

## YOUR RIGHTS

You have the following rights with respect to medical information that we maintain about you.

### Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of medical information about you. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out of pocket, in full, you can ask us not to share that information for the purpose of payment or with your insurer. We will say "yes" unless the law requires us to share that information. The restriction can be terminated by either party at any time.

### Right to Receive Confidential Communications

You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address. We will say "yes" to all reasonable requests.

### Get an electronic or paper copy of your medical record

You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a summary or a copy of your records, usually within 30 days of your request. We may charge a reasonable, cost-based fee

### Right to Amend

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days

### Right to an Accounting of Disclosures

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you ask us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Right to be notified of a Breach

You have the right to be notified in the event that breach occurs involving your protected health information

### Right to Copy of this Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Copies of our current Notice of Privacy Practices are available in our lobby areas and also posted on our website: [www.CabarrusHealth.org](http://www.CabarrusHealth.org). At any time, you may also obtain a copy of the current Notice of Privacy Practices by contacting Privacy Officer, Cabarrus Health Alliance 300 Mooresville Road, Kannapolis, NC 28081.

## OUR DUTIES

Generally, we are required by law to maintain the privacy of medical information about you and to provide you with this notice of our legal duties and privacy practices and to notify affected individuals following a breach of unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

### Our Right to Change Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

### Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. All complaints should be submitted in writing. To file a complaint with us, contact Privacy Officer, Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, NC 28081. Phone: 704-920-1000. To file a complaint with the federal government: Region IV Office for Civil Rights, US Dept of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth St. SW, Atlanta, GA 30303-8909. You will not be retaliated against for filing a complaint.

## QUESTIONS AND INFORMATION.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Privacy Officer, Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, NC 28081 Ph.: 704-920-1000.

### Health Information Exchanges

We provide your health care information to a health information exchange (HIE) in which we participate. A HIE is a health information database where other health care providers caring for you can access your medical information from wherever they are if they are members of the HIE. These providers may include your doctors, nursing facilities, home health agencies or other providers who care for you outside of our hospitals or our practices. For example, you may be traveling and have an accident in another area of the state. If the doctor treating you is a member of the HIE in which we participate, s/he can access the information about you that other providers have contributed. Accessing this additional information can help your doctor provide you with well-informed care quickly because s/he will have learned about your medical history or allergies or prescriptions from the HIE. If you do not want your medical information to be contributed to the HIE's and shared with these member healthcare providers, you can opt out by visiting the following sites: <https://hiea.nc.gov/patients/your-choices> (NC HealthConnex HIE) and [www.atriumhealthcareconnect.org](http://www.atriumhealthcareconnect.org), then follow their instructions on how to submit an opt out form. Note that if you opt out, your providers may not have the most recent information about you which may affect your care. You can always opt in at a later date by visiting [www.atriumhealthcareconnect.org](http://www.atriumhealthcareconnect.org) or <https://hiea.nc.gov/patients/your-choices>.

If you are under the age of 18, please note the NC HIEA will not process your opt out unless your parent or legal guardian has signed your opt out Form, or you have been emancipated. Exception, If you are a minor and you receive treatment for (i) venereal disease and other reportable diseases, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance, the NC HIEA is permitting providers to not submit data pertaining to those treatments to NC HealthConnex if you sign an opt out form and we submit on your behalf.

Please speak with your health care provider to see if you are able to request that this information not be disclosed to NC HealthConnex. See N.C.G.S. 90-21.5 (Minor's consent sufficient for certain medical health services) and 45 C.F.R. §164.502 of HIPAA. It is important to note that providers themselves are required to not disclose this information to a parent or legal guardian unless medically necessary.



### NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

Revised August 8, 2025

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.

Cabarrus Health Alliance collects and maintains Health Information about you and is required by law to protect the privacy of your Health information. We are required to provide you with this Notice of Privacy Practice.

Language services and auxiliary aids to assist with your visit are available if needed at no cost

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information about you for a number of different purposes. Each of those purposes are described below.

