

Privacy Notice Highlights

This notice highlights how we may use and disclose medical information we have about you and how you can get that information. Accompanying this short notice is our complete policy notice containing details about our current policy practices. Please refer to that notice for additional information.

SCOPE	This notice applies to Cone Health, including all of its facilities and services, and to those who provide care through Cone Health.	
USES AND DISCLOSURES	<p>As explained in our complete privacy notice, some of the ways we may use and share health information about you are:</p> <ul style="list-style-type: none"> - For treatment, payment, business, and administrative activities. - To inform you about our health-related benefits and services. - To recommend other treatments and health-care providers. - For public health activities. <p>For other proposed uses and disclosures, except as required or permitted by law, we will explain the use or disclosure and ask your permission as necessary.</p>	
YOUR CHOICES	<ul style="list-style-type: none"> • Unless you tell us otherwise, we may include your name, location, general condition and religious affiliation in our patient directory. This information may be released to people who ask for you by name. • Unless you object, we may disclose medical information about you to a friend or family member who is involved in your medical care. • Unless you object, we may use our professional judgment to disclose necessary information to an agency assisting in disaster relief. • You have a 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 at work or by mail, or at a mailing address other than your home address. • Unless you object, we may disclose medical information to contact you as a reminder that you have an appointment for medical care. <p>If you want to place restrictions on ANY information, you must request a restriction form from the person who handled your registration.</p>	
YOUR RIGHTS	<p>You may:</p> <ul style="list-style-type: none"> • Review, copy and ask us to amend certain medical information we have about you. • Ask us to deliver medical information to an alternate address. • Ask us not to share your information with certain family members or friends. • Ask us for a list of certain disclosures we have made of that information. 	<p>HOW TO REACH US</p> <p>For general information, please call (336) 832-7000. If you have questions or concerns about your privacy or care, call our Privacy Officer at (336) 832-7075 or the Office of Patient Experience at (336) 832-7090. The Privacy Officer may also be reached at privacy.officer@conehealth.com or write to: Privacy Officer, Audit and Compliance Services, Cone Health, 1200 N. Elm Street, Greensboro, NC 27401</p>



JOINT NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: September 23, 2013
(Fourth Edition)

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice applies to Cone Health, an organized health care arrangement comprised of The Moses H. Cone Memorial Hospital Operating Corporation, Alamance Regional Medical Center, Inc. and other affiliated providers under common control with them, including without limitation Moses Cone Medical Services, Inc., Moses Cone Physician Services, Inc., Moses Cone Affiliated Physicians, Inc., and ARMC Physicians Care, Inc. (collectively, "Cone Health"). If you have any questions about this notice, please contact the Cone Health Privacy Officer at (336) 832-7075.

THE PURPOSE OF THIS NOTICE

We are committed to protecting medical information about you. We are required by law to make sure that medical information that identifies you is kept private, make available to you this notice of our legal duties and privacy practices at Cone Health (hereafter referred to as the "health system") with respect to medical information about you, and follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the health system at all its locations and the practices of:

- Any independent health-care professional who is on our Medical Staff and allowed to enter information into your health system medical record.
- All practices, departments and units of the health system.
- Any member of a volunteer group we allow to help you while you are in the health system.
- All employees and staff.
- All students and trainees at the health system.

All these people, entities, sites and locations follow the terms of this notice. Also, these people, entities, sites and locations may share medical information with each other to treat you, to get paid for treating you, or for health system operations purposes and the purposes described in this notice. The independent health-care professionals who give care at the health system and who have agreed to follow the terms of this Notice may not be employees or agents of the health system, and the health system is not responsible for how they treat patients.

This notice applies to all of the records of your care and billing for care that are created at the health system, whether the records are made by health system personnel, your independent personal doctor, or other independent health-care personnel. Your personal doctor or other independent health-care personnel treating you may have different policies or notices about confidentiality and sharing of your medical information that they use in their offices or other locations outside the health system.

HOW WE MAY USE AND SHARE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and share medical information. For each category of uses or sharing we will explain what we mean and try to give some examples, but not every use or disclosure is listed. Where specific state or federal law requires your consent to share information, we will ask for your consent at admission, by acknowledgment of this Notice, or at a later time.

