

SUMTER FAMILY MEDICINE, P.A.

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.

1. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long, but we are required to address many specific things in it. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is reasonable basis to believe the information can be used to identify a patient. This information is called "**protected health information**" or "**PHI**." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of medical information we maintain about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

We reserve the right to make changes to this Notice and to make such change effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Officer

2. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the different ways we may use and disclose "protected health information," or PHI, for treatment, payment, or health care operations.

FOR TREATMENT: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report or medical records from your chart at our Practice to a physician that we refer you to so that the other physician may treat you.

FOR PAYMENT: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing or scheduling treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval to the extent that your insurance carrier will give such approval before we provide care or schedule you for additional studies. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to the collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

FOR HEALTH CARE OPERATIONS: We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things and sharing information that will be used to improve the effectiveness of health care and the services we provide. This might include measuring and improving quality; evaluating the performance of employees; conducting training programs; and getting the accreditation, certificates, licenses and credentials we need to serve you.

We may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the joint care provided by a hospital and the doctors who see patients at the hospital.

Communication From Our Office: We may also contact you to remind you of appointments and to provide you with other medical treatment or other health-related benefits and services that may be of interest to you.

3. USES AND DISCLOSURES FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI. For example, we may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for you care. If you are present and able to consent or object, then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. If you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, or other things that contain PHI about you.

4. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

In addition to using and disclosing your PHI for Treatment, Payment, and Health Care Operations, we may use and disclose PHI for the following purposes.

Required by Law: We may use and disclose PHI as required by federal, state, or local law or regulation.

Public Health Activities: We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities: to prevent or control disease, injury, or disability; to report disease, injury, birth, or death; to report child abuse or neglect; to report reactions to medications regulated by the federal Food and Drug Administration; to notify a person who may have been exposed to a communicable disease in order to control who may be at risk; or to report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities including audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials where the disclosure is about a suspected crime victim; to alert law enforcement of a death that we suspect was the result of criminal conduct; as required by law; in response to court order, warrant, subpoena, summons, administrative agency request, or other authorized process; to identify or locate a suspect, fugitive, material witness, