Ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey, and we will comply with such written objection.

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 substance abuse services. There are exceptions to this general requirement. For instance, we may disclose health information to our workforce 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 copy a copy of your health information. To inspect and copy your health information, you must submit a written request. We may have your record within 30 days of receiving your written request. Under certain circumstances, we may deny your request in writing, describing the reason for denial. You may also obtain a copy of this Notice at any time from our website, dukehealth.org, or from any of the DHE treatment facilities listed in this Notice.

Right to Request Restrictions. You have the right to request a limitation on the health information used or disclosed in treatment, payment, or health care operations. You may ask that we not use or disclose certain health information for treatment, payment, or healthcare operations purposes (and is not otherwise required by law) and disclosures for the purposes of payment or healthcare operations (and is not otherwise required by law). We are not required to agree to your requested restriction. We may condition that accommodation on whether the requested restriction would significantly interfere with treatment, payment, or healthcare operations. If you believe that Duke Health has failed to provide these services or discriminated against you because of race, color, national origin, age, disability, or sex, you may file a complaint with HHS or file a civil rights complaint with us.

Right to Request an Accounting of Disclosures. You have the right to request an accounting of disclosures of health information we have made except the following:

- Disclosures that you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations may include treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require a written request. You may request a restriction by submitting the appropriate DHE form, which can be obtained by calling 1-800-688-1687.

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. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on providing you with information regarding how payment, if any, will be handled and your health information will be altered. We will accommodate alternative means of communications by submitting the appropriate DHE form, which can be obtained by calling 1-800-688-1687.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice upon request. You may ask for it any time, even if we have not made any disclosures since the last time you received a copy of this Notice. If you request this Notice upon request, we will provide you with a copy of this Notice within 30 days of the date you received your written request. You may also obtain a copy of this Notice at any time from our website, dukehealth.org, or from any of the DHE treatment facilities listed in this Notice.

Contact Us

If you have any questions or comments about this Notice or the practices of the Duke Health Enterprise (DHE) Or­

• Duke University Health System
• Duke University
• Other members of the Duke Health Practices
(xcluding University Medicine)

You may also send a written complaint to the Director of Health Information Privacy, Duke University Health System, 2140 Erwin Road, Durham, NC 27710

If you believe that Duke Health has failed to provide these services or discriminated against you because of race, color, national origin, age, disability, or sex, you may file a complaint with HHS or file a civil rights complaint with us.

TO CONTACT US

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call 1-800-688-1687.

Revised Effective Date: March 1, 2019

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We are committed to protecting the privacy of “protected health information” about you, as that term is defined in the regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We will not use or disclose your health information except as described below. We use and disclose your health information as described below to carry out activities necessary to improve the quality of care we provide and to reduce healthcare costs. Examples of uses and disclosures include:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you.
- Evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations may include, but are not limited to, DHE, NC HealthConnex, HHF, and others who assist us in complying with applicable laws.
- Performing business operations for DHE.
- Resolving grievances within our or the plans’ operations.
- Contacting you or your legal representative to inform you of your rights to request restrictions or to agree to be notified of certain uses and disclosures of your health information.
- Providing appointment reminders or other appointment services.

We may disclose your health information for purposes that we reasonably believe are necessary to establish a healthcare provider-patient relationship, that are related to the individual’s past, present, or future health condition or healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual. For simplicity, we will refer to protected health information simply as “health information” in this Notice. We will use and disclose health information for purposes that we reasonably believe are necessary for or related to other DHE Entities about treatment, payment and health care of the DHE patient.

Our privacy practices concerning your health information are as follows:

- We will not sell your health information.
- We may disclose health information that we have created or received as required by law.
- We will comply with the provisions of this Notice and only use or disclose health information in the course of rendering services to you.
- We will provide notice of a DHE breach of unsecured health information.

WHO WILL FOLLOW THIS NOTICE?
This Notice applies to the facilities, providers and workforces of the DHE Entities, as well as to individuals who perform services on our behalf under contract.

- Any health care professional authorized to enter health information into your DHE medical record.
- All employees, staff, volunteers and other DHE personnel.
- Any health care professional authorized to enter health information into your health care provider’s separate medical records.
- This Notice applies to the facilities, providers and workforces of the DHE Entities, as well as to individuals who perform services on our behalf under contract.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
We may use and disclose your health information in the following ways. When we use or disclose your health information, we will comply with applicable state and federal laws.

- To provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the health activities. These activities generally include:

  - To notify the appropriate government authority if we believe an adult patient has been a victim of abuse, neglect or domestic violence.
  - To notify people of recalls of products they may be using.
  - To notify a coroner or funeral director about your death.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION
There are certain circumstances where we may use and disclose health information about you even when we have not obtained your written authorization. We may disclose health information about you for treatment, payment and other healthcare operations as described below.

- For Treatment.
- For Payment.
- For other health or related services. Also, state law permits a hospice, home health, or other health care provider to access health information to the extent necessary to provide you with health care; (2) to protect your health and the safety of others; and (3) for the health and safety of the correctional institution.

PUBLIC HEALTH REGULATIONS
We may use and disclose health information about you for public health purposes. These uses and disclosures may be made either with or without your authorization.

- To notify a public health agency about a disease or condition.
- To notify de-identified health information to a Health Information Exchange (HIE).

- To report certain conditions controlled by federal law.
- To disclose health information to a health department for public health activities, such as those required by the DoD or Veterans Affairs.
- To carry out activities necessary to improve the quality of care we provide.
- To reduce healthcare costs. Examples of uses and disclosures include:

  - To notify the appropriate government authority if we believe an adult patient has been a victim of abuse, neglect or domestic violence.
  - To notify people of recalls of products they may be using.
  - To notify a coroner or funeral director about your death.

- To provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the health and safety of the public or another person. Any disclosure, however, would only occur under certain circumstances, please call 1-800-688-1867. We will comply with additional state law requirements.