS policies and procedures relating to preserving and protecting the integrity of PHI and maintaining a “culture of confidentiality” relating to use of such information.

NHCS has a HIPAA Tactical Team composed of representatives from various departments and areas within the hospital. The Team is involved in development of policies, procedures, and forms relating to HIPAA compliance. Members of the Team also develop and present training programs for NHCS employees and others relating to HIPAA implementation. The Team will continue to monitor the effectiveness of the hospital’s training and compliance efforts and update policies and procedures to comply with changes in the law.

In addition to the work of the HIPAA Tactical Team, special efforts are being made by the Patient Financial Services Office and Information Systems to implement procedures to ensure that HIPAA security requirements will be satisfied in connection with electronic exchanges of PHI relating to billing, insurance, and performance of other functions. These procedures will include providing for protection of PHI stored or transmitted in electronic form and establishing internal tracking methods for conducting periodic audits to confirm that only authorized persons access or use PHI and that such access and use are restricted to the nature and amount of PHI required for the particular task or function being performed.

NHCS Health Information Services has established procedures relating to accessing and disclosing PHI and responding to patient requests for amendment of PHI and accounting of disclosures of PHI.

The following individuals have been designated to perform particular responsibilities relating to implementation of HIPAA at NHCS. To the extent any changes occur relating to these personnel, updated information will be available through the NHCS Public Relations Department and on the hospital website at www.nhcs.org. Please contact these individuals if you have questions or concerns relating to implementation of HIPAA at the hospital:

Privacy Officer: Jamie Parsons
Vice President of Human Resources
Ph 252 443 8015
Fax 252 443 8067

Security Officer: Dean Wells
Ph 252 443 8817

In addition, the NHCS Hospital Attorney serves as legal advisor to the HIPAA Tactical Team and provides other assistance with regard to achieving HIPAA compliance at NHCS. Contact information is as follows:

McLain Wallace
Hospital Attorney
Ph 252 937 2200
Fax 252 937 8100

Patients or other persons having complaints relating to handling or disclosure of their PHI should be referred to the Manager of Health Information Management or directly to the Privacy Officer. Contact information as follows:

Christy McBryde
Director of Health Information Management
Ph 252 443 8131

HIPAA Terms And What They Mean

Some important HIPAA terms and concepts include the following:

Acknowledgment: A document signed by a patient to confirm that the patient has been provided with NHCS's Notice of Privacy Practices. The Acknowledgment form will be provided for signing by the patient at the time the Notice of Privacy Practices is given to the patient.

Authorization: A specific grant of authority for a specific period of time given by an individual to NHCS or another covered entity under HIPAA that allows for use or disclosure of PHI for a specific purpose. If a particular use or disclosure of PHI is not covered by the hospital's Notice of Privacy Practices, it must be covered by an authorization signed by the person to whom the PHI relates.

Business Associate Agreement (“BAA”): This is a formal written agreement between NHCS and another person or organization, referred to as a “Business Associate,” that performs particular functions on behalf of the hospital and involving PHI. The agreement commits the Business Associate to comply with HIPAA requirements relating to handling and safeguarding PHI. NHCS will have BAAs with various persons and entities that perform services involving use or exposure to PHI. Examples include, but are not limited to, persons and entities that provide transcription services, clinical management services, legal services, software maintenance services, consultant services, and educational institutions whose students have clinical education experiences at the hospital. The hospital will also have BAAs with members of the medical staff who perform medical director services and certain other administrative functions for the hospital.

Covered Entity: This is an entity that is covered by and must comply with HIPAA. Covered entities include health plans, health care clearinghouses, and health care providers, like NHCS, who conduct standard health care transactions electronically.

Health Plan: An individual or group plan that provides or pays the cost of medical care. NHCS employees are covered by a group health plan. NHCS will work with the group health insurer to satisfy HIPAA requirements relating to sharing of PHI applicable to employees covered by the plan.

Minimum Necessary Standard: As part of protecting PHI, HIPAA requires that, except where disclosure or use is necessary for treatment purposes, only the minimum necessary amount of PHI needed to handle the particular job or function should be disclosed or used. In making minimum necessary determinations, it is important to evaluate: (i) who wishes to obtain or access the PHI, (ii) the purpose for which such PHI is needed, (iii) the nature and amount of PHI that will satisfy the need, (iv) the particular person or persons who need the PHI, and (v) how the PHI can be provided so that the amount revealed and the number of persons who receive it are as limited as possible. For example, if a question arises relating to payment for a particular procedure, it may not be necessary to look at the patient’s entire medical record in order to evaluate such matter. Under these circumstances, the person accessing the record or providing the information to the insurance company or other payor should access and disclose only that portion of the PHI that is relevant to the payment issue.

