Outpatient Handbook

FirstHealth

Moore Regional Hospital • Moore Regional Hospital-Hoke
Montgomery Memorial Hospital • Moore Regional Hospital-Richmond

Quick Reference

Welcome 2

Guest Services and Information 2

Phones/Recording Policy 3

Wi-Fi 4

Patient Safety 4

Prevent Infections 6

Your Rights as a Patient 7

Pain Management 10

FirstHealth *My*Chart 11

Your Hospital Bill 11

Financial Assistance 11

Privacy Information 14

Notice of Privacy Practices 15

About NC HealthConnex 21

Welcome to FirstHealth of the Carolinas

FirstHealth of the Carolinas is an organization committed to serving its patients and other customers. Its core purpose, "to care for people," challenges all members of the organization to meet its mission in all they do.

During your stay, we know you will have questions so we hope the information provided here will help you learn more about the services and resources that are available to you and your visitors.

Our goal is to provide an Exceptional Patient Experience. To help make your stay the best that it can be, we've prepared the following set of tips:

- Designate one trusted family member or friend to be your patient designee/support person
- Decide if you want additional HIPAA authorizations
- Know the name of the physician and other professionals responsible for coordinating your care
- Ask the nurse for explanations when you or your patient designee/support person has questions about what is going on with your plan of care
- Tell the staff about non-medical special considerations you may have
- Keep a bedside journal of questions you may have for the hospital professionals or for your primary care provider when you are seen for follow-up care after discharge
- Encourage your patient designee/support person to take care of him/herself, to get rest and to manage emotions. While you are in Moore Regional Hospital, ask the staff about the availability of the Clara McLean House
- As a not-for-profit health care system, FirstHealth offers financial help to patients, ensuring health care services are accessible and affordable for everyone. Please call (800) 798-6946 Monday through Friday 8:30 a.m.- 5 p.m. or visit www.firsthealth.org/paymybill

We thank you for choosing FirstHealth of the Carolinas for your health care.

Visitor Information Guidelines

Patient Visitation Rights

FirstHealth of the Carolinas strives to create a patient-centered setting and promote healing. An important part of the healing process is patient visitation. FirstHealth ensures that all visitors will enjoy full and equal visitation rights. These rights are given based on the patient's approval. FirstHealth does not limit or deny visitation based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

FirstHealth respects and supports each patient's right to have an approved adult patient designee/support person. One adult patient designee/support person is allowed while being cared for in any FirstHealth hospital. Every effort will be made to accommodate a patient's support person. This is done in hopes of providing support and comfort to the patient. Please be aware that the patient or support person designated by the patient has the right to allow or deny visitation.

If visitation restrictions in specialty areas are clinically necessary, a patient care staff member or physician will explain this to the patient and/or patient's designee/support person. If a patient is unable to communicate his/her wishes and has not presented an advance directive, but an individual asserts that he/she, as the patient's spouse, domestic partner, parent or other family member/friend, is the patient's designee/support person, the hospital will accept this assertion without request for documentation.

The patient (or patient designee/support person, where appropriate) has the right, subject to his or her consent, to receive visitors and withdraw or deny visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member or friend.

General Visitation

1. Visitation is encouraged Monday-Friday between 7 a.m. and 8:30 p.m. and Saturday and Sunday between 8 a.m. and 8:30 p.m. All visitors should enter via designated visitor entrances and check in with the closest information desk
2. Two visitors per patient (which includes adult patient designee/support person) may visit. Patient care staff will allow one adult designated support person to stay with a patient overnight
3. Visitors who are ill or have had a fever within the last 24 hours must not visit until they have been symptom-free for 24 hours
4. People with a contagious illness or disease should not visit patients
5. All visitors must wash/disinfect their hands before and after their visit
6. All visitors must wear shirts and shoes
7. Visitation by children under 12 years of age is not allowed except when approved by caregivers in special circumstances. Children must be under adult supervision (not the patient) at all times for safety reasons. If children become disruptive within the patient care areas, the responsible adult will need to escort them out. Disruptive adults will be asked to leave also
8. Clergy are permitted to visit any patient admitted to the hospital who requests or consents to be visited by a clergy member
9. General visitation may be restricted/adjusted to respond to local or national health crisis such as epidemics/pandemics, due to other unexpected environmental situations where facility-wide visitation restrictions are in the best interest of patients, or when patient care staff determines it is clinically necessary

Guest Services and Information

Cell Phones

The use of cell phones is permitted in all areas of the hospital except those noted as no-cell zones. No-cell zones are marked with signage.

Exceptional Patient Experience

Would you like to share your exceptional experience with us? Nominate a deserving FirstHealth staff member by visiting www.firsthealth.org/caretoshare.

Hospital Alerts

Any emergency alerts will be announced over the hospital intercom system. Ask a nurse or staff member for more information.

Interpreter Services

Interpreter services are available for non-English-speaking, deaf and hard-of-hearing patients at no charge. Ask your caregiver for help.

Recording Policy

Written consent and authorization must be obtained for the recording or filming, including photographic, video, electronic or audio media, in the hospital, hospital grounds, any FirstHealth facility, patient, staff or individual for any purpose other than identification, diagnosis or treatment of said patient by the provider.

