8. You have the right to request access to your PHI.
9. You have the right to amend certain of your PHI.
10. You have the right to a list of disclosures we have made.
11. You have the right to request a copy of this Notice.
12. You have the right to file a complaint.
13. You have the right to authorize disclosures.
14. You have the right to appeal a denials.

The following members and affiliates of the University of North Carolina at Chapel Hill School of Medicine, general medicine clinical practices and regional health systems, individual health care providers, and other UNCHCS Affiliates which provide health care to you at the entities' locations, follow the privacy practices described in this Notice:

**UNCHCS AFFILIATED COVERED ENTITY & ORGANIZED HEALTH CARE ARRANGEMENT MEMBERS:**

**UNCHS HOSPITALS:**
- UNC Hospitals - The University of North Carolina at Chapel Hill, School of Medicine
- Smithfield, NC 27577
- Phone: (919) 962-2422
- Fax: (919) 962-2411
- Website: https://www.unchs.org

**UNCHS PHYSICIAN NETWORK GROUP PRACTICE LLCs:**
- Regional Physicians, LLC
- Premier Surgery Center, LLC
- Henderson County Hospital Corporation d/b/a Margaret R. Pardee Memorial Hospital
- 800 N. Justice Street
- Hendersonville, NC 28791
- Phone: (828) 696-4251
- Fax: (828) 696-4291
- Website: https://www.margaretrpardeememorialhospital.com

**Nash Hospitals, Inc., Nash MSO, Inc., and NHCS Physicians, Inc.:**
- High Point Regional Health
- 500 Wright Leaf Boulevard
- Smithfield, NC 27577
- Phone: (919) 962-7211
- Fax: (919) 962-7332
- Website: https://www.nashhospital.com
- Nash MSO, Inc.
- NHCS Physicians, Inc.

**Other UNCHCS Affiliates:**
- High Point Regional Health System Corporation d/b/a Margaret R. Pardee Memorial Hospital
- Henderson County Hospital Corporation d/b/a Margaret R. Pardee Memorial Hospital
- Johnson Health Services Corporation d/b/a Johnson Health Services Corporation
- Hendersonville, NC 28791
- Phone: (828) 696-4251
- Fax: (828) 696-4291
- Website: https://www.margaretrpardeememorialhospital.com

When physicians, nurses, and other individuals who are not employed by any entity provide health care to you at the entities' locations, the roles of the entity's Organized Health Care Arrangement and abide by this Notice. The entities and individuals are specifically and collectively referred to in this Notice as the “UNCHS Health Care System” or “we.”

Members of an Organized Health Care Arrangement may share protected health information about you with each other for the treatment, payment or health care operations purposes of the Organized Health Care Arrangement, as described in this Notice.

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We are required by law to maintain the privacy of your protected health information, to provide to you this Notice of Privacy Practices which describes your rights to privacy of your health information, and to notify affected individuals following a breach of unsecured protected health information. Please read this Notice carefully. If you have any questions about this Notice, please ask us. We will not deny you services because you exercise your privacy rights.

We are also required to abide by the terms of this Notice, which is currently in effect. We reserve the right to make changes to this Notice at any time. If we make a material change to this Notice, we will make sure the revised Notice is in effect before we make the new disclosure. For material changes in the use or disclosure of your medical information, we will make a new Notice of Privacy Practices available upon request. If we make a change, we will distribute a revised Notice of Privacy Practices to current patients, and distribute a new Notice of Privacy Practices to future patients. If you have not received our new Notice of Privacy Practices, you may request one by calling or writing us at the address below.

We facilitate your access to your health information by giving you access to your health information upon request. If you request this in writing, we will provide you with a written acknowledgment that we have received your request. To request access to your health information, you must submit your request in writing to the Contact Person listed below. You may also request that we restrict certain health information we use or disclose about you. When you request this, we will consider your request. Neither our decision to grant nor deny your request is binding on you. In making the decision about your request, we will consider your medical and other relevant information. To request a restriction, you must submit your request in writing to the Contact Person listed below. We will respond to your request in writing within 30 days of the receipt of your request. You may change your restriction at any time by writing to us.

We reserve the right to change the terms of this Notice at any time. In the event we change the terms of this Notice, we will provide you with a new Notice of Privacy Practices. If we change this Notice, we will make sure the new Notice is in effect before we make the new disclosure. For material changes in the use or disclosure of your health information, we will make a new Notice of Privacy Practices available upon request. If we make a change, we will distribute a revised Notice of Privacy Practices to current patients, and distribute a new Notice of Privacy Practices to future patients. If you have not received our new Notice of Privacy Practices, you may request one by calling or writing us at the address below.

Our duties to protect your health information

We are required by law to maintain the privacy of your protected health information, to provide to you this Notice of Privacy Practices which describes your rights to privacy of your health information, and to notify affected individuals following a breach of unsecured protected health information. Please read this Notice carefully. If you have any questions about this Notice, please ask us. We will not deny you services because you exercise your privacy rights.

We will not use or disclose your protected health information other than as described below unless you authorize the use or disclosure in writing.

We will use or disclose your protected health information for the following purposes:

A. OUR DUTIES TO PROTECT YOUR HEALTH INFORMATION

B. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use or disclose your protected health information for the purposes of providing treatment to you, obtaining payment for those services, and conducting certain other activities as described below.