- For Treatment. We may use and share medical information about you among the persons in the health system involved in your care to provide you with needed medical treatment, items or services, such as prescriptions, lab work and surgery. We may use and share medical information to tell you about different ways to treat you. We also may share medical information about you to people outside the health system who may be involved in your medical care before or after you leave the health system, such as family members, other health care facilities, labs, home health agencies, or medical equipment companies.
- For Payment. We may need to use and share medical information about you so that the treatment and services you get at the health system may be billed by the health system or other independent providers and payment may be collected from you, an insurance company or health plan, or a third party. For example, we may need to give your insurance company or health plan information about surgery you received at the health system so your insurance company or health plan will pay us or pay you back for the surgery. We also may share information about you with another health care provider, such as a receiving facility or your personal doctor, so that they can get paid for treating you.
- For Health Care Operations. Our staff and business associates may use and share medical information about you for health system operations. These uses and sharing of information are needed to run the health system and make sure that all of our patients get good quality care. For example, we may use medical information to review our treatment and services and to evaluate the qualifications and performance of our staff and medical staff in caring for you. We also may combine medical information about many health system patients to decide what other services the health system should offer, what services are not needed, and whether certain new treatments work. We also may share information with health system personnel, doctors and students for teaching purposes. We also may combine the medical information we have about you and other patients with medical information from other health systems to compare how we are doing and learn how we can make our care and services better. 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. We may share your information with another health care provider for its health care operations if you also have received care from that provider.
- Treatment Alternatives. We may use and share medical information to tell you about or recommend different ways to treat you.
- Health Information Exchange (HIE) – Cone Health and other health care providers participate in the Triad HealthCare Network (THN) HIE that allows patient information to be shared electronically. The THN HIE gives your health care providers who participate in the THN HIE immediate electronic access to your pertinent medical information necessary for treatment, payment, operations and such other uses as are permitted by applicable law. If you do not opt-out of the THN HIE, your information will be available through the THN HIE to your authorized participating providers in accordance with this Notice of Privacy Practices and the law. If you opt-out of the THN HIE, your Protected Health Information will continue to be used in accordance with this HIPAA Notice and the law, but will not be made electronically available through the THN HIE. To opt out of the THN HIE, please go to <http://www.triadhealthcarenetwork.com/wp-content/uploads/2013/07/HIE-Opt-Out-Form-7-10-13.pdf> or contact your THN healthcare provider for assistance.
- Fundraising Activities. We may use medical information about you to contact you in an effort to raise money for the health system and its operations. Specifically, we may use information such as the unit or department from which you received services to target our fundraising efforts. For example, if we are raising money for women’s health services, we may send fundraising materials to people who have received women’s health care services from us in the past. We also may share medical information with a business partner or a foundation related to the health system so that the business partner or foundation may contact you to raise money for the health system. We may only release limited information about you, such as your name, address and phone number, age and date of birth, gender, your physician, the part of the health system where you received your care, and the dates you received treatment or services at the health system. If you do not want the health system to contact you for all or certain types of fundraising efforts, you must notify the health system’s Privacy Officer in writing or indicate your choice on the health system’s restriction form or fundraising mailing. If you have not done so already, we will ask you each time we contact you for fundraising

efforts if you would like to opt out of receiving future fundraising communications. If you do opt out of future fundraising communications, we will not use or share your information for fundraising purposes, but we still may send you general fundraising communications that we send to the community that are not based on information from your treatment or stay at the health system. Your decision about whether or not to receive these communications from us will not affect your ability to get treatment at the health system. If you decide to opt out of some or all future fundraising communications, you may tell us later that you would like to receive these communications again.

- **The Directory.** Unless you object, we may include certain limited information about you in the health system directory while you are a patient at the health system. This information may include your name, location in the health system, your general condition (e.g., good, fair, serious, critical, etc.), and your religion. The directory information, except for your religion, may be given to people who ask for you by name or made available in press releases to the media. Your religion 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 call or visit you in the health system and find out how you are doing. If you choose not to be listed in the directory, we will not be able to let your family, friends, clergy, or florists know that you are present at the health system. If you do not want to be in the directory or do not want anyone to know your condition or your religion, you must notify the health system's Privacy Officer in writing or state your choice on the health system's Standard Restrictions Form.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may share medical information about you with a friend or family member who is involved in your medical care. We also may share information with someone who helps pay for some or all of your care, such as other family members who are also insured under your insurance policy. Also, we may share medical information about you with a business assisting in a disaster-relief effort so that your family can be told about your condition, status and location. You can object to the sharing of this information by telling us that you do not want any or all people involved in your care to get this information. If you are not present or cannot agree or object, we will decide whether it is in your best interest to share needed information with someone who is involved in your care or payment for your care or with a person or business assisting in a disaster-relief effort.
- **Research.** Sometimes, we may use and share medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who got one medication to those who got another for the same problem. Medical information about you that has had identifying information removed may be used for research without your consent. We may share medical information about you with people who are preparing for a research project, such as to help them look for patients with specific medical needs, so long as the medical information they review does not leave the health system. If the researcher will have information about your mental health treatment that reveals who you are, we will get your consent before we may share that information with the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value when we use or share your medical information for research, except for money to cover the costs of preparing and sending the information to the researcher.
- **As Required or Permitted By Law.** We will share medical information about you when we have to or may do so under federal, state or local law. For example, North Carolina law requires that we report to state officials certain injuries to children or disabled adults.
- **To Avert a Serious Threat to Health or Safety.** We may use and share medical information about you when we have to in order to prevent a serious threat to your health and safety or the health and safety of the public or another person. The information shared, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** We are required by law to give out medical information concerning deceased patients to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, so that they can determine organ or tissue donation potential. If you are an organ or tissue donor, by law, we also have to provide medical information about you after your death to the person or organization that gets the organ or tissue donation.