Wi-Fi
FirstHealth provides wireless Internet access at no charge. Any computer or handheld device with a wireless network card should recognize our "guest" network.

Patient Safety

Everyone at FirstHealth of the Carolinas has a role in making health care safe. As a patient, you can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team.

When you are admitted, you will be given an identification bracelet (I.D.) with your name. Please check to see that the information is correct. Do not take the bracelet off until you have been discharged from the hospital. If the bracelet comes off for any reason, notify your nurse and ask for a new one.

Become informed:
- Ask questions when you don't understand or have questions
- Learn as much as you can about your illness, procedure and treatment plan
- Know what medications you are taking and why
- Before procedures or treatment, make sure that your name bracelet has been checked by the person caring for you
- Get the results of any test or procedure. Don't be afraid to ask

Ask a trusted family member or friend to be your advocate. They can help:
- Remember any questions or concerns
- Make sure your wishes are clear
- Comfort you during stressful times
- Be a second set of eyes and ears for treatment plans

Speak Up About Your Care!

Speak up . . .

- If you don't understand something or if something doesn't seem right
- If you speak another language and would like a interpreter
- If you need medical forms explained
- If you think you're being confused with another patient
- If you don't recognize a medicine or think you're about to get the wrong medicine

Pay attention . . .

- Check identification (ID) badges worn by doctors, nurses and other staff
- Check the ID badge of anyone who asks to take your newborn baby
- Don't be afraid to remind doctors and nurses to wash their hands

Educate yourself . . .

- Ask for written information about your condition
- Find out how long treatment should last, and how you should feel during treatment
- Ask for instruction on how to use your medical equipment

Advocates (family members and friends) can help . . .

- Give advice and support — but they should respect your decisions about the care you want
- Make sure you get the correct medicines and treatments
- Get instructions for follow-up care, and find out who to call if your condition gets worse

Know about your new medicine . . .

- Find out how it will help
- Ask for information about it, including brand and generic names
- Ask about side effects
- Find out if it is safe to take with your other medicines and vitamins
- Ask for a printed prescription if you can't read the handwriting
- Read the label on the bag of intravenous (IV) fluid so you know what's in it and that it is for you

Use a quality health care organization that . . .

- Has experience taking care of people with your condition
- Your doctor believes has the best care for your condition
- Is accredited, meaning it meets certain quality standards
- Has a culture that values safety and quality, and works every day to improve care

Participate in all decisions about your care . . .

- Discuss each step of your care with your doctor
- Don't be afraid to get a second or third opinion
- Share your up-to-date list of medicines and vitamins with doctors and nurses
- Ask if there is a support group for people with your condition
- Tell your doctor and your family about your wishes for life-saving actions, like resuscitation

Prevent Infections

Hand washing!
Notice whether your caregivers have washed their hands. Speak up and remind them. Hand washing is the most important way to prevent the spread of infections.

- Wash your hands often, including before meals and after going to the bathroom
- Cover your mouth and nose when coughing or sneezing – use a tissue

Respiratory Hygiene/Cough Etiquette
To prevent the spread of colds and flu, please follow these measures while you are in the hospital:

If you (patient, family member or visitor) are coughing or sneezing, please cover your mouth and nose, use tissues and wash your hands. Please ask a staff member for tissues if you need them and dispose of the tissues in the nearest trashcan.

During periods of increased cases of respiratory infections in the community, you may be asked to wear a mask if you are coughing or have other symptoms. Family members/visitors may be asked not to visit during these times in order to prevent the spread of these respiratory illnesses to patients.

Prevent Medication Errors
Make a list of the medications you take and any allergies that you have. Give the list to your primary care physician and bring it with you for any hospital visits. Keep the list updated when any medications are stopped, doses are changed, or new medications (even over-the-counter) are added. Carry medication information at all times in the event of emergency situations.

Your nurse will provide you with information on your medications while you are in the hospital. At discharge, you will be given a list of what you should take at home. Take this list to your follow-up visits with your physicians.

Surgery Patients
If you or your family member is having surgery, the hospital and surgeon will take special precautions to assure that everything is done correctly related to your surgery. The patient will be asked to assist us several times prior to the surgery to assure we have the correct person, correct site and correct procedure. If possible, the surgeon will mark the site of the surgery with his/her initials. Other precautions, such as cleaning the site prior to surgery as well as prepping the site after arrival in the operating room, will be done to help prevent possible infections.

We appreciate your help in assuring that all possible precautions are taken to prevent any problems with your surgery.

Your Rights as a Patient

Advance Directives

If you are no longer able to make your own decisions about your medical care, you do not lose your right to accept or refuse treatment. To ensure your wishes are respected, you can complete an "Advance Health Care Directive." This document gives instructions, in advance, about your wishes regarding your health care.

You are not required to complete an advance directive, and you will receive the same quality of health care whether you complete one or not. If you become unable to make your own decisions and do not have an advance directive, your family or others close to you may be asked to make decisions for you based on what they believe you would want. If you are under age 18, your parent or guardian will usually make decisions about your medical care

Advance directives can be completed through your attorney's office, or you can download the forms online at http://www.secretary.state.nc.us/ahcdr/. If you would like to receive a copy of the form, we will be happy to provide you with one.

