



Effective Date: January 1, 2003

Revised: September 27, 2010

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Salemtowne's staff are committed to protecting your health information, which is a right you have and one detailed in the federal Health Insurance Portability & Accountability Act (HIPAA) of 1996. This Notice applies to all of the records of your care and billing for that care that are generated or maintained by Salemtowne, whether made by Salemtowne personnel or other healthcare providers not associated with our facility.

If you have questions about this Notice, please contact Salemtowne's Privacy Office, 1000 Salemtowne Drive, Winston-Salem, NC 27106, (336) 767-8130.

This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of 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, and your legal rights, with respect to medical information about you; and
- follow the terms of this 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 you 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, nurse aides, nursing and nurse aide students and other Salemtowne 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. We may also disclose medical information about you to others who have entered into an agreement with Salemtowne to exchange health information electronically.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at Salem Towne 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 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 healthcare provider for their payment activities.

FOR HEALTHCARE OPERATIONS: We may use and disclose medical information about you for Salem Towne operations. We may disclose medical information to “business associates” who provide business services on behalf of Salem Towne. These uses and disclosures are necessary to run the healthcare center and clinic and make sure that all of our residents 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 residents 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, nurse aides, nursing and nurse aide 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 the healthcare center or its Medical Director.

We may also disclose information about you to another healthcare provider for its health care operations purposes if you have received care from that provider.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment in our clinic or for appointments you have arranged with community providers.

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.

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 communication from us



that encourage you to purchase or use any particular product or service by notifying the Privacy Office 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 are currently being prescribed and the payment we receive for that communication is reasonable, or communication to you is made by a business associate of Salemtowne acting on our behalf and in accordance with a written agreement between the business associate and Salemtowne.

FUNDRAISING ACTIVITIES: We may use certain limited information (such as your name, address, telephone number, dates of service) to contact you in the future to seek donations for community service programs, resident care, medical research, and education. If you do not want us to contact you for fundraising efforts, you must notify the Privacy Office in writing. Beginning February 17, 2010, 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 all future fundraising communications, we will not disclose your information for fundraising purposes unless in the future we receive your written authorization to do so.

SALEMTOWNE DIRECTORY: For visitation and customer service we maintain a directory of active Salemtowne residents. We may include certain limited information about you in the Salemtowne Resident Directory. This information may include your name, address and phone number at Salemtowne. If you are a resident in the Phillips Health Care Center, other information such as your religious affiliation and your general condition (e.g. fair, stable, etc.) may be included. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This is so your family, friends, and clergy can visit you and generally know how you are doing. If you do not want anyone to know this information about you, please let the Social Worker know.

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 in the Phillips Health Care Center. In addition, we may disclose medical information about you to an entity assisting in 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.

RESEARCH: Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved and we will ask for your specific permission if the research involves treatment, except under limited circumstances. If you are asked for such permission, you have the right to refuse.

We will not be permitted to receive any money or other things 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.

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 a veteran of the armed forces or Coast Guard, we may give certain information about you as required by military command authorities.

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 laws.

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 adverse events or 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 notify appropriate government authority if we believe a resident has been the victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law.

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 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, 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 we believe may be the result of criminal conduct; about criminal conduct at Salem Towne or on Salem Towne 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 examiners. This may be necessary, for example, to determine the cause of death. We may also disclose health information as needed to funeral directors consistent with applicable law 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 nation 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 person or foreign heads of state or conduct special investigations.

PSYCHOTHERAPY NOTES: Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside Salem Towne 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 Salem Towne, other than to the person who wrote the notes, except for training purposes or to defend legal action brought against Salem Towne, unless you have properly authorized such disclosure in writing.

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:

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. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Medical Records Coordinator**. 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 circumstance. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional (i.e. Nurse, Administrator, Privacy Officer) chosen by Salem Towne will review your request and 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 the 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 Salem Towne.

To request an amendment, your request must be made in writing and submitted to the **Privacy Officer**. 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 Salem towne;
- is not part of the information which you would be permitted to inspect or 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 DISCLOSURE: You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. For instance, it does not include disclosures that are made to carry out treatment, payment or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the **Medical Records Coordinator**.

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 (i.e. paper or electronic data). The first list you request in a 12 month period will be free. For additional lists, we may charge you for the costs of providing this 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 a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the 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 who you want the limits to apply, for example, disclosure 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 resident of Salem towne. If you pay all such charges in full at the time of such request for service 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 by mail.

To request confidential communications, you must make your request in writing to the **Privacy Officer**. 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 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.salemtowne.org. To obtain a paper copy of this Notice, contact Salemtowne's Privacy Office at (336) 767-8130.

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 Salemtowne. The Notice will contain the effective date. In addition, each time you are admitted to Salemtowne's Phillips Healthcare Center, we will make best efforts to make available a copy of the current Notice in effect.

HOW TO FILE A COMPLAINT

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 Salemtowne's Privacy Office at (336) 714-3149.

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 will be made only with your written authorization. If you



provide us with an authorization to use or disclose medical information about you, you may revoke that permission, 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 your written authorization. We are unable to protect disclosures that were made with your authorization.

PRIVACY OFFICE INFORMATION

To contact the Privacy Office for any purpose mentioned in this Notice, send correspondence to:

Salemtowne Privacy Office
1000 Salemtowne Drive
Winston-Salem, NC 27106

PRIVACY NOTICE ADDENDUM

You may have additional rights under North Carolina laws. In the event that North Carolina law requires us to give more protection to your health information than stated in this notice or required by Federal law, we will give that additional protection to your health information.

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.