Notice of Privacy Practices: A formal document that is given to NHCS patients at the time of registration, admission, or other point of contact and that outlines NHCS’s general policies and practices relating to complying with the HIPAA privacy requirements. See Appendix A at the end of this brochure. The Notice must be given to the patient on only one occasion and the patient will sign an Acknowledgment form confirming receipt of the Notice. The acknowledgment will be kept on file and will apply to future registrations, admissions, and other contacts between the patient and the hospital. If the Notice is amended, the updated Notice will be made available to the patient in connection with subsequent admissions or contacts. The Notice and any future updated versions of the Notice will also be posted in the hospital and ancillary facilities and on the hospital website.

Protected Health Information (“PHI”): Individually identifiable health information—i.e. information that identifies an individual or provides a reasonable basis for believing that it would identify an individual—that is maintained or transmitted electronically or in any other form. It can include personal medical information as well as demographic information (e.g. address, telephone and fax numbers, Social Security numbers, medical record numbers, patient account numbers, etc.) used for treatment or payment. NHCS has policies and procedures and uses specific forms in order to comply with HIPAA requirements relating to handling and release of PHI.

Transaction: A transmission or exchange of information between two parties or entities for the purpose of handling financial or administrative activities relating to health care. Examples include:

- Health care claims, claims attachments, or claim encounter information
- Health care payment and remittance advice
- Coordination of benefits
- Health care claim status
- Enrollment and cancellation of enrollment in a health plan
- Eligibility for a health plan
- Health plan premium payments
- Referral certification and authorization

NHCS is involved in many different types of transactions that are or will be subject to HIPAA requirements. The hospital will follow policies and procedures with regard to handling internal administrative functions and relationships with other involved parties in order to achieve HIPAA compliance with regard to various transactions.

HIPAA And North Carolina Law

North Carolina has certain laws that relate to patient consent, confidentiality of patient information, and release of health information. Some of these laws are more restrictive or provide for greater protection of persons or PHI than the requirements of HIPAA. Where state law is stricter or more stringent than HIPAA, the state law “pre-empts” HIPAA and must be followed. Examples include: (i) laws that require patient consent for certain releases of medical information; (ii) laws that require health providers to report to appropriate governmental agencies PHI relating to suspected abuse, communicable diseases, and other matters; and (iii) laws that grant minors the right to consent to and to have confidentiality maintained with regard to certain types of care. NHCS policies and procedures relating to implementation of HIPAA will satisfy state law requirements in those instances where state law pre-emption applies.

HIPAA Dos and Don'ts

DO

Attend one or more training programs relating to HIPAA compliance;

Review and understand policies and procedures relating to implementation of HIPAA at NHCS;

Know how to access and use HIPAA forms;

Access, use, or share PHI in accordance with HIPAA policies and procedures;

Except for patient treatment situations, access, use, or share only the portion of PHI that is minimally necessary to address a particular need or circumstance;

Confirm that every patient who has contact with NHCS or receives hospital services is provided with or has a written acknowledgment on file indicating that he/she has previously received a copy of the hospital's current Notice of Privacy Practices;

Take precautions to avoid incidental disclosure of PHI to persons other than the patient or those who are involved in the patient's treatment or payment and other operational activities relating to the patient's treatment. Consider taking some of the following general precautions:

- Avoid discussing patients in hallways, elevators, the cafeteria, etc.;
- Avoid leaving messages on answering machines about patient conditions, scheduling of specified procedures, or test results;
- Avoid leaving PHI on computer screens or on desks, counters, fax machines, or in waste baskets where it may be seen by persons other than the patient or those who are providing care or performing other services relating to the patient. When faxing information containing PHI, confirm that the fax machine to which the transmittal is being made is attended or that it is in a secure location or has a locked receiving box;
- Avoid sending e-mail messages that contain patient names, demographic information, or other PHI unless the information is encoded; double check to be sure that that correct addressee is used in an e-mail message before sending the message; never share with another person password information that can be used to access PHI;
- Avoid paging patients in a manner that could indicate their health conditions—i.e. by using the name of their physician, identifying a particular unit, or referring to a particular procedure;
- Avoid incidental disclosures of patient information by closing doors, speaking softly, and being careful about telephone conversations;
- Check with the Privacy Officer if you have questions, concerns, or need clarification before you use or release PHI.

DON'T

Believe that HIPAA is too complex to understand and implement;

Decide that HIPAA is a lot of fuss about nothing;

Think that HIPAA will go away with time;

Assume that HIPAA doesn't apply to you or that you won't get caught if you don't follow proper procedures;

Think that things haven't changed and that you can do what you've been used to doing with regard to accessing, using, and releasing, patient information;

Act first and ask questions later. Once an improper use or disclosure occurs or there is a breach of security relating to PHI, the harm is done.

HIPAA Information And Training Resources

NHCS will provide education relating to HIPAA implementation at the hospital through distribution of this brochure, informational overview for the Board of Directors, medical staff, and senior administrative staff, and training programs for employees, volunteers, and on-site vendors and other service providers. HIPAA information will also be included as part of the orientation process for new employees and the periodic reorientation process for existing employees. The Education Department of the hospital will have and maintain various films and other resource information relating to HIPAA compliance. These resources will be available for use at staff meetings and in other settings within the hospital to reinforce basic HIPAA concepts and to provide updated information relating to continued compliance with HIPAA requirements.

Commitment To HIPAA Compliance

NHCS is committed to implementation of HIPAA as part of the hospital's organizational compliance program and expects that all persons associated with the hospital will make a formal commitment to this endeavor. Such commitment will be confirmed and documented by completion of the Acknowledgment and Confidentiality Agreement Form attached as Appendix B to this brochure. Please complete this form, remove it from the brochure, return it to your department manger or Vice President of Human Resources as indicated on the form. This requirement applies to everyone who receives this brochure and is an important part of HIPAA compliance. Your cooperation and prompt response are greatly appreciated.

**HIPAA IS PART OF HEALTH CARE AT NHCS—
HELP US COMPLY WITH IT.**

APPENDIX A

NOTICE OF PRIVACY PRACTICES
of
NASH HEALTH CARE SYSTEMS

**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: April 14, 2003

*If you have any questions or requests, please
contact NHCS's Health Information Management Department
at 252-443-8131*

NOTICE OF PRIVACY PRACTICES

of

NASH HEALTH CARE SYSTEMS

Which Includes:

Nash General Hospital
Nash Day Hospital
Coastal Plain Hospital
Bryant T. Aldridge Rehabilitation Center
Nash Urgent Care
Community Health Services
Family Counseling Services
&
Various Physician Groups

Physician Group

Location

Southeastern Acute Care Specialists, PA.	Nash General Hospital Emergency Care Center
Robert E. Zipf, Jr., M.D., PA.	Nash General and Nash Day Hospitals Pathology Department
Nash X-Ray Associates, PA.	Nash General and Nash Day Hospitals Radiology Department
Nash Anesthesia Associates, PA.	Nash General and Nash Day Hospitals Operating Rooms
North Carolina Inpatient Medicine Associates, PA.	Nash General Hospital
Carolina Rehabilitation & Surgical Associates, PA.	Bryant T. Aldridge Rehabilitation Center
Boice-Willis Clinic, PA.	910 North Winstead Avenue, Rocky Mount, North Carolina
Boice-Willis Primary Care	100 Nash Medical Arts Mall, Rocky Mount, North Carolina
Internal Medicine Center	1051 Country Club Drive, Rocky Mount, North Carolina 111 West Church Street, Nashville, North Carolina 100 Dodd Street, Spring Hope, North Carolina
R. Mark Pate, M.D.	1041 Noell Drive, Rocky Mount, North Carolina
Rocky Mount Neurosurgical & Spine Consultants, PA.	2412 Professional Drive, Rocky Mount, North Carolina
Winslow, Barringer & Crestetto	901 North Winstead Avenue, Rocky Mount, North Carolina
Carolina Regional Orthopedics	901 North Winstead Avenue, Rocky Mount, North Carolina 123 Hospital Drive, Tarboro, North Carolina
Nash OB-GYN Associates, PA.	200 Nash Medical Arts Mall, Rocky Mount, North Carolina
Yasmin Heater, M.D.	102 Industrial Drive, Nashville, North Carolina
Eastern North Carolina Medical Group PLLC	1041 Noel Lane, Suite 105, Rocky Mount, North Carolina

WHO WILL FOLLOW THIS NOTICE

Nash Health Care Systems is comprised of Nash General Hospital, Nash Day Hospital, Coastal Plain Hospital, Bryant T. Aldridge Rehabilitation Center, Nash Urgent Care, Family Counseling Services and Community Health Services. Additionally, and for the purposes of this Notice, NHCS and various physician groups identified in Appendix A have agreed to participate in an Organized Health Care Arrangement. All these entities, sites and locations follow the terms of this Notice, and we refer to them individually or collectively, as the context requires, as “NHCS.” In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operational purposes described in this Notice.

OUR PLEDGE REGARDING HEALTH 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 at NHCS. 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 generated by NHCS, whether made by NHCS personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU

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 medical information.

We are required to protect the privacy of medical 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 of your PHI that we may make and gives you some examples. In addition, we may make other uses and disclosures of your PHI that occur as a byproduct of the permitted uses and disclosures described in this Notice.

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.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES

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

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other NHCS personnel who are involved in taking care of you at NHCS. Different departments of NHCS also may share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

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.

