



# WELCOME

## TO NORTHERN REGIONAL HOSPITAL

We are pleased you have chosen us to provide your medical care. Our team of physicians, nurses, and support personnel are here to provide you with the care and compassion you need and should expect. During your hospitalization, you will be treated as our guest—all of our personnel, facilities, and services are at your disposal. We know that hospitalization is never an entirely pleasant experience, but we will do our best to make you as comfortable as possible. If you have any questions or concerns, please don't hesitate to ask your physician or your nurse.

It is our privilege to be your health care provider.

Choose Well. Choose Northern.



### **YOUR CLINICAL TEAM:**

While you are a patient, your medical team cares for, diagnoses and treats you, providing the expertise you need. It is important to know your health care team is not limited to members of our physician and nursing teams. There are many other individuals who may be involved in your care.



The professional staff, as well as volunteers, provided a welcoming and nurturing environment to those, like myself, who needed encouragement and knowledgeable support. Each member of the team, through attention to detail and by carefully following my individual process, made Cardiac Rehab a very positive experience.

– MR. V

## THE MEDICAL STAFF

The physician who admits you is responsible for directing your care while you are in the hospital. As the coordinator for your treatment program, your physician should be consulted if you have questions about your illness.

**Hospitalist** Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. By focusing his or her practice on the care of hospitalized patients, a hospitalist can gain a great deal of experience in the unique aspects of a patient's needs during the hospital stay. Hospitalists spend their work day in the hospital, and thus are readily available to patients, families, nursing staff and other care team members.

**Consulting Physician** A consulting physician is a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient's disease, and works in conjunction with the attending physician (typically a hospitalist or surgeon) to diagnose and treat conditions.

**Physician Assistant/Nurse Practitioner** An advanced practice clinician (APC) who works under the supervision of an attending physician to provide care.

**Registered Nurse (RN)** The leader of your nursing team for a given shift. RNs care for you by offering compassion, protecting your safety and privacy, promoting open and honest communication, and carrying out physician's orders, such as giving medication, taking vital signs, and running tests.

**Licensed Practical Nurse (LPN)** LPNs work under the direction of an RN to help provide care during your stay by performing various tasks on behalf of your RN or doctor.

**Certified Nursing Assistant/Medical Assistant** A direct care provider, who, under the supervision of an RN, assists with basic nursing duties, including bathing, changing linens and assisting with personal hygiene.

**Case Manager** Case management is instrumental in coordinating the treatment of patients in healthcare settings. They collaborate with other medical professionals to help ensure patients get the medical care they need during their hospitalization and at the time of discharge.

## HOUSEKEEPERS

A member of the housekeeping staff cleans your room daily. If there is a housekeeping problem in your room, tell your nurse. It will be taken care of as soon as possible. You may also dial "0" to reach the operator from your bedside phone, if any of the following needs attention: cleanliness of room, room temperature, lights burned out, or TV not working.

## VOLUNTEERS

Volunteers contribute many hours of service to the hospital, by supplementing the services of the hospital staff in many ways. Volunteers can be identified by their navy vests or jackets and their name badges.

## OTHER PERSONNEL

During your stay, many other health care professionals, including personnel from the Laboratory, Pharmacy and Imaging Departments, Respiratory Therapy and Physical or Occupational Therapy, may visit you. In addition, the Northern Regional Hospital family includes many behind-the-scenes workers, such as accountants, engineers, secretaries, dining services and others who contribute greatly toward your well-being while you are here.



Northern Regional Hospital is truly one of the best kept secrets in our county! I was treated as if I was their only patient and I was never apprehensive or made to wait for any aspect of service! We love this facility and their staff.

- KATHY



Daily essentials available in the Gift Shop  
personal care and toiletries • cell phone accessories

*the  
gift shop*

### **GIFTS FOR PATIENTS**

Visitors should check with the nurse before bringing gifts of food or drink to patients. Please check with the nurse to make sure your gift is appropriate. On the intensive care unit, please check with the unit regarding any gifts and/or flowers for patients.

### **GIFT SHOP**

The Gift Shop is located on the first floor and is open from 9:00 a.m. to 5:00 p.m. Monday-Friday. Patients and visitors are welcome to browse the wide array of cards, candy, gift items, and other products, or converse with the volunteers who work in the Gift Shop. For more information, call the Gift Shop at 336-719-7057.





## TO PLACE A CALL FROM YOUR BEDSIDE PHONE

To reach the operator dial "0".

