In accordance with federal law, generally we will obtain your written consent before we may disclose health information that would identify you as a patient for treatment, payment or health care operations. There are exceptions to this general requirement. For instance, we may disclose health information to our workplace as needed to coordinate your care, to agencies or individuals who help us carry out our responsibilities in serving you, and to health care providers in an emergency.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please write www dukedoc org medical records or call 1 800 688 1867 for instructions on how to submit your written request. If you request a copy of the health information, we may charge you a fee for the cost of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. Under certain situations, we may deny your request in writing, describing the reason for denial and your right to request a review of our denial. You may also obtain a copy of this Notice at any time from our website, www dukedoc org, or from any of the DHE treatment facilities listed in this Notice.

CONTACT FOR QUESTIONS OR COMPLAINTS

If you have any questions, concerns or complaints regarding our practices or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact:

Privacy Officer
Duke University Health System
DUMC Box 3162
Durham, NC 27710
1 800 688 1867

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information we maintain about you. The right to inspect and obtain a copy of your health information.

• Posting the revised Notice at our facilities.

• Posting the revised Notice on our website, www dukedoc org.

To receive a copy of this Notice in an alternate format, please contact the Duke Disability Services at 1 800 688 1867.

NOTICE OF NON DISCRIMINATION

Duke University Health System, Duke University, and other members of the Duke Health Enterprise (referred to as “DHE Entities” in this Notice): This Notice describes the practices of the Duke Health Enterprise (DHE) Or-

ganized Health Care Arrangement, which is composed of the following entities (referred to as “DHE Entities” in this Notice):

• Patients, unless you provide a reasonable alternative address or other method of contact. You may request alternative means of communication by submitting the appropriate DHE F form, which can be obtained by calling 1 800 688 1867.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice upon request. If you request a paper copy of this Notice prior to the date you first receive service from our services, except for emergency services, in which case we will provide the Notice to you as soon as reasonably practicable. You may also obtain a copy of this Notice at any time from our website, www dukedoc org, or from any of the DHE treatment facilities listed in this Notice.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing. If we agree to the amendment, it will be included in your record and any disclosure of your record containing it will be made in accordance with the amended information. If we disagree with your request, you have the right to request that we include a statement that your request was denied and an explanation as to why the request was denied. We will provide you with a written statement disagreeing with the denial. If we accept your request to amend the health information, we will provide you, upon your request, with a written statement of the amendments made, up to six (6) years before your request. We are required to provide a listing of all disclosures, except the following:

• Made as part of a limited data set which does not contain certain health information.

The list will include the date of the disclosure, the name and (address, if available) of the person or organization receiving the disclosure, our reasons for making the disclosure, and the purpose of the disclosure. To request this list of disclosures, you must submit your request on the appropriate DHE F form, which can be obtained by calling 1 800 688 1867.

Right to Request Confidential Communications (Alternative Ways). You have the right to request confidential communications, i.e., how and where we contact you, about your health information. For example, you may request that we contact you at your work address or phone number. You must be in writing. We will 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 right to file a complaint.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1 800 688 1867.

SPANISH (ESPAÑOL): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 800 688 1867.

CHINESE (繁體中文): 注意: 如果您使用繁體中文, 您可以免費獲得語言輔助服務。請撥電話 1 800 688 1867。


KOREAN (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-688-1867로 전화해 주세요.


RUSSIAN (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-688-1867.


GUJARATI (ગુજરાતી): જ્યારે તમે ગુજરાતી બોલી રહો ત્યારે આ સેવા મળશે હેઠળ જે જ વગીન હોવો જે તમારી વિભાગીય કારકી પર આધાર થાય છે. 1-800-688-1867.

MON-KHMER, CAMBODIAN ( KHMER): វានៃក្នុងការប្រើប្រាស់ភាសាដើម្បីទាញយកសម្រាប់ការទិញសម្រួលនឹងសេវាស៊ីវីតីរ៉ែតាមដែលការប្រើប្រាស់សម្រាប់ថ្នាក់គ្រប់គ្រង។ 1-800-688-1867.


HINDI (हिंदी): यह दर्शकता है कि आप हिंदी भाषा में हैं तो वह इस मामले में उपलब्ध होता है। 1-800-688-1867.

VIETNAMESE (TIẾNG VIỆT): Để biết thêm, vui lòng gọi 1-800-688-1867.

1-919-681-3007.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call 1-800-688-1867.


If you need help filing a grievance, Patient Visitor Relations can be reached at 1-919-681-2081 for questions about this document, our privacy policies or any other questions regarding the privacy of your health information.

This Notice describes how medical information about you may be used and disclosed and how you can access to this information.

Please review carefully.

This notice of our privacy practices (this “Notice”) explains:

1. How we may use and disclose your health information in the course of providing treatment and services to you.
2. What rights you have with respect to your health information. These include the right:

• To inspect and obtain a copy of your health information.
• To request that we amend health information in our records.
• To receive an accounting of certain disclosures we have made of your health information.
• To request that we restrict the use and disclosure of your health information.
• To request confidential communication about health information.
• To receive a paper copy of this Notice of Privacy Practices.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call 1-800-688-1867.

Contact for Questions or Complaints: 1-919-681-3007.
We will safeguard the privacy of health information that we have created or collected payment for treatment and services provided to you by the DHE. For Payment.

However, all of the ways we are permitted to use and disclose health information will be subject to your rights described in this Notice. Health information is information that may identify you, or for which there is a reasonable basis to believe can be used to identify you, including your name, address, Social Security number, account number, signature, email address or telephone number, and health insurance provider number. For Payment.

The following categories describe different ways that we may use and disclose health INFORMATION

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information to manage your care and payment for the treatment and services that you receive. We may use and disclose health information that we create or receive during care or payment for care to provide you with health care; (2) to protect your health and safety or the health and safety of another individual; or (3) for public health purposes.

informing you of recalls of products they may be using.

As Required by Law. We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose health information in response to a court or administrative tribunal.

To assert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent serious threat to health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

Public Health Rights. We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

• To prevent or control disease, injury or disability.
• To report child abuse or neglect.
• To report certain communicable diseases or problems with products.
• To notify people of recalls of products they may be using.
• To report that your health information has already been exposed to a disease or may be at risk for contracting or spreading a disease.
• To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your health information to a federal, state, or local government agency or its contractor for purposes of health oversight activities, including audits, evaluation of the quality of healthcare provided, and others who assist us in complying with applicable laws.

To prevention and control of disease, injury or disability.

To make sure you know about your healthcare or public health service provider is a member, personal representative, or other person responsible for your care of your location, in order to carry out activities that are necessary to track the quality of care you are to provide you with health care.

To reduce the risk of a serious threat to health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

To prepare or carry out public health activities, including activities that are necessary to track the quality of care you are to provide you with health care.

To prevent serious threat to health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

To make sure you know about your healthcare or public health service provider is a member, personal representative, or other person responsible for your care of your location, in order to carry out activities that are necessary to track the quality of care you are to provide you with health care.

To prepare or carry out public health activities, including activities that are necessary to track the quality of care you are to provide you with health care.