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

Generally, we may use and disclose PHI about you so that the treatment and services you receive at NHCS may be billed to and payment may be collected from you. We may also share portions of your PHI with the following:

NHCS collection departments or outside agencies;
NHCS 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 a broken leg. We need to give information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery) to our billing department so we can be paid. We may also send the same information to our hospital department that reviews our care of your illness or injury.

We may use and disclose your PHI 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. Examples of the way we may use or disclose PHI about you for "health care operations" include the following:

EXAMPLES:

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 Joint Commission on Accreditation of Healthcare Organizations.

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, including providing information.

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.

We may use and disclose PHI under other circumstances without your authorization.

We may use and/or disclose PHI about you for a number of other 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 certain 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 a subpoena or 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 cadaveric 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 North Carolina Secretary of Health and Human Services to prevent or lessen a serious and eminent 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.

We may contact you to provide appointment reminders.

We 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 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.

We may contact you for fundraising activities.

We may use and/or disclose PHI about you, including disclosure to our foundation, to contact you to raise money for NHCS and its operations. We would only release contact information and the dates you received treatment or services at NHCS. If you do not want to be contacted in this way, you must notify in writing our contact person listed on the cover page of this Notice.

You can object to certain uses and disclosures.

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

Hospital Directory. We may include certain limited information about you in NHCS directory while you are a patient at NHCS. This information may include your name, location in NHCS, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also 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. This is so your family, friends and clergy can visit you in NHCS and generally know how you are doing.

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. 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 in NHCS.

Disaster Relief Purposes. 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 our contact 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. 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.

YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU

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 for treatment, payment or health care operations. ***We are not required to agree to your requested restrictions.*** 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 4 of the previous section of this Notice.

To request restrictions, you must make your request in writing to the NHCS Health Information Management Department. 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 have the right to request different ways to communicate 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 accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

You may request alternative communications by contacting the NHCS Health Information Management Department.

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, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the NHCS Health Information Management Department. 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. 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 have the right to request amendment of PHI about you.

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 NHCS.

To request an amendment, your request must be made in writing and submitted to the NHCS Health Information Management Department. 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:

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 NHCS;

Is not part of the information which you would be permitted to inspect and copy; or

Is inaccurate and complete.

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 amend the information, we will notify you and make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

You have the right to an accounting of disclosures we have made.

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the NHCS Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically).

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 our 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 D.8 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 have the right to a 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.nhcs.org.

To obtain a paper copy of this Notice, contact the NHCS Health Information Management Department at (252) 443-8131.

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 in NHCS, and we will give to you a copy of any revised version of this Notice upon the next provision of services to you after such change.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

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

Jamie Parsons
Nash Health Care Systems Compliance Officer
2460 Curtis Ellis Drive
Rocky Mount, North Carolina 27804
Telephone Number: 252-443-8015
E-mail: jeparsons@nhcs.org

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.

EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on April 14, 2003.

APPENDIX B

Acknowledgment And Confidentiality Agreement

I acknowledge that I have read and understand the *Implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)* brochure relating to Nash Health Care Systems Compliance Program. I have also been informed that NHCS has policies and procedures regarding the privacy of protected health information (“PHI”), as mandated by HIPAA. I have also been informed about NHCS commitment to implementation of HIPAA as part of the Hospital’s Compliance Program.

In addition, I acknowledge that I have received training in NHCS policies concerning PHI use, disclosure, storage, and destruction as required by HIPAA and/or have been informed about persons and other resources available at NHCS to assist me in understanding and complying with HIPAA.

In connection with my employment or association with NHCS, I agree that I will comply with HIPAA requirements and will abide by Nash Health Care Systems’ Code of Conduct and Compliance Program at all times. I agree that I will not at any time, either during my employment or association or after such employment or association ends, use, access or disclose PHI to any person or entity, internally or externally, except as required and permitted in the course of my duties and responsibilities relating to and in accordance with policies and as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire or with which I may come in contact during the course of my employment or association with NHCS and includes PHI in oral, written, and electronic form. I understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with NHCS, and may also result in the imposition of civil penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand and acknowledge my responsibility to report to NHCS any known or suspected violation of law, rule, regulation, or policy and procedure, including, but not limited to, HIPAA policies, procedures, and requirements.

I understand and agree that these obligations will survive the termination of my employment or the end of my association with NHCS regardless of the reason for such termination or end of association.

Unless otherwise noted below, I am not aware of any current or past violation of law, rule, regulation, or Nash Health Care Systems’ Code of Conduct or Compliance Program Policy and Procedure.

*This copy of the Agreement is provided for your continued reference.
You must sign and return, as indicated, the Agreement printed page B2.*

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Date _____ *Signature* _____
Name (print) _____
Position _____
Department _____

Please sign and date the Acknowledgement of Understanding. Detach and give to your department manager or send to the NHCS Human Resources Department. This will be placed in your employee personnel file or other appropriate file.



Nash Health Care Systems
...buliding a healthier community

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