### In-house Calls

Dial the last four (4) digits of the number.

### Local Calls

9 + (area code) + (seven-digit number)

### Long Distance Calls

Dial "0"

The operator will assist you.



## TO HAVE YOUR FAMILY AND FRIENDS CALL YOUR ROOM DIRECTLY, THEY MAY CALL

336-719-7\_ \_ \_ (3 digit room number).

The ICU room numbers can be dialed directly by dialing 336-783-8\_ \_ \_ and the 3 digit room number.

They may also call 336-719-7000. This will connect them to the hospital operator, who will confirm the patient's room number and provide the phone number that will ring directly to the room.

**Main Hospital Number: 336-719-7000**

## HELPFUL INFORMATION

It is our goal to provide excellent care, and we hope your stay at Northern Regional Hospital will be comfortable. For your convenience, we are providing you with additional information that may be helpful.

## VALUABLES

We strongly urge you to leave valuables at home or send them home with a relative. It is also recommended that jewelry, money, and all valuables not be brought to the hospital. The hospital will not assume responsibility for the loss of money, jewelry, dentures, glasses or other property kept in your room.

## COMPUTER AND INTERNET ACCESS

Patients, family members and visitors may access our guest wireless internet from their cellphone, laptop or tablet device. Join the guest network by accepting the rules that apply to using the site.

## MEALS

We understand the quality and variety of food is an important part of a patient's hospital stay. Dining Services begin serving patient meals at **7:30 a.m. (breakfast), 12 p.m. (lunch), and 5 p.m. (dinner)**. Guest trays are available upon request, for a \$5 cash fee. Snacks and additional meals are available upon a request to your care team.

**Vending Machines** for snacks and beverages are located on the first floor in the Emergency Department, near the Main Entrance and the Day Surgery waiting area. They are all available 24 hours a day.

**Northern Regional Café** The cafeteria at Northern Regional Hospital is open **Monday — Friday 6:30 a.m. to 2:30 p.m. and 10:00 p.m. to 1:00 a.m., Saturday — Sunday 7:00 a.m. to 2:00 p.m., and is closed daily from 10:30 a.m. to 11:00 a.m.** Guests are welcome to purchase food and dine in the cafeteria at any time during regular hours of operation. Times may be subject to change.



Dedicated staff who  
treats each patient like family.  
Excellent care!

- MARIE



## LIVING WILLS AND HEALTH CARE POWER OF ATTORNEY

If you are 18 or older and mentally competent, you have the right to make decisions about your medical treatment. If you want to control decisions about your health care, even if you are unable to make or express them yourself, you will need an Advance Directive. An Advance Directive is a set of instructions you give about the health care you want, in the event you lose the ability to make decisions for yourself. There are three kinds of Advance Directives: a Living Will, a Health Care Power of Attorney, and Advance Instructions for Mental Health Treatment. Information on Advance Directives is available. Please consult your nurse.

## NOTARY PUBLIC

The services of a notary are available for patients free of charge. For information, dial "0" from your bedside phone to reach the Operator or ask your nurse.

## PATIENT EDUCATION

Channel 90 is the hospital's closed-circuit television station, which features a number of health-related programs. If you do not have a Channel 90 program schedule in your room, please ask your nurse for one.

## MAIL

Volunteers deliver letters and packages for patients each morning. Letters and parcels that arrive after you have been discharged are forwarded to your home. Stamps and stationery may be purchased in the Gift Shop. Outgoing mail may be left at the nurses' station or given to a volunteer.

## SERVICE ANIMALS

The American with Disabilities Act (ADA) allows service animals accompanying persons with disabilities to be on the Hospital campus. A service animal is generally permitted to accompany a person with a disability almost anywhere on campus. However, there are some places on campus that are not safe for service animals or are restricted access areas. Requirements of Service Animals and their Partners/Handlers include:

**Vaccination:** The animal must be immunized against diseases common to that type of animal. Dogs must have had the general maintenance vaccine series, including vaccinations against rabies, distemper, and parvovirus. All vaccinations must be current. Dogs must wear a rabies vaccination tag.

**Licensing:** The animal must comply with local licensing requirements.

**Leash:** The animal must be on a leash, harness or tether at all times. Exceptions: either the handler is unable because of a disability to use a harness, leash or other tether; or the use of a harness, leash or tether would interfere with the service animal's safe, effective performance of work, in which case the service animal must be otherwise under the handler's control using voice control, signals, or other effective means.