- **Workers' Compensation.** When you ask for workers' compensation for a work-related injury or illness, we may share, without your permission, medical information about you to your employer, insurer, or care manager who is paying for your treatment for that work-related injury or illness.
- **Public Health Risks.** We may share, without your permission, medical information about you for public health activities.

These activities generally include the reporting, prevention or control of disease, injury, or disability; to report births and deaths; to report suspected abuse or neglect as required by law; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.

- **Health Oversight Activities.** We may share, without your permission, medical information to a health oversight agency for activities imposed by law. These activities include audits, investigations, inspections, and licensure. They are necessary for the government to check on the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may share medical information about you because of a court or administrative order. We also may share medical information about you because of a subpoena or other lawful process by someone else involved in the dispute by giving your medical records or information under seal to the court. The parties to the case or their attorneys may not open the copies of your medical record under seal, unless a judge orders otherwise.
- **Law Enforcement.** We may give out your medical information without your permission if asked to do so by a law enforcement official in response to a court order, grand jury demand or search warrant; about a death or injury we believe may be the result of a crime; if required by law to report a violent injury, such as a gunshot or stab wound or a poisoning; if a law enforcement official asks us for information to help locate a fugitive or suspect; or about suspected criminal conduct at the health system.
- **Coroners, Medical Examiners and Funeral Directors.** We may give out your medical information to a coroner or medical examiner without your permission. This may be necessary, for example, to identify a deceased person or to figure out the cause of death. We also may give out medical information about patients of the health system to funeral directors as needed to carry out their duties.
- **Security, Intelligence Activities and Protective Services.** We may give out your medical information without your permission to authorized federal or state officials for intelligence, counterintelligence and other governmental activities imposed by law to protect our national security.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we are required to give out medical information without your permission to the correctional institution or law enforcement official who has custody of you if necessary for the health system to provide you with health care, to protect your health and safety or the health and safety of others, to obtain payment, or for operations of the health system.
- **Behavioral Health Care.** Regardless of the other parts of this Notice, any information about your treatment in a special unit, by a designated program or by medical personnel whose primary function is to diagnose, treat, or refer you for alcohol or drug abuse treatment, and psychotherapy notes, will not be disclosed outside the health system except with your written permission, because of a court order, or as required by law. Private notes that a licensed mental health professional has decided to make about a session with you, keep in his or her personal files, and label as psychotherapy notes will not be shared with other people working within the health system, except for training reasons or to defend a legal action brought against the health system, unless you have given permission in writing. Other information about mental health treatment you receive may be shared outside the health system without your permission to obtain payment for your care and to coordinate your care and treatment.
- **Minors.** A parent, guardian, or other person with authority to act in loco parentis has authority to have and decide how to use the medical information about a minor patient, except:

(1) When the law provides otherwise, such as in case of suspected abuse or neglect of a minor.

(2) The minor has the right to get health care and medical information on his or her own behalf when seeking outpatient treatment for the diagnosis or treatment of emotional illness, the diagnosis or treatment of pregnancy (not abortion), and the diagnosis or treatment of sexually transmitted diseases. In these circumstances, however, the health system may choose to share such information with the minor's parent or guardian if the parent or guardian contacts the health system and wants such information.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

All other information that is shared in a way not addressed in this notice, including uses or disclosures for marketing purposes, or disclosures of your information in exchange for some form of payment, will be made only after you give your written permission or as required by law. You may change your mind and take back your permission in writing at any time. We will stop sharing this information the day that your written request is received by our Privacy Officer. We are unable to take back any disclosures we previously made with your permission.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we keep about you:

- **Right to Look At and Copy.** You have the right to look at and get a copy of medical information that may be used to make decisions about your care, unless your treating physician decides that giving you such information would be harmful to your health or well-being. When we do not allow you to look at and get a copy of your medical information, you may ask that the denial be reviewed. Another licensed health care professional chosen by the health system will review your request and the denial. The person looking at the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any part of your medical information in an electronic format, you may ask for an electronic copy of the information or ask that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that belong to the health system. To look at or get a copy of medical information that may be used to make decisions about you, you must ask for the copy in writing from the health system's Privacy Officer or the applicable location's health information management office. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies needed for your request, and we may collect the fee before giving the copy to you. If you agree, we may give you a summary of the information instead of giving you access to it, or we may provide an explanation of the information instead of a copy. Before giving you such a summary or explanation, we first will get your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **Right to Amend.** If you feel that medical information we have about you is not right or is incomplete, you may ask us to change the information for as long as the information is kept by the health system. You must ask for this change in writing and send it to the health system's Privacy Officer or the applicable location's health information management office. You must also give us your reasons for asking for the change.

We may decide to not make changes if you ask us to change information that is not in writing, does not include a reason why you are asking for the change, or was made by a provider at a non-Cone Health site (such as an inpatient or outpatient care center or a doctor, nurse, or pharmacist who is not an employee of the health system). If the information was made by a non-health system provider, we usually can forward your request to that provider. If a doctor, nurse, or pharmacist is no longer available for you to ask for changes, then we can review your request with this in mind. We may also deny changes to information that is not part of the medical information kept by the health system, is not part of the information which you would be allowed to see and copy, or has been found to be accurate and complete.

- **Right to Know What Has Been Shared.** You have the right to ask for a list of what medical information has been shared about you. This does not include information for treatment, payment, health care operations or information that you gave your consent to share. You must ask for this list in writing from the health system's Privacy Officer. You must

state a time period that may not be longer than six years before the date of the request. You should include in your request the form in which you want the list (on paper or electronically). The first list you get within a 12-month period will be free. For additional lists, we may charge and collect a fee for the costs of providing the list. We will notify you of the cost involved before providing the additional list, and you may choose to withdraw or change your request at that time without cost. If you decide you want the additional list, we may collect the fee before providing the list to you.

Right to Request Restrictions. Except where we are required to disclose information by law, you have the right to ask us not to share or to limit the medical information we use or share about you. For example, you could withdraw all authorizations you previously gave us to share your medical information. We are not required to agree to your request, except for restrictions on disclosures to your insurance company, as described below. If we do agree, we will act on your request unless the information is needed to give you emergency treatment or to share information as required by law. You must make your request in writing and send it to our Privacy Officer. In your request, you must tell us what information you want to limit and who you want the limits to apply to. For example, do you want to limit sharing information with your spouse?

You may ask that we not share your medical information with your health insurance company for some or all of the services you receive during a visit to any health system location. If you pay the charges for the services you do not want disclosed in full at the time of service, we generally have to agree to your request unless the disclosure is for treatment purposes or is required by law. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. There may be limitations on our ability to agree to your request, including if your payment is not received in full, if you want to restrict disclosure of only some of a group of items or services provided in a single visit where the group of services is usually bundled together for payment, or if you don't request a restriction and pay in full when you receive follow-up care for the same condition. Please note that once information about a service has been shared with your insurance company, we cannot agree to your request. If you think you may want to ask us not to disclose your medical information for a certain service, please let us know as early in your visit as possible.

- **Right to Ask for a Different Type of Communication.** You have the right to ask that we tell you about medical matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail, or at a mailing address other than your home address. To request certain types of communications, you must make your request in writing to our Privacy Officer and state how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any updated notice. You may ask us to give you a copy of this notice at any time or you may get a copy of this notice at our Web site, www.conehealth.com. To obtain a paper copy of this notice, contact the Privacy Officer at (336) 832-7073.

CHANGES TO THIS NOTICE

We can change this notice and make the 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 the health system.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any unauthorized use or disclosure of your medical information that we discover to determine if it is a breach of the federal privacy or security laws about medical information. If we determine that a breach has occurred, we will notify you in writing about the breach and tell you what we intend to do to limit the damage (if any) caused by the breach, and about steps you should take to protect yourself from possible harm as a result of the breach.

COMPLAINTS

If you have a complaint about your privacy rights, contact our Privacy Officer at (336) 832-7075. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. Complainants will not be penalized.