

# Privacy Policy: Personal Health Information



The Davis Community, which includes The Davis Health Care Center, Champions Assisted Living, The Davis Health & Wellness Center at Cambridge Village, and The Davis Home Care Services maintains a serious commitment to ensuring your privacy. We are required to abide by this Notice of Privacy Practices. modify this notice and the revised notice will be effective for all protected health information in our possession at the time of change and any information created or received after. You may request a copy of any revised notice by contacting our office. If you have any questions about this notice, please contact our Quality & Compliance Administrator at 910-686-7195.

Protected Health Information, called PHI, is the demographic, financial, and medical information we collect, create, and maintain in the course of providing care to you. This notice will inform you how the The Davis Community may use and disclose protected health information (PHI) in compliance with the Federal Health Insurance Portability & Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH) as issued in the Omnibus Final Rule.

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## Uses and Disclosures of Protected Health Information (PHI)

We may use and disclose health information about you for:

- **Treatment:** We will use and disclose your PHI to provide medical care and assist you in obtaining physician ordered services, tests, consults, and medications. We will share information with Davis Community staff, contracting consultants, your physicians, and other health care professionals or their associates who are directly or indirectly involved in providing treatment or continuity of care to you. For example, we may communicate information by phone, fax, or computer when scheduling lab tests, ordering medications, or obtaining physician orders.
- **Payment:** Your PHI may be used and disclosed for business reasons including, but not limited to, verifying insurance benefits, obtaining authorization for services, and securing payment for services. For example, we may telephone your insurance carrier and provide the insurer with demographic information about you in order to verify eligibility. We provide your insurance with disease and treatment information in support of billable services. We copy and submit records to agencies authorized to conduct pre-payment and post-payment clinical reviews.
- **Health Care Operations:** In the process of operating we may use and disclose your PHI in support of our operations which include maintaining an in-patient directory, quality assessments, financial or medical audits, and medical record management. For example, we review protected health information when conducting chart audits. A consultant Pharmacist reviews medication orders. We maintain the name and room number of guests and residents in a resident directory for their convenience and may release that information to visitors or callers unless you request in writing that we exclude your name from the directory.

## Other Uses and Disclosures We May Make Without Your Written Authorization

We may use and disclose protected health information about you when required by regulation or legally authorized to do so for:

- Public Health Activities, including reporting of communicable diseases, adverse reactions to medications, injury from a health care product, and suspected abuse
- Federal and State Agency Oversight, including NC State Surveyors.
- Court Order, Military Order, Subpoena
- Coroners, Medical Examiners, Funeral Directors, Organ Procurement Agencies 01-51.0

## Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization

For uses and disclosures other than for treatment, payment, health care operations, and as required by Law, we are required to obtain your written authorization. We are required to obtain your written authorization for marketing purposes and the sale of PHI. If you wish us to release protected health information to individuals or entities not legally entitled to your records, such as a relative, friend, or attorney you must provide us with written authorization each time you wish us to release records. The release of psychotherapy notes requires a separate or stated authorization. You may request the appropriate authorization form from our Medical Records Department.

## Your Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to The Davis Community:

- The right to request restrictions on certain uses and disclosures of protected health information, including those to consultants, family members, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove the restriction.
- The right to restrict certain disclosures of PHI to a health plan or insurer when you pay out of pocket in full for a health care service or item.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means including email or at alternative locations.
- The right to request and receive a paper copy of your records or an electronic copy of records if maintained in electronic format.
- The right to be notified following a breach of unsecured PHI.
- The right to access protected health information about you that is created by The Davis Community.
- The right to request an amendment to protected health information we create. We may deny your request if it does not contain a reason that supports your request, the information was not created by us, or we believe the record to be accurate.
- The right to receive an accounting of disclosures of protected health information other than for treatment, payment, health care operations, or those made pursuant to your written or verbal authorization or consent.
- The right to opt out or decline to receive any marketing or fund raising material related to the organization, its services, or affiliated services and opportunities.
- The right to obtain a paper copy of this notice from us upon request.

If you have reason to believe that your privacy rights have been violated and/or you wish to file a complaint you may do so with the Quality & Compliance Administrator or the Department of Health and Human Services Office of Civil Rights within 180 days from the date of the incident of complaint.

Complaints may be filed without fear of retaliation:

Angie Barr, Compliance Officer The Davis Community 1011 Porters Neck Road Wilmington, NC 28411 (910) 686-7195	US Department of Health & Human Services Office of Civil Rights 200 Independence Ave., SW Washington, DC 20201 (202) 619-0257 (877) 696-6775
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I have received a copy of this Notice of Privacy Practices and have been given the opportunity to ask questions about how protected health information about me is used and my rights regarding that information.

Print Name	Patient Signature	Date
Print Authorized Rep Name	Authorized Rep Signature	Date

910-686-7195

[THEDAVISCOMMUNITY.ORG](http://THEDAVISCOMMUNITY.ORG)

Future Site | 990 Pullman Way | Wilmington, NC 28411

The Davis Community | 1011 Porters Neck Road | Wilmington, NC 28411