For more information on the hospital's service animal policy, see an administrative representative.

## **FAMILY AND FRIENDS**

**Visiting Hours** Northern Regional Hospital encourages and supports active involvement of patients' families and significant others in the plan of care. Visiting guidelines are designed to promote a therapeutic and healing environment for all patients and to provide for the safety of our patients, their families, and our employees. The patient or support person, where appropriate, may consent to receive visitors whom he or she designates, including, but not limited to, a spouse, domestic partner (including same-sex partner), another family member, or a friend, and may withdraw or deny consent at any time. Visitation will not be restricted, limited, or denied based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

### **Visiting Regulations**

- Visitor access is open from 6:00 a.m. until 9:00 p.m.
- Children are welcome, however, children under the age of 12 must be supervised by an adult at all times. Minor children of inpatient parents are not allowed to stay with the inpatient or to be left unattended without a responsible adult.
- Visitors should be healthy (without cough, fever, runny nose, sore throat, or diarrhea) or they may be asked to leave.
- Patients and/or families will be informed of the visitor guidelines during the admission process by nursing personnel.
- Visitors who will be staying past 9:00 p.m. will be required to wear an identification badge provided by the nursing unit.
- Visitors arriving after 9:00 p.m. must report to the information area at the Emergency Department Entrance. The respective unit will be contacted for approval/disapproval of the visit. Approval of the visit will be at the discretion of the nurse according to the patient's condition and/or the patient's requests to grant or deny the visitor.
- If the patient requests no visitors, this will be honored and displayed on the patient's room door.
- Visitation may be restricted or limited when the patient is undergoing care interventions, or when they may interfere with the care of the patient or other patients.

## **CHAPEL**

A meditation chapel is located on the main floor. Visitors of all faiths are welcome to visit the chapel for prayer, meditation, and quiet reflection.

## **PARKING**

Parking for patients and visitors is available 24 hours a day, seven days a week. All parking at Northern Regional Hospital is free. Patients and visitors are required to park in the designated parking spaces. Please be sure to place valuables out of sight and lock your car. If you need assistance with your vehicle or encounter any type of emergency, you should request help by activating the nearest Emergency Call Box (these are located throughout our parking areas) or request Public Safety by calling 336-719-7000.

## **WAITING AREAS**

There are designated lounge areas for visitors on each patient floor and on the first floor in the Main Lobby. Specific waiting areas have been designated for families of patients in the Critical Care Units, the Emergency Department and Surgery. During certain hours, a volunteer hostess is on duty in the Surgery Waiting area to keep family members informed about the progress of their loved one's surgery.

## **ATM**

An ATM is located in the main hallway of the first floor of the hospital.



## FOR YOUR SAFETY AND SECURITY

Many hospitals across the country are working to make health care safety a priority. We encourage our patients to be active participants in their health care through the use of the “Speak Up” program.

- S** Speak Up if you have any questions or concerns; and, if you don’t understand, ask again.
- P** Pay attention to the care you are receiving. Ask questions when you don’t understand.
- E** Educate yourself about your diagnosis, medical tests, and your plan of care.
- A** Ask a trusted family member or friend to be with you if you are unable to ask questions for yourself.
- K** Know what medications you take.
- U** Use a health care organization that has undergone rigorous on site-evaluations.
- P** Participate in decisions about your treatment. You are the center of your health care team.

## SMOKING POLICY

Northern Regional Hospital is a tobacco-free facility. Smoking and the use of tobacco products (including electronic cigarettes, vaping or any smokeless cigarette products) are not allowed anywhere on campus by patients, visitors, staff, or vendors.

## IDENTIFICATION

All employees are required to display a hospital ID/name badge. Patients should request to see the ID badge of any unknown person entering their rooms or performing any type of care. If a suspicious person is located, contact your nurse or dial 5000 from an internal phone and request immediate security assistance.

## WHEELCHAIRS

Wheelchairs are available on all nursing units, but getting in and out of them without assistance may be hazardous. Please ask for help from a member of the hospital staff.

## FIRE DRILLS

The hospital conducts regular fire and disaster drills. If a drill occurs, please remain in your room and stay calm. The hospital is a fire-resistant building, and the staff is trained in fire protection.

## ACTIVE SHOOTER

In the event of an active shooter or if you hear gunshots, stay in your room with the TV and lights off and door closed (preferably in the bathroom with the door locked), until told to do otherwise. Remain quiet and do not exit your area of refuge until a Security Officer and/or Law Enforcement Officer arrives.

## OXYGEN

Special regulations are in effect in areas where patients are receiving oxygen. Certain electrical devices and aerosol products are not permitted in these areas. Absolutely no open flame devices are permitted in any patient area.

## MEDICATIONS

All medications you take while in the hospital are prescribed by your doctor, dispensed by the hospital pharmacy, and administered by a nurse. Patients are not permitted to administer their own drugs or keep personal medications at their bedside, unless arranged and approved in advance by your physician, and with the knowledge of nursing and the pharmacy.

## PERSONAL OR LOST ITEMS

Patients are asked not to bring personal items to the hospital. If you must bring valuables, the hospital will provide safekeeping for items as requested, and if the condition warrants. The hospital will not be responsible for lost or stolen items retained by a patient during their hospital stay.

## EXPECTED BEHAVIOR

We strive to provide a safe and healing environment for all our patients, visitors, and staff. We have a zero tolerance policy for abusive or violent behavior, which includes verbal and/or physical abuse toward our patients, visitors or staff. Abusive or verbal behavior may include: name calling, yelling, and/or the use of profanity, threats or intimidation, sexually derogatory comments, inappropriate touching or physical harm. Violations will result in immediate security action, and may result in the removal of the offender from the premises and possible law enforcement action.

## HOSPITAL BILLS AND INSURANCE

All patients should familiarize themselves with the terms of their insurance coverage. This will help you understand the hospital's billing procedures and charges. If you have a question about your insurance coverage, you may call Customer Service at 336-719-7458 and speak to our Customer Service Representatives. They will be able to assist you with any questions.

### **If You Have Traditional Health Insurance or are a Member of an HMO or PPO**

We will need a copy of your insurance card. You will be asked to assign benefits from the insurance company directly to the hospital. Your plan may have special requirements, such as a second surgical opinion or pre-certification for specific tests or procedures. It is your responsibility to make sure the requirements of your plan have been met. If your plan's requirements are not followed, you may be financially responsible for all or part of the services rendered in the hospital. Some physician specialists may not participate in your health care plan and their services may not be covered.

### **If You Are Covered by Medicare or Medicaid**

We will need a copy of your Medicare/Medicaid card to verify eligibility and process your Medicare or Medicaid claim. You should be aware that the Medicare program specifically excludes payment for certain items and services, such as cosmetic surgery, some oral surgery procedures, personal comfort items, hearing evaluations and others. Medicare also excludes payment for self-administered drugs if you are in an outpatient status (observation), and occupying a hospital bed. Deductibles and co-payments also are the responsibility of the patient. Deductibles and co-insurance vary with inpatient or outpatient status.

### **If You Have No Insurance**

A patient advocate will discuss financial arrangements with you. They will request financial information to determine if you qualify for any federal or state assistance. The hospital also offers interest-free payment plans. Any questions you might have regarding your financial responsibility can be directed to Customer Service at 336-719-7458.

### **Your Hospital Bill**

The Hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. Please remember, your policy is a contract between you and your insurance company. You have the final responsibility for payment of your hospital bill.

Your bill reflects all of the services you receive during your stay. Charges can include a daily room rate, pharmacy, X-rays, laboratory tests, and charges for any procedures performed. If you have certain tests or treatments in the hospital, you may receive bills from physicians you did not see in person. These bills are for professional services rendered by these doctors in diagnosing and interpreting test results while you were a patient. Hospitalists, pathologists, radiologists, cardiologists, anesthesiologists and other specialists perform these services and are required to submit separate bills. If you have questions about these bills, please call the number printed on the statement in question.



We are committed to you.

## MEDICAL RECORDS

Our Health Information Management team provides timely and quality medical record retention, storage and retrieval.

### How do I get a copy of my medical records?

To speak to a representative regarding obtaining a copy of your medical records, please call 336-719-7006. Hours: Monday - Friday 8:30-4:30. Health Information Management (Medical Records Department) does not give test results over the phone.

### How can I get my spouse's medical records?

You must have a dated release of information form signed by your spouse to get his or her records.

### Can I have a copy of my radiology images to take to another physician?

You may obtain radiology images from the imaging department by calling 336-719-7005 in advance. You will need to sign a release of information form when you pick up the copies. The reports come from the Health Information Management department.