Patient Rights

As a FirstHealth patient, you have the right to:

- Reasonable access to care
- Care that is considerate and respectful of your personal values and beliefs
- Be informed about and help make decisions about your care and help develop and implement your treatment care plan, discharge plan and pain management plan
- Relevant, current and understandable information concerning your diagnosis, treatment (including alternatives of care) and prognosis from your physician
- Know the name of the physician and other direct caregivers responsible for coordinating your care
- Refuse any drugs, treatment or procedure offered by the facility, to the extent permitted by law, and a physician shall inform you of your right to refuse drugs, treatment or procedures and of the medical consequences of your refusal of any drugs, treatment or procedure
- Have an Advance Directive (such as a living will, health care proxy or durable power of attorney for health care) concerning treatment or designating a surrogate decision- maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy
- Security and personal privacy
- Confidentiality of all communications and records pertaining to your care, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law
- A patient who does not speak English can have access, when possible, to an interpreter
- Upon request, a patient, or patient designee/support person, can have access to all information contained in the patient's medical records
- Review the records pertaining to your medical care and to have the information explained or interpreted as necessary, except when restricted by law and in accordance to hospital policy
- Reasonable response by the hospital, within its capacity and policies, to your request for appropriate and medically indicated care and services
- Information on the hospital's business relationships with educational institutions and other health care providers or payers who may influence your treatment and care
- Participate in or decline proposed research studies or human experimentation affecting care and treatment or requiring your direct patient involvement and care
- Reasonable continuity of care, and to be informed by physicians and other caregivers of available and realistic patient care options and health care requirements following discharge and the means for meeting them
- Access to protective services

- Information on hospital policies and practices that relate to patient care, treatment and responsibilities
- Be informed of available resources for resolving disputes, grievances and conflicts, such as ethics committee, patient representative and the grievance process
- An appropriate assessment and management of your pain
- To expect emergency procedures to be implemented without unnecessary delay
- Good quality care and high professional standards that are continually maintained and reviewed
- Be informed and give consent prior to the start of any treatment or procedure or both, unless it is an emergency situation; consent then may be withdrawn at any time that you do not wish to participate in the procedure or treatment
- Assistance in obtaining consultation with another physician at your request and expense
- Medical and nursing services without discrimination based on race, color, creed, religion, sex, sexual orientation, gender identity, national origin or source of payment
- Not to be awakened by hospital staff unless it is medically necessary
- Be free from needless duplication of medical and nursing procedures
- Be transferred to another facility, when medically permissible, after receiving complete information and an explanation concerning the needs for and alternatives to the transfer
- Be informed of your rights at the earliest possible time in the course of your hospitalization
- Be free from physical and mental abuse and corporal punishment and to be free from restraint or seclusion, of any form, imposed by staff as a means of coercion, discipline, convenience or retaliation
- To examine and receive a detailed explanation of your bill and a right to full information and counseling on the availability of known financial resources for your health care
- To designate a patient designee/support person including, but not limited to a spouse, family member, same-sex partner, domestic partner, friend or other individual who supports you during your hospital stay and may exercise your visitation rights on your behalf. There is no limit on whom you may designate a support person, and there is no restriction based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability

To designate visitors who will receive the same visitation privileges as your immediate family members, regardless of whether the visitors are legally related to you.

Seek a review by the Quality Improvement Organization (QIO) related to quality care issues or coverage issues, or seek appeal for a premature discharge issue. *(This applies to Medicare beneficiaries only.)*

Quality Improvement Organization (QIO)
KEPRO
5201 West Kennedy Boulevard, Suite 900
Tampa, Florida 33609

(844) 455-8708

Patient Responsibilities

As a patient of FirstHealth, you are responsible for:

- Giving details about past illnesses, hospitalizations, medicines and other matters related to your health
- Asking questions when you do not understand information or instructions
- Telling doctors and other caregivers if you believe they cannot follow through with their treatment
- Being aware of the hospital's obligation to be reasonably efficient and impartial in providing care to other patients and the community
- Be considerate of other patients and hospital staff
- Giving information for insurance and, when needed, for working with the hospital to arrange payment
- Providing a current copy of your Advance Directive
- Being aware of how your lifestyle affects your health
- Report pain to doctor or nurse
- Asking for pain relief when the pain first begins and whenever the pain is not tolerable
- Learn about pain relief options
- Participating in a pain management plan with patient caregivers

Parents/Guardians are responsible for:

- Providing, to the best of their knowledge, accurate and complete information
- Working with the health care team to provide appropriate care
- Meeting the patient's financial obligations
- Respecting and considering the rights of others in the hospital

Pain Management

We care about the way our patients feel and want them to be as comfortable as possible during their time in our care. Pain is a normal response of the body to injury or illness, but thanks to modern medicine, we can often control a patient's pain. While we may not be able to eliminate all pain, we can try to lower it to a tolerable level. This is pain management.

Patients have the following rights and responsibilities when it comes to pain management:

- To receive information about pain and measures to relieve pain
- To have caregivers who are concerned about your pain and are responsive to your reports of pain
- To receive state-of-the art pain management
- To be able to voice any questions or concerns you have about pain control

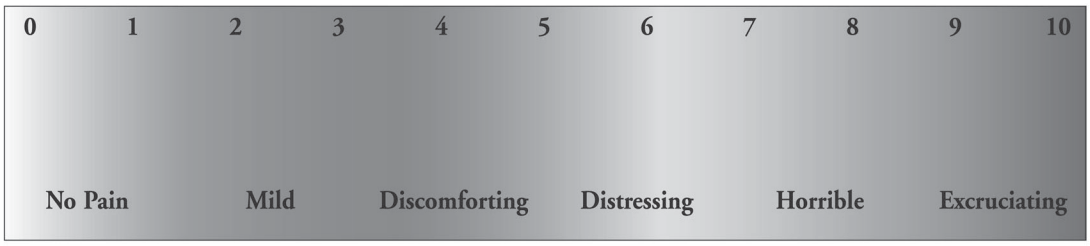
We expect you, as a patient of FirstHealth of the Carolinas, to:

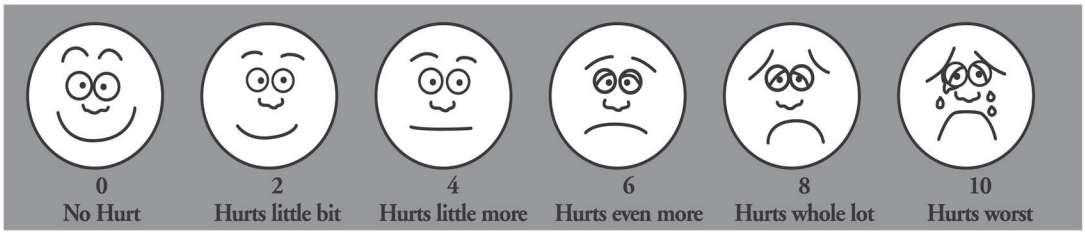
- Talk about your pain to your caregivers
- Ask for pain relief when your pain first begins and whenever you have pain that you feel you cannot tolerate
- Discuss pain relief options with your caregivers
- Participate in developing a pain-management plan with your caregivers

The goal of pain control is to lower your pain to a level that you can handle. You have a right to receive good pain management and should expect to have your pain lowered to a point that is comfortable and safe for you. The best way to talk to your caregivers about pain management is by telling:

- **WHERE** it hurts
- **WHEN** the pain started and how long it lasts
- **WHAT** makes the pain feel better
- **HOW** it feels: Think about what your pain feels like and use words that best describe it to explain it to your caregivers. Here are some words that describe many different types of pain: dull, strong, sharp, throbbing, stabbing, gripping, squeezing, aching, etc.

***Point to the face that best represents your pain from the faces below:**





DL Wong, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P.: Wong's Essentials of Pediatric Nursing, ed 6, St. Louis, 2001, Mosby, p. 1301, Copyright Mosby. Reprinted by permission.

1252-80-6

We also have pain scales that are specific to our infant and toddler population. This patient population is not able to report or describe pain, so the hospital staff will use these scales to assess and manage your child's pain during his/her hospitalization.

Complex pain management conditions should be discussed with your doctor. Your doctor may refer you to a local specialist who is trained to evaluate and treat some of these conditions while avoiding the excessive use of medication.

Some medications for pain are associated with the possibility of addiction. If you believe you are currently dependent or addicted to a medication or substance, let your doctor know so that they can recommend appropriate intervention and support.

FirstHealth MyChart - Online Medical Record
FirstHealth patients can now communicate safely and securely with their health care providers, pay their balances online, review their health history and schedule appointments. You can securely access your personal health information anytime, anywhere. If you haven't already, simply give your email address to our registration staff or visit www.firsthealthmychart.org to set up your user name and password on FirstHealth MyChart.

Your Hospital Bill

As a not-for-profit health care system, FirstHealth offers financial help to eligible patients ensuring health care services are accessible and affordable for everyone.

Financial Assistance
FirstHealth's Financial Assistance Program ensures that all eligible individuals can receive medically necessary care at FirstHealth, regardless of their ability to pay. Our financial counselors will work with you to help determine your eligibility. Documentation, such as tax returns and current pay stubs, may be requested to demonstrate financial need.

Financial assistance will be applied only after all insurance benefits from third-party payers, state and federal assistance programs, etc., have been exhausted. Elective and/or cosmetic procedures are not eligible for financial assistance.

To apply for Financial Aid, go to the website and complete the financial aid application form or contact patient accounts. Go to www.firsthealth.org/paymybill and select Financial Assistance.

FirstHealth of the Carolinas
Attn: Patient Accounts Dept.
P.O. Box 3000
Pinehurst, NC 28374

Patient Responsibilities
Your estimated financial responsibility will be requested at the time of service. Following your health care services, you will receive a statement of any outstanding balance. At this time, payment is expected in full, unless other arrangements have been made.

Methods of Payment
For your convenience, we accept cash, checks and all major credit cards for payment. In addition, FirstHealth offers you the ability to pay your bill online at www.firsthealth.org/paymybill.

Medical Debt Mitigation Program
FirstHealth is dedicated to helping people with medical debt through the North Carolina Medical Debt Mitigation Program. We will check if individuals can afford their necessary medical services and determine if they qualify for financial assistance. When you register or pre-register, we will let you know your expected out-of-pocket costs based on the information you provide. We ask that you pay the full amount for non-emergency medical services at or before the time of your visit.

Starting Jan. 1, 2025, FirstHealth will screen all guarantors during the pre-registration and registration process to determine if they qualify for financial help based on non-income-related questions,following North Carolina Medicaid Debt Mitigation program guidelines.