TREATMENT: We need to use and disclose your PHI to provide, coordinate, or manage your health care and related services as may be necessary for your health and safety. This may include providing treatment, completing a wellness or prevention checkup, counseling, or providing or arranging for home care services and other needed follow-up care. To the extent required by law, we may disclose your PHI to another provider involved in your care. For example, we may disclose your PHI to your mental health provider, if you are being treated by a mental health provider and, if applicable, your financial provider. State law restricts the disclosure of your PHI to your financial provider. However, we may disclose your health information under State and Federal law for health oversight activities and to report vital statistics. We may also need to disclose PHI to you and others to provide you with other services, such as home health care providers or providers taking care of you.

PROVIDING PATIENTS WITH ACCESS TO INFORMATION: We need to use and disclose your PHI to you and others to the extent required or as otherwise permitted by law. We may disclose PHI to you and others to provide you with other services, such as home health care providers or providers taking care of you.

PROVIDING PATIENTS WITH ACCESS TO INFORMATION: We need to use and disclose your PHI to you and others to the extent required or as otherwise permitted by law. We may disclose PHI to you and others to provide you with other services, such as home health care providers or providers taking care of you.

COOPERATING WITH OUTSIDE ORGANIZATIONS: We need to use and disclose your PHI to outside organizations, including medical, educational, pharmaceutical, and other companies, to carry out our business activities. For example, your PHI may be seen and used in research studies (if you have signed an authorization to participate). Your PHI may also be used to contact you for Fundraising Activities:

1. To Prevent a Serious Threat to Life or Health: We may use or disclose your PHI to prevent or lessen the threat of a serious threat to the life or health of any person. For any other use and/or disclosure of your PHI not otherwise described in this Notice of Privacy Practices, we will seek your authorization.

2. If you have provided a cellular telephone number to us, we may use that number to contact you regarding billing and collections, unless you tell us otherwise.

Healthcare Business Associates: We may use or disclose to Healthcare Business Associates certain PHI for the purposes of performing business activities, which we call health care operations. These health care operations allow us to improve the quality and efficiency of the health care services provided to you. We may use and disclose your PHI to conduct health care operations, including: (i) providing, managing, and planning care; (ii) assessing the quality of care we provide and the quality of care provided by our other providers; (iii) training, maintaining and improving the skills of our health care providers; (iv) developing new services; (v) conducting medical education; (vi) providing treatment; an identified unit within a general medical care facility that holds itself out to the moti public as providing treatment; (vii) developing and testing new treatments and procedures; (viii) improving the quality of care we provide and reduce health care costs; (ix) providing training programs for students, trainees, health care providers or non-health care providers; (x) assisting various people who review our activities; (xi) conducting business management and administrative activities related to the care we provide; (xii) responding to government requests for PHI; (xiii) conducting activities for the purpose of facilitating your use or disclosure of your PHI; (xiv) providing health oversight activities; (xv) conducting improvement in which we participate. In addition, we may need to disclose your PHI for the “health care clearinghouse” function, which involves using or disclosing your PHI to submit claims electronically to your health plan (or, if you are self-insured, directly to you). We may also need to disclose your PHI for the purposes of facilitating your use or disclosure of your PHI to a coroner or medical examiner for the purposes of identifying you should you die.

3. You can object to certain uses and disclosures.

If you ask us to restrict uses and disclosures of your PHI, we will agree to the restriction. You must tell us of your request in writing. We are required to agree to your request, but only to the extent that your request complies with law. We will agree to a request to restrict uses and disclosures of your PHI if you ask us to do so. When the use or disclosure is otherwise required by law

• when the use or disclosure relates to certain research activities, we may disclose your PHI only to the extent necessary for the research and with the protections described in Section B.2 above.

• when the use or disclosure is for risk management purposes.

• when the use or disclosure is for the purpose of facility operations (subject to the special restrictions discussed in subsection B.4 below).

• when the use or disclosure is to notify the person who owns the pharmacy or his authorized agent.

B.5. We will provide you with an explanation of your rights and procedures for filing a complaint if you believe we have violated your privacy rights, and we will include a current address to which you can file a complaint. If you have any questions about this Notice or your rights, please ask us. In general, we cannot require you to agree to limitations on uses or disclosures of your protected health information except as described above. However, you may ask us to agree to restrictions on certain use and disclosures of your PHI. You may request restrictions on certain uses and disclosures of your PHI, and we will consider your request. Neither our decision to grant nor deny your request is binding on you. In making the decision about your request, we will consider your medical and other relevant information. To request a restriction, you must submit your request in writing to the Contact Person listed below. We will respond to your request in writing within 30 days of the receipt of your request. You may change your restriction at any time by writing to us.

B.6. We will provide you with a copy of this Notice of Privacy Practices and will give you a current version if you ask us.

2. We may use or disclose your PHI under circumstances without your authorization. We may use or disclose your PHI for a number of circumstances in which we do not have to consent, give authorization or otherwise have an opportunity to agree or object. However, some North Carolina laws relating to specific types of treatment may provide you with more protection, and those special protections are discussed in subsection S below.

The circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object are:

• when the use or disclosure is required by law. For example, when a disclosure is required to protect the life or health of any person.

• when the use or disclosure is necessary for public health activities. For example, when we disclose information to the North Carolina Cancer Registry. The North Carolina Cancer Registry is a program of the North Carolina Division of Public Health. The registry collects information about cancer patients that we treat. When the disclosure relates to health care, you may object to certain uses and disclosures.

• when the use or disclosure is for certain health oversight activities.

• when the use or disclosure is otherwise required by law. For example, when the use or disclosure is required by law to report information to the North Carolina Cancer Registry. The use or disclosure is required by the North Carolina Cancer Registry. The North Carolina Cancer Registry is a program of the North Carolina Division of Public Health. The registry collects information about cancer patients that we treat. When the disclosure relates to victims of abuse, neglect or domestic violence. When the use or disclosure is required by law.