### Do you have a copy of my advance directive?

We place a copy of your advance directive in your medical record when you bring it in. We also maintain a copy in the health information system. We ask that you bring your advance directive every time you come to the hospital so we always have the most up-to-date copy.

Patient Portal



My Northern Chart provides patients with a way to electronically access their medical records, online bill pay, and messaging.

**PLEASE NOTE:** My Northern Chart only relates to services provided at Northern Regional Hospital and will not include health information from any other health care facilities that you may utilize for health services.

You will need to provide your personal email (or an authorized representative's email) when you are registered as a patient at Northern Regional Hospital. You will receive an invitation to register on the Patient Portal by creating a new account requiring a username and password. After you have registered as a user, the web address for the Patient Portal is [MyNorthernChart.com](http://MyNorthernChart.com). If you have questions or concerns regarding the Patient Portal, you can reach our Health Information Management at 336-783-8182 or 336-783-8018, Monday - Friday from 7:30 a.m. -4:00 p.m. EST.



## GOING HOME

When your doctor decides you are ready to leave the hospital, a discharge order will be written. You may want to make arrangements with a family member or friend to help you when it's time to go home. You will receive discharge instructions in writing, which include information for your care at home. We will be happy to explain any aspect of your treatment. If you have questions, please ask your nurse.

## PERSONAL BELONGINGS

Collect all of your belongings and double-check closets and drawers. If you have anything stored in the hospital safe, please alert the staff.

## MEDICATIONS

Your discharge instructions will include instructions on any medications your doctor would like for you to start, continue or discontinue.

## TRANSPORTATION SERVICE

When you are ready to leave, a member of the hospital staff will escort you to the Patient Discharge Entrance and help you into your vehicle. If you need a taxi-cab or other transportation, please ask the nurse to assist you in making these arrangements.

## POST DISCHARGE SURVEYS

After your discharge you may be asked to participate in a survey about your hospital stay. The survey, HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical,

surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare patients. The hospital uses an approved vendor to conduct the survey on their behalf. If you would like to speak with someone to obtain more information about the survey, you may contact someone in Quality Management at 336-783-8023.

## ADDITIONAL CARE UPON DISCHARGE

There are occasions when patients need additional treatment or care after being discharged from the hospital. To meet the special needs of these patients, Northern Regional Hospital offers some specific options:

**Northern Skilled Nursing Center:** This unit is designed for patients who no longer require acute care in a hospital but who need additional short-term care before discharge. Rehabilitation and specialized nursing care are emphasized.

**Northern Rehabilitation Services:** Northern Rehab offers a variety of professional services including Physical Therapy, Occupational Therapy, Wound Care, and Speech/Language Therapy. For more information, call 336-719-7129.







## PATIENT RIGHTS

“Patient” is used with the understanding that a designated representative may be acting on behalf of the patient.

### ACCESS TO CARE

The right to impartial access to all available services and medically indicated treatments, regardless of race, creed, sexual orientation, gender identity or expression, national origin, handicapping condition, sources of payment, or lack of ability to pay.

### RESPECT AND DIGNITY

The right to considerate, respectful care with recognition of their personal dignity, including announcing oneself when a member of the hospital staff enters a patient room and working to assure visual and auditory privacy for the patient.

### PRIVACY AND CONFIDENTIALITY

The right to confidentiality of all records and communications, written or oral, between patients and health care providers; except as authorized by the patient or as may be necessary to promote continuity of care, to facilitate reimbursement on the patient’s behalf, or to comply with the law. Additionally, if family/ significant other(s) / designated representative are to be included in the discussions of the patient’s condition and care needs, the patient should be asked to designate who he/ she wishes present or informed. Patients also have the right to personal privacy.

### PERSONAL SAFETY

The right to expect reasonable safety insofar as the hospital practices and environment are concerned.

### IDENTITY

The right to know the identity, credentials, licensure of all personnel involved in his or her care.

### INFORMATION

The right to be informed of his or her health status, to be involved in the care planning and treatment (this includes pain management), and to be able to request and refuse treatment.

The right to obtain from their physicians, in terms they can be reasonably expected to understand, complete current information concerning their diagnosis, treatment and prognosis. When it is not deemed medically prudent to give such information to the patient, the information will be made available to the appropriate person acting for the patient.

The right to access, upon request, all information contained in their medical record; except when such access is specifically restricted for medical reasons by the attending physician.