Beginning Jan. 1, 2026, FirstHealth will also conduct income-based screenings for all guarantors during the same process. This will be based on the guarantor's household income compared to the Federal Poverty Level.

Governmental Programs
FirstHealth will assist you with finding programs that match your current needs. Examples include Medicaid, Vocational Rehabilitation, Crime Victim Assistance, etc.

Payment Plans
FirstHealth offers interest-free payment plans that will vary in length, depending on the balance of your account.

Discount Program
This program is available to patients without health insurance and insured patients receiving care that is not covered by their insurance plan. A prompt payment discount of 25 percent is available for most services (excluding cosmetic) when payment is made in full.

Contact Us!
If you have any questions, please contact us at (910) 715-1010 or toll-free at (800) 798-6946. We are available Monday through Friday between 8:30 a.m. and 5 p.m. or visit our website at www.firsthealth.org/paymybill.

Services Not Billed by FirstHealth Hospitals
During your hospital stay, you may receive treatment from physicians and/or other health care providers who will bill separately for their services. If you have any questions about bills from physicians, please contact them directly.

Some of these providers may include:
- Your doctor/surgeon or consultant
- Radiologists (doctors who read and review X-rays)
- Anesthesiologists (doctors who administer anesthesia during certain procedures)
- Pathologists (doctors who read and review tissue and lab specimens)
- Emergency doctors (doctors who provide emergency department care/Sandhills Emergency Physicians toll-free (800) 877-7564.)

Complaint Procedure

A complaint is an allegation of dissatisfaction expressed by a patient or his/her authorized representative concerning the quality of service or care provided. Complaints can be submitted by telephone or in writing to the Patient Advocate at one of the facilities below:

Moore Regional Hospital
P. O. Box 3000
Pinehurst, NC 28374
(910) 715-1000

Moore Regional Hospital-Hoke
6408 Fayetteville Road
Raeford, NC 28376
(910) 878-6000

Montgomery Memorial Hospital
520 Allen Street
Troy, NC 27371
(910) 571-5000

Moore Regional Hospital-Richmond
925 Long Drive
Rockingham, NC 28379
(910) 417-3000

Grievance Procedure

A grievance is a formal, written or verbal complaint that is filed by a patient, or his/her parent or guardian in the case of minors, when the staff member who is present cannot resolve an issue promptly. Issues should first be addressed with the staff, the Patient Advocate and/or the patient's physician. When the resolution to the patient complaint is not satisfactory to the patient, the patient can then file a grievance.

To file a grievance:

- The patient and/or family member should contact the Patient Advocate. From a hospital phone, dial "0," or ask for the service/unit manager during the evenings and weekends
- The grievance can be filed in writing, in person or by telephone. Grievance Forms are available from the Patient Advocate and/or the service/unit manager
- You may submit a grievance in writing to the Patient Advocate at one of the facilities below:

Moore Regional Hospital
P. O. Box 3000
Pinehurst, NC 28374
(910) 715-1000

Moore Regional Hospital-Hoke
6408 Fayetteville Road
Raeford, NC 28376
(910) 878-6000

Montgomery Memorial Hospital
520 Allen Street
Troy, NC 27371
(910) 571-5000

Moore Regional Hospital-Richmond
925 Long Drive
Rockingham, NC 28379
(910) 417-3000

- Written notice of the status of the grievance process – including acknowledgement of the receipt of grievance, name of the hospital contact and the steps to be taken on behalf of the patient to investigate that grievance – will be shared with the individual filing the grievance within seven days of the date of filing. A final review of the grievance will be provided in writing once a thorough investigation has been conducted. This could take up to 30 days from the date of filing
- An appeal process can be initiated by the individual filing the grievance if the initial results are not satisfactory

Patients can also file a grievance with the Division of Health Service Regulation as well as, or instead of, using this grievance process. The telephone number to file a grievance is (800) 624-3004.

The mailing address is:

Complaint Intake Unit
2711 Mail Service Center
Raleigh, NC 27699-2711

For Mammography* complaints, refer to the following:

The American College of Radiology (ACR)
1891 Preston White Drive
Reston, VA 22091
(800) 227-6440

To contact DNV GL Healthcare:
If your concerns are still not addressed, you are encouraged to contact DNV GL Healthcare to report your concern regarding patient care and safety.

Individuals wishing to file a complaint against a DNV GL accredited hospital, please contact us via email at: hospitalcomplaint@dnv.com

Or send via regular mail to DNV GL Healthcare corporate office:

ATTN: Healthcare Complaints
DNV Healthcare USA Inc
1400 Ravello Dr
Katy, TX 77449

ONLINE COMPLAINT FORM: www.dnvhealthcare.com
(COMPLAINTS HYPERLINK): https://www.dnvhealthcareportal.com/patient-complaint-report)
COMPLAINTS E-MAIL: hospitalcomplaint@dnv.com
COMPLAINTS VOICEMAIL: 866-496-9647
COMPLAINTS FAX: 281-870-4818

*In the event that internal processes for consumer complaints do not lead to a successful resolution, the consumer will be informed that the ACR will investigate the complaint if the consumer makes a referral. The ACR will be notified of the consumer complaint within 90 days. The consumer will be notified within 30 days of any action taken by the ACR. These records will be maintained for a minimum of three years.