### For Treatment.

We may use medical information about you to provide, coordinate or manage your healthcare and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. For example, we may consult with other health care providers concerning you and as part of the consultation, share your medical information with them. Similarly, we may refer you to another healthcare provider and as part of the referral share medical information about you with that provider. Exceptions apply to Substance Use Treatment Records protected under 45 C.F.R. part 2.

### For Payment

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third-party payer, or collection agency. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to determine if you are covered by that insurance or program. If you pay for the services that we provide to you, and no third-party payers are involved, you have the right to restrict disclosures of protected health information to a health plan for the service if you paid the service in full. This includes Mental Health and Behavioral Health records unless you object. In order to object, you must notify CHA in writing. Exceptions apply to Substance Use Records protected under 45 C.F.R. part 2.

### For Health Care Operations.

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate Cabarrus Health Alliance and to maintain quality health care for our patients. For example, we may use medical information about you to

review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers and students working in Cabarrus Health Alliance. We also may use the information to study ways to more efficiently manage our organization.

## OTHER USES AND DISCLOSURES

### How We Will Contact You

Unless you tell us otherwise in writing, we may use and share health information to contact you. For example, we may contact you using the information you provided, such as phone numbers(including cell), send text messages (SMS), email address and by mail. We may send you appointment reminders or information on health events and in doing so, we may send text notifications or leave messages for you on your voice mail. To opt out of text messages, please follow the instructions received in the text message.

### Disaster Relief

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**In special circumstances we may be permitted or required to disclose your information for:** Public Health Activities; Victims of Abuse, Neglect or Domestic Violence; Health Oversight Activities; Judicial and Administrative Proceedings; Disclosures for Law Enforcement Purposes; Coroners and Medical Examiners; Funeral Directors; Organ, Eye or Tissue Donation; Research; To Avert Serious Threat to Health or Safety to you or others; Military and veterans activities; National security and intelligence activities; Protective service for the president and others; Correctional institutions and other law enforcement custodial situations; Workers compensation or other similar programs; and to the government to demonstrate our compliance with the Privacy Rule.

### Individuals Involved in Your Care.

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person

responsible for the minor except in limited circumstances. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree with your request. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, **please notify Privacy Officer, 300 Mooresville Road, Kannapolis, NC 28081 or tell our staff member who is providing care to you.**

### Required by Law.

We may use or disclose medical information about you when we are required to do so by law.

**Genetic Information Non-Discrimination Act (GINA)** Health plans that are HIPAA covered entities, except long term care policies, are prohibited from using or disclosing an individuals protected health information that is genetic information for underwriting purposes.

**Marketing:** We may ask you to participate in marketing. With limited exceptions, this would require a written authorization by you before a use or disclosure of your protected health information can be made for marketing.

**Sale of your information requires a written signed authorization by you.** In limited circumstances, an individual authorization is not required, such as for the sale, transfer, merger, or consolidation of all or part of a covered entity and for due diligence connected to these activities.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

You may be asked to participate in research opportunities, if so, we would obtain a signed informed consent by you consenting to be involved in the research. Under limited circumstances set forth in the Privacy Rule, individual authorization may not be required.

A signed authorization by you is required if you request for us to disclose substance use counseling notes and or psychotherapy records (unless required by law).

CHA will adhere to the N.C. State Mental Health Law GS 122c.

You have the right to opt-out of disclosures for the purposes of treatment, payment and health care operations (TPO),. If you elect to opt-out, you must do so by signing CHA's non-disclosure form. For the purposes of disclosure of mental health records for reasons other than TPO, you will be required to sign a patient authorization form.

CHA will adhere to the Federal Law governing substance use disorder (SUD) 42 C.F.R. Part 2. In compliance with this law, records containing such information will only be released with either written consent by you (including authorization for purposes of TPO), when required by law, or by a court order. SUD treatment records will not be used or disclosed for civil, criminal, administrative, or legislative proceedings without either your written consent, or court order after notice and an opportunity to be heard is provided to you. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed;

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, NC 28081 Attn: Privacy Officer in writing of your desire to revoke.