### COMMUNICATION

The right to receive information in a manner he/she understands with access, when and if reasonably possible, to a language interpreter, to TDD, or to a certified sign language interpreter in order to facilitate communication.

### CONSENT

The right to receive from their physicians sufficient information for them to give informed consent prior to the start of any procedure and/or treatment, except for circumstance constituting life-threatening emergencies.

The right to refuse to participate in research projects affecting their care or treatment.

### CONSULTATION

The right, at their request and expense, to assistance in obtaining consultation with other physicians.

### REFUSAL OF TREATMENT

The right, to the extent permitted by the Patient Self-Determination Act and other laws, to refuse treatment and to be informed of the potential or possible consequences of this action.

### ETHICAL ISSUES/CARE OF THE DYING

The right to be involved and actively participate in decisions that affect the extent and type of the care they will receive, including the right to participate in questions of pain management and other decisions affecting care of the dying patient.

### TRANSFER

The right to expect, within its capabilities, that NRH will make reasonable response to requests for services. When medically appropriate, a patient may be transferred to another facility only after he/she (or an appropriate person on his/her behalf) has received reasonable information concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

### CONTINUITY OF CARE

The right to be notified in advance of their impending



discharge, to obtain at their own expense a second medical opinion on the appropriateness of discharge and, upon request, to have a person of the patient's choice notified reasonably in advance of the discharge.

Upon discharge, patients will be informed by their physicians of their continuing health care requirements and the resources available for meeting those requirements.

#### HOSPITAL CHARGES

The right to examine and receive an explanation or clarification of their bill, regardless of the source of payment.

#### COMPLAINTS AND CONCERNS

The right to express concerns regarding the quality of care being given, in a non-threatening and constructive atmosphere without fear of compromised care now or in the future. Information on the hospital's mechanism for ensuring this right will be presented to the patient or his/her representative during the admission process.

#### CULTURAL AND SPIRITUAL BELIEFS

The right to exercise any cultural and spiritual beliefs that are not violations of the law. The care of a patient shall include the psychosocial, spiritual and cultural values that influence the perceptions of illness.

#### FORMULATE ADVANCED DIRECTIVES

The right under State law to formulate advanced directives. Information regarding advanced directives will be given at the time of admission or registration.

#### FREE FROM VERBAL OR PHYSICAL ABUSE OR HARASSMENT

The right to be free from abuse. While the patient is under the hospital's care and on its property, the hospital is responsible for ensuring the patient's health and safety and his or her physical, emotional, and psychological well being.

#### FREE FROM SECLUSION AND RESTRAINT

The right to be free from seclusion, physical restraints, and drugs that are used as a restraint that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

#### NOTIFICATION OF ADMISSION

The right to have a family member or representative of his/her choice and his/her personal physician notified promptly of admission to the hospital.

#### PAIN MANAGEMENT

The right to have pain relieved or controlled.

#### VISITATION

The right to be informed of their visitation rights, including any clinical restrictions or limitations on visitation. The patient or support person, where appropriate, may consent or deny to receive visitors whom he or she designates, including, but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member, or a friend, and may withdraw or deny consent at any time. Visitation will not be restricted, limited, or denied based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

## PATIENT RESPONSIBILITIES

1. To provide, to the best of their knowledge, accurate and complete information about present conditions, past illnesses, hospitalizations, medications and other matters relating to their health.
2. To report to the practitioner responsible for their care, any unexpected changes in their condition.
3. To report whether they clearly comprehend a contemplated course of action and what is expected of them.
4. To inform their physicians of any existing advance directives and for providing a copy of any and all current such documents as near to the time of admission as possible.
5. To follow the treatment plan recommended by the practitioner primarily responsible for their care.
6. To keep appointments and, if they are unable to do so for any reason, notify the responsible practitioner (or the hospital).
7. To assure that the financial obligations of their health care are fulfilled as promptly as possible.
8. To follow hospital rules and regulations in place to support quality patient care and a safe environment.
9. To support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
10. To be respectful of the property of other persons and of the hospital.
11. Patients are responsible to:
  - ask their doctor or nurse what to expect regarding pain and pain management,
  - discuss pain relief options with their doctors and nurses,
  - work with their doctor and nurse to develop a pain management plan,
  - ask for pain relief when pain first begins,
  - help their doctor and nurse assess their pain,
  - tell their doctor or nurse if their pain is not relieved, and
  - tell their doctor or nurse about any worries they have about taking pain medication.