Privacy Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. The HIPAA Privacy Rule created national standards to protect individuals' medical records and other personal health information. These privacy rights protect your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think your rights are being denied or if your health information isn't being protected.

Notice of Privacy Practices

FIRSTHEALTH OF THE CAROLINAS, INC.
FirstHealth Moore Regional Hospital, FirstHealth Moore Regional Hospital – Hoke, FirstHealth Moore Regional Hospital – Richmond, FirstHealth Montgomery Memorial Hospital, Foundation of FirstHealth, Inc., and other health care providers who are members of our system.

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. ***Effective Date: November 01, 2020***. If you have any questions or concerns, please ask the registration staff for assistance.

Summary of FirstHealth's Notice of Privacy Practices

FirstHealth has a legal duty to protect health information about you.
FirstHealth may use and disclose Protected Health Information (PHI) about you:

- to provide your health care treatment
- to obtain payment for services
- for health care operations (business operations related to your treatment)
- to facilitate improved treatment coordination among your providers (via health information exchange (HIE))

FirstHealth may use and disclose your PHI in other circumstances without your authorization (some examples: federal law, state law, abuse/neglect cases, for tissue/organ donation.)

- FirstHealth may contact you to provide appointment reminders
- FirstHealth may contact you with information about treatment, services, products or health care providers
- FirstHealth may also contact you for fundraising activities

You have rights about your PHI. You can:

- request limits on uses and release of your PHI
- request different ways to contact you
- see and receive copies of your PHI
- access, download and share your available PHI in an electronic format
- request changes to your PHI
- request a list of disclosures FirstHealth has made
- request a copy of this notice
- determine which providers can or cannot access your information via the health information exchange (HIE) including limiting all access to that information

You can object to certain uses and disclosures.
You may file a complaint about our privacy practices.

FirstHealth May Use And Disclose Your PHI Without Your Authorization In The Following Circumstances:

1. **FirstHealth may use and disclose your PHI to provide <u>health care treatment to you</u>.**
   FirstHealth may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and the coordination and management of your health care with others. For example, we may use and disclose your PHI when you need a prescription, lab work, an X-ray, or other health care services. In addition, we may use and disclose your PHI when referring you to another health care provider.

   EXAMPLE 1: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Departments of the hospital may also need to share your PHI in order to

coordinate different services you may need, such as prescriptions, lab work and X-rays. We may also disclose your PHI to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

EXAMPLE 2: Your doctor may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share your PHI with a pharmacy when calling in a prescription.

NOTE: Entities and individuals who provide care as part of our clinically integrated health care system may share PHI with each other as necessary to carry out treatment, payment and health care operations.

2. **FirstHealth may use and disclose PHI about you to obtain payment for services.**
   Generally, FirstHealth may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your insurance company(s) (health plan). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. FirstHealth may also share portions of your medical information with the following:
   - Billing departments or business offices
   - Collection departments or agencies
   - Insurance companies, health plans and their agents that provide your insurance coverage or payment for your health care
   - Hospital departments that review the care you received to see if it and the costs associated with it were appropriate for your illness or injury
   - Consumer reporting agencies (e.g., credit bureaus)

   EXAMPLE: Let's say you have a broken leg. FirstHealth may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as X-rays or surgery). The information is given to our billing department and your health plan so FirstHealth can be paid or you can be reimbursed. We may also send the same information to our hospital department, which reviews our care of your illness or injury.

3. **FirstHealth may use and disclose your PHI for health care operations.**
   FirstHealth may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose your PHI for "health care operations" include the following:
   - Reviewing and improving the quality, efficiency and cost of care that FirstHealth provides to you and our other patients. For example, we may use your PHI to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others
   - Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. FirstHealth may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures
   - Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you
   - Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants) to help them practice or improve their skills
   - Cooperating with outside organizations that assess the quality of the care FirstHealth and others provide. These organizations might include government agencies or accrediting bodies such as the DNV (Det Norske Veritas)

- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, FirstHealth may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you and by accountants, lawyers, and others who assist us in complying with applicable laws
- Planning for our organization's future operations, and fundraising for the benefit of our organization
- Conducting business management and general administrative activities related to our organization and the services it provides, including providing info
- Resolving grievances within our organization
- Reviewing activities and using or disclosing PHI in the event that FirstHealth sells our business, property or give control of our business or property to someone else
- Complying with this Notice and with applicable laws

4. **FirstHealth may use and disclose your PHI under other circumstances without your authorization.**
   FirstHealth may use and/or disclose your PHI for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include when the:
   - Use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding
   - Use and/or disclosure is necessary for public health activities. For example, FirstHealth may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
   - Disclosure is related to victims of abuse, neglect or domestic violence
   - Use and/or disclosure is for health oversight activities. For example, FirstHealth may disclose your PHI to a state or federal health oversight agency authorized by law to oversee our operations
   - Disclosure is for judicial and administrative proceedings. For example, FirstHealth may disclose your PHI in response to an order of a court or administrative tribunal
   - Disclosure is for law enforcement purposes. For example, FirstHealth may disclose your PHI to comply with laws that require reporting of certain types of wounds or other physical injuries
   - Use and/or disclosure relates to decedents. For example, FirstHealth may disclose your PHI to a coroner or medical examiner for the purposes of identifying you should you die
   - Use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes
   - Use and/or disclosure relates to medical research. Under certain circumstances, FirstHealth may disclose your PHI for medical research
   - Use and/or disclosure is to avert a serious threat to health or safety. For example, FirstHealth may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
   - Use and/or disclosure relates to specialized government functions. For example, FirstHealth may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State
   - Use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, FirstHealth may disclose your PHI to a correctional institution having lawful custody of you

5. **You can object to certain uses and disclosures.**
   Unless you object, FirstHealth may use or disclose your PHI in the following circumstances:
   - FirstHealth may share your name, your room number, and your condition (stable, critical, or improving for example) in our hospital directory with members of the clergy (or their designees) and with people who ask for you by name. We also may share your religious affiliation with clergy. If you object to such disclosures, you

can opt-out of the hospital directory at admitting or by contacting the Patient Privacy Officer

- FirstHealth may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death

  FirstHealth may share your PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, FirstHealth may still share the your PHI, if necessary for the emergency circumstances.

  If you would like to object to our use or disclosure of your PHI in the above circumstances, please call our Privacy Office.

6. **FirstHealth may contact you to provide appointment reminders.**
   FirstHealth may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

7. **FirstHealth may contact you with information about treatment, services, products or health care providers**
   FirstHealth may use and/or disclose PHI to manage or coordinate your health care. This may include telling you about treatments, services, products and/or other health care providers. We may also use and/or disclose PHI to give you gifts of a small value.

   EXAMPLE: If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

8. **FirstHealth may contact you for fundraising activities**
   FirstHealth may use and/or disclose your PHI, including disclosure to a foundation who may contact you to raise money for the hospital and its operations. We would only release contact information and the dates you received treatment or services at the hospital. If you do not want to be contacted in this way, you must notify in writing our Privacy Office.

9. **FirstHealth may provide your information to a health information exchange.**
   FirstHealth participates in HIEs along with other health care providers and/or health care entities, such as your health plan or health insurer who may share your health information to expedite treatment, payment, health care quality improvement initiatives and other purposes permitted by law, including those described in this Notice. We currently participate in NC HealthConnex (the "Exchange") and Epic CareEverywhere. You may request in writing that your health information no longer be contributed to an HIE. We will use reasonable efforts to limit the sharing of health information in HIEs if you opt out. Opting out will not recall your health information that has already been shared, nor will it prevent access to health information about you by other means, e.g., request by your individual providers.

   To opt out of NC HealthConnex (the "Exchange"), you must download an opt out form directly from https://hiea.nc.gov/patients/your-choices and submit. Your opt out will not affect our obligation to disclose your health information to the Exchange if you receive services that are paid for by Medicaid or state funds for the provision of health care services are required by law to send data pertaining to health care services that are funded by the state, including through Medicaid and the State Health Plan.

   You may opt out of Epic CareEverywhere using your Epic MyChart portal or by contacting the FHC Privacy Office for assistance.

**** Any Other Use Or Disclosure Of Your PHI Requires Your Written Authorization ****
Under any circumstances other than those listed above, FirstHealth will ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose your PHI in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose your PHI after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

You Have Several Rights Regarding Your PHI.
You have the right to request that FirstHealth restrict the use and disclosure of your PHI. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by contacting the FirstHealth of the Carolinas Privacy Office in writing.

You have the right to request how and where FirstHealth contacts you about PHI. Your request must be in writing to the FirstHealth Privacy Office. For example, you may request that FirstHealth contact you at your work address or phone number or by email. We must accommodate reasonable requests, but, may condition that accommodation on your providing us with information regarding how payment (if any) will be handled and your specification of an alternative address or other method of contact. You may request alternative methods of communication by contacting the FirstHealth of the Carolinas Privacy Office in writing or via email ***privacyoffice@firsthealth.org***.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of your PHI, if you agree in advance to the form and cost of the summary or explanation. **There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.** You may request to see and receive a copy of PHI about you by contacting the FirstHealth of the Carolinas Privacy Office.

You have the right to request that FirstHealth make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) in those circumstances described in the previous underlined section. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received your PHI and who need the amendment. You may request an amendment of your PHI by contacting the FirstHealth of the Carolinas Privacy Office in writing or completing an online amendment request at ***https://firsthealth.complianceprohealth.com/report/amendments.***

If you request a written list of our disclosures of your PHI at FirstHealth, you may ask for disclosures made up to six (6) years before your request. We are not required to include disclosures:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Requested by you, that you authorized, or which are made to individuals involved in your care
- Allowed by law when the use and/or disclosure relate to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations. and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting the FirstHealth of the Carolinas Privacy Office in writing.

You have the right to a copy of this Notice. You have the right to request a paper copy of this Notice at any time by contacting the FirstHealth of the Carolinas Privacy Office in writing. FirstHealth will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then FirstHealth will provide the Notice to you as soon as possible).

