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 date: May 1, 2019

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

For a list of the UNC Health Care System facilities covered by this Joint Notice of Privacy Practices, please see our website: www.unchealthcare.org or call the UNCHSC Privacy Office toll free at 1-833-407-6257.

All of the members of the University of North Carolina Health Care System ("UNCHCS") (referred to individually as an "entity" and collectively as an "we" and "entities"), have formed an Organized Health Care Arrangement and have agreed to this Joint Notice of Privacy Practices. All organizations participating in this Joint Notice are participating only for the purpose of providing this Joint Notice and sharing medical information as permitted by applicable law. These organizations are not in any way providing health care services for any entity other than those identified in this Joint Notice.

We reserve the right to change the terms of this Notice at any time as permitted by law. If we make material changes to this Notice, we will provide you with a copy of the revised Notice at your next scheduled encounter. For authorized health care operations and for treatment purposes, we may disclose PHI to another entity participating in this Organized Health Care Arrangement as permitted by law, to the extent necessary to carry out the purposes of the Organized Health Care Arrangement.

Our facilities and on our website at www.unchealthcare.org.

You have the right to request different ways to receive communication with you, and we will try to honor these requests.

You have the right to request a correction of your PHI and we will try to honor these requests.

You may use all of the rights described in this Notice except for the right to request an accounting of disclosures.

We welcome the right to see and copy PHI about you.

We will take reasonable steps to verify your identity before granting you access to your PHI.

We also may share your religious affiliation with clergy.

We need to use and disclose your PHI to provide, coordinate and manage your care or treatment.

For example: agencies that enforce federal laws protecting the privacy of your PHI, and where applicable, we may also disclose your PHI to other health care providers that become involved with your care or treatment.

We may use and disclose PHI for

Your request must be in writing and must explain the reason for your request. We may require that you specify to whom you want the information disclosed and the form or medium (e.g., email, fax) in which you want to receive it.

You have the right to request restrictions on the use, disclosure or release of your PHI, with certain limitations and exceptions.

Your request must be in writing and must explain to us how you want to be contacted.

We may use and disclose your PHI as follows:

We may use or disclose your PHI to treatment providers associated with your care or treatment, including but not limited to, UNCHCS, its faculty, members of the medical staff, emergency medical personnel, medical students, and other UNCHCS personnel.

We will use or disclose your PHI as necessary for the emergency circumstances. In an emergency, or if you are unable to give consent, we may use or disclose your PHI to prevent a serious threat to your health and safety.

You have the right to receive a copy of this Notice at any time by contacting the UNCHCS Privacy Department or the clinic where you received treatment.

Your request must be in writing and must provide us with information about the specific research study or health care operations for which you are requesting a correction.

For hospital directories.

We also may use and share your PHI for research.

We need to use and disclose your PHI when referring you to another provider or facility.

You have the right to request an accounting of disclosures.

We may use or disclose your PHI to one or more Health Information Exchanges ("HIEs"). An HIE is an electronic system that allows other health care providers to access and share your medical information and your consent to this access.

We use your PHI to perform medical and operations activities, which may include patient safety and quality improvement activities.

We also may use and disclose PHI for purposes of treatment, payment, and health care operations.

We will not disclose your PHI to anyone not involved in your care who is not a authorized agent of the entity for which the PHI was released.

We also may share PHI with the UNCHCS Privacy Office and, if obtained, with the entity to which the PHI has been released.

We also may use and disclose your PHI as permitted by law, to the extent necessary to carry out the purposes of the Organized Health Care Arrangement.

If you have a complaint about the handling of your PHI, you may file a complaint with the United States Department of Health and Human Services Office for Civil Rights.

We use and disclose your PHI for purposes of treatment, payment and healthcare operations, as permitted by law.

We may use and disclose any PHI you provide to us, including any PHI collected on or after the effective date of this Notice.

If you have any questions about this Notice or the way we use or disclose your PHI, you may contact the UNCHCS Privacy Office.

We will not disclose your PHI to anyone not involved in your care who is not a authorized agent of the entity for which the PHI was released.

We also may use and disclose PHI as permitted by law, to the extent necessary to carry out the purposes of the Organized Health Care Arrangement.

You have the right to request that we restrict how your PHI is used or disclosed for purposes of treatment, payment, or health care operations.

You have the right to request an accounting of disclosures. You must request that we provide you with a list of disclosures that we have made of PHI about you. You may ask for disclosures made up to 6 years before your request.

We will respond to your request for an accounting of disclosures within 60 days of the date we receive your request. You may ask for a more recent accounting of disclosures than the 6-year period described above.

We may use and disclose your PHI as permitted by law, to the extent necessary to carry out the purposes of the Organized Health Care Arrangement.

We will not disclose your PHI to anyone not involved in your care who is not an authorized agent of the entity for which the PHI was released.

We also may use and disclose PHI as permitted by law, to the extent necessary to carry out the purposes of the Organized Health Care Arrangement.

You have the right to request a copy of PHI about you.

We will not disclose your PHI to anyone not involved in your care who is not an authorized agent of the entity for which the PHI was released.

We also may use and disclose PHI as permitted by law, to the extent necessary to carry out the purposes of the Organized Health Care Arrangement.

You have the right to request restrictions on the use, disclosure or release of your PHI.