# NOTICE OF PRIVACY PRACTICES

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.

This Notice describes the privacy practices of Northern Regional Hospital (the "Hospital") and certain hospital-based physicians who provide services to patients at the Hospital.

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information. Your health information includes, among other things, information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. This Notice tells you how the Hospital may use and disclose your health information, your rights as they relate to your health information, and how to complain if you believe your privacy rights have been violated.

## **How We May Use and Disclose Your Health Information:**

We may use and disclose your health information for a variety of important purposes described below.

### **1. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION AS FOLLOWS:**

- **Treatment:** We may use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose your health information to other health care providers who are participating in your treatment and to pharmacists who are filling your prescriptions.
- **Payment:** We may use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your insurance company.
- **Health Care Operations:** We may use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.
- **Organized Health Care Arrangement:** The Hospital and certain hospital-based physicians with which it contracts participate in an organized health care arrangement. The Hospital and those physicians participating in the organized health care arrangement may share your health information with each other as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.
- **Required by Law:** We may use or disclose your health information when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities:** We may disclose your health information, including, but not limited to, vital statistics (including births and deaths), disease-related data, and information related to recalls of dangerous products, to public health authorities for public health activities.
- **Abuse, Neglect or Domestic Violence:** We may disclose your health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.
- **Health Oversight:** We may use or disclose your health information to a health oversight agency for oversight activities authorized by law. For example, we may disclose your health information to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.
- **Judicial and Administrative Proceedings:** We may disclose your health information in response to an appropriate subpoena or other lawful request for information in the course of legal proceedings, or pursuant to a court order.
- **Law Enforcement Purposes:** Subject to certain restrictions, we may

disclose your health information to law enforcement officials.

For example, we may disclose your health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.

- **Coroners/Medical Examiners:** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a decedent, determining a cause of death, or for other purposes as necessary to enable these parties to perform their duties. We may also disclose your health information to a funeral director as necessary to carry out his/her duties.
- **Organ Donation:** We may use or disclose your health information to organ procurement organizations when the use or disclosure relates to organ, eye or tissue donation and transplantation.
- **Research:** Subject to certain restrictions, we may use or disclose your health information for medical research.
- **Serious Threat to Health or Safety:** We may use or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, may only be to someone able to help prevent the threat.
- **Military and Special Government Functions:** If you are a member or a veteran of the armed forces, we may use or disclose your health information as required by military command authorities. We may also disclose your health information for national security, intelligence, or similar purposes.
- **Inmates:** If you are an inmate of a correctional institution or otherwise in the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.
- **Workers Compensation:** We may disclose your health information to comply with workers compensation laws or similar programs providing benefits for work-related injuries or illness.
- **Limited Marketing and Fundraising:** We may use or disclose your health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication occurs in a face-to-face meeting with you or concerns promotional gifts of a nominal value. We may also use your health information to contact you to raise funds for the Hospital, and you have the right to opt-out of receiving such fundraising communications. If you do not wish to be contacted for fundraising activities, you must notify the Privacy Officer in writing at the address provided below.
- **Appointment Reminders:** We may use your health information to contact you with appointment reminders. We may also use your health information to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Business Associates:** We may use or disclose your health information when the use or disclosure is necessary for our business associates, such as reference laboratories or consultants, to provide services to, or provide business functions for, the Hospital. To protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands.

### **2. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES ONLY AFTER GIVING YOU AN OPPORTUNITY TO AGREE OR TO OBJECT TO THE USE OR DISCLOSURE AND YOU HAVE EITHER AGREED OR NOT OBJECTED TO THE USE OR DISCLOSURE:**

- **Involvement in Care:** We may disclose your health information to family members, other relatives, or your close personal friends if the information is directly relevant to the family's or friend's involvement in your care or payment for that care, and you have either agreed to the

disclosure or have been given an opportunity to object and have not objected to the registration clerk or the Privacy Officer.

If you are not present or able to agree or object, or if there is an emergency situation, we may disclose your health information to your family or friends if we determine the disclosure is in your best interest. We may also disclose your health information to notify, or assist in the notification of, a family member, relative, friend or other person identified by you of your location, general condition or death.

- **Facility Directories:** We may share your name, your room number, and your general condition (stable, fair, good) in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.

- **Disaster Relief:** We may share your health information with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still share the health information about you, if necessary, in emergency circumstances.

**3. IN ANY SITUATIONS OTHER THAN THOSE DESCRIBED ABOVE, WE WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING YOUR HEALTH INFORMATION. IF YOU CHOOSE TO SIGN AN AUTHORIZATION TO ALLOW US TO USE AND DISCLOSE YOUR HEALTH INFORMATION, YOU CAN LATER REVOKE THAT AUTHORIZATION TO STOP ANY FUTURE USES AND DISCLOSURES BY CONTACTING THE PRIVACY OFFICER. HOWEVER, YOU CANNOT REVOKE YOUR AUTHORIZATION FOR USES AND DISCLOSURES THAT WE HAVE MADE IN RELIANCE UPON SUCH AUTHORIZATION.**

HIPAA specifically requires that we obtain your authorization for the following uses and disclosures:

- **Psychotherapy Notes:** We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations functions or as otherwise required or permitted by HIPAA.
- **Marketing:** We must obtain your authorization for any use or disclosure of your health information for marketing purposes, except if the marketing communication is in the form of a face to face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.
- **Sale of Health Information:** We must obtain your authorization for any disclosure of your health information that is a sale of health information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

In the event that North Carolina law or another federal law requires us to give more protection to your health information than stated in this Notice or required by HIPAA, we will provide that additional protection. For example, we will comply with North Carolina law relating to communicable diseases, such as HIV and AIDS. We will also comply with North Carolina law and federal law relating to treatment for mental health and substance abuse issues.

**INDIVIDUAL RIGHTS: YOU HAVE THE FOLLOWING RIGHTS WITH REGARD TO YOUR HEALTH INFORMATION. PLEASE CONTACT THE PRIVACY OFFICER AT THE NUMBER OR ADDRESS BELOW TO OBTAIN THE APPROPRIATE FORMS FOR EXERCISING THESE RIGHTS:**

- **Request Restrictions:** You may request restrictions on uses and disclosures of your health information to carry out treatment, payment or healthcare operations described above or to persons involved in your care or for notification purposes. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions. If you request that your health information not be disclosed to a health plan, we must agree to that restriction if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which your or someone on

your behalf (other than the health plan has paid us in full).

- **Confidential Communications:** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

- **Inspect and Obtain Copies:** In most cases, you have the right to inspect and obtain a copy of your health information. There will be a charge for the copies, postage and the costs of providing a summary of the health information provided, as applicable.

- **Amend Information:** If you believe that health information in your record is incorrect, or if important health information is missing, you have the right to request that we correct the existing information or add the missing information. If we deny your request for an amendment, correction, or update, we will provide an explanation of our denial and allow you to submit a written statement disagreeing with the denial.

- **Accounting of Disclosures:** You may request a list of instances where we have disclosed health information about you during the previous six years. The list will not include certain disclosures including, but not limited to, disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures for the facility's directory or to persons involved in your care. In the event we make disclosures of your health information through an electronic health record, the list will include disclosures for treatment, payment, and health care operations made during the previous three years.

- **Copy of Notice.** You may request a paper copy of this notice at any time.

**Our Legal Duty:** We are required by law to protect and maintain the privacy of your health information, and we are required to notify you of any breach of your unsecured health information. We are required by law to provide this Notice about our legal duties and privacy practices regarding your health information, and to abide by the terms of the Notice currently in effect.

**Changes in Privacy Practices:** We reserve the right to change our privacy policies and the terms of this Notice at any time and to make the new policies and provisions effective for all health information that we maintain at that time. You may obtain a revised Notice at any time by contacting the Privacy Officer or by going to our website at [www.wearenorthern.org](http://www.wearenorthern.org).

**Contact Person:** For more information about our privacy practices, contact our Director of Health Information Management-Privacy Officer at (336) 719-7000, ext. 5113, or write to:

**Northern Regional Hospital**

Director of Health Information Management/Privacy Officer  
PO Box 1101  
Mount Airy, NC 27030

**COMPLAINTS: If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact our Privacy Officer at the address and/or phone number above. You also may send a written complaint to the U.S. Department of Health and Human Services:**

Region IV, Office for Civil Rights  
US Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW.  
Atlanta, GA 30303-8909  
Phone (404) 562-7886 or FAX (404) 562-7881

**You will not be penalized in any way for filing a complaint.**

Rev. 1/09; 9/13, 10/19. Effective Date: The effective date of this Notice is October 1, 2019