You May File A Complaint About Our Privacy Practices. If you think your privacy rights have been violated by us, or have a complaint about our privacy practices, you may file a complaint online at ***https://firsthealth.complianceprohealth.com/report/privacy-newu*** or you may contact:

FirstHealth of the Carolinas
Attn: Privacy Office
P.O. Box 3000
Pinehurst, NC 28374

privacyoffice@firsthealth.org
(910) 715-2434 or (866) 898-8891

FirstHealth will not change our treatment of you or otherwise retaliate if you file a complaint. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

About NC HealthConnex

North Carolina's state-operated Health Information Exchange (HIE) - called NC HealthConnex- is a secure computer system for doctors, hospitals and other health care providers to share information that can improve your care. NC HealthConnex helps health care providers deliver better, easier, safer care by linking your key medical information from all of your health care providers to create a more complete electronic patient health record.

Without using NC HealthConnex, health care providers have only the information they have entered into your medical record. However, with NC HealthConnex, they see a more complete record across multiple participating health care providers, enabling them to provide you, the patient, with the best care possible.

Benefits of NC HealthConnex

What does it mean to be a part of NC HealthConnex? As a patient, it means having peace of mind in visiting a new health care provider's office if they are participating in NC HealthConnex. If your information has been uploaded before, your new provider will be able to access that data. This means they can spend less time taking down your history and spend more time treating you. NC HealthConnex helps improve health care through:

- Better coordination between health care providers
- Fewer medical errors
- Improved patient safety and health outcomes
- Fewer repeat tests and procedures
- Less paperwork for you and your health care providers
- Reduced health care costs
- Faster identification and reporting of public health threats

NC HealthConnex includes important information about your health

Included in your NC HealthConnex record:

- Medicines (prescriptions), allergies, lab and test results, image reports, conditions, diagnoses and vaccination history
- Demographic information

Not included in your NC HealthConnex record:

- Psychotherapy notes or substance abuse records (unless authorized by you, or if needed to treat a medical emergency)

NC HealthConnex is a secure, private network

- The NC HIEA follows the highest information security standards available. Information is always encrypted and sent over a private network when shared between NC HIEA's network, NC HealthConnex and health care providers participating in the network
- The HIEA is compliant with all federal and state privacy and security laws, including HIPAA
- Information that identifies you will not be sold in any way or shared with anyone other than your authorized health care providers

Your Choices
You have the right to opt out of having your information shared between providers through NC HealthConnex. If you choose to opt out, please complete the "Opt Out" form, which can be found on the NC HIEA website: ***hiea.nc.gov/patients***. Download, complete the form and mail it to:

NC Health Information Exchange Authority
Mail Service Center 4101
Raleigh, NC 27699-4101

- Opting out of NC HealthConnex will not adversely affect your treatment by your physician, and you cannot be discriminated against if you decide to opt out
- If you change your mind about participating in NC HealthConnex, you can opt back in by completing a new form and choosing Rescind Opt Out

If you have any additional questions about your medical information or the NC HealthConnex program, you may also contact the FirstHealth Health Information Management (HIM) department at ***FHC-HIMS-ROI@firsthealth.org*** or (910) 715-2434 or the FirstHealth Corporate Privacy Office at ***FHC-CorporatePrivacyOfficer@firsthealth.org*** or (910) 715-2446.

Regulations and Interpretive Guidelines
(Rev. 149, Issued: 10-09-15, Effective: 10-09-15, Implementation: 10-09-15)

NOTE: in the regulations or guidance which follow, in every instance where the following terms appear:

- "Spouse" means an individual who is married to another individual as a result of marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the hospital is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages;
- "Marriage" means a marriage lawful where entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the hospital is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages;
- "Family" includes, but is not limited to, an individual's "spouse" (see above);
- "Relative" when used as a noun, includes, but is not limited to, an individual's "spouse" (see above).

Furthermore, except where CMS regulations explicitly require an interpretation in accordance with State law, wherever the text of a regulation or associated guidance uses the above terms or includes a reference to a patient's "representative," "surrogate," "support person," "next-of-kin," or similar term in such a manner as would normally implicitly or explicitly include a spouse, the terms are to be interpreted consistent with the guidance above.

A hospital is expected to recognize all lawful marriages and spouses for purposes of compliance with the Conditions of Participation, regardless of any laws to the contrary of the state or locality or other jurisdiction where the hospital is located or where the spouse lives.

Discrimination is Against the Law
FirstHealth of the Carolinas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstHealth of the Carolinas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Interpreter Services:
Interpreter services are available for non-English-speaking patients at no charge. We also provide alternative communication for those who are deaf, blind or have other impairments at no charge.

If you need these services, contact your caregiver.

If you believe that FirstHealth of the Carolinas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Patient Advocate, Moore Regional Hospital, P.O. Box 3000, Pinehurst, NC 28374 or call (910) 715-1000.

You can file a grievance in writing, in person or by telephone. If you need help filing a grievance, the Patient Advocate is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Notes

FirstHealth has a Zero Tolerance Policy for all forms of abuse.

INCLUDING:

- Assault on any of our staff -
- Verbal abuse to any of our staff -
- Damage to hospital property -
- Theft of hospital property -

To keep FirstHealth a safe place to work, these behaviors will not be tolerated. All visitor violators will be asked to leave immediately. Those seeking care may also be asked to leave after they have been screened and stabilized.

Violators may be prosecuted to the fullest extent of the law.

No member of our staff should EVER fear for their safety while carrying out the work of helping this community.

FirstHealth

FirstHealth.org

Revised December 2025

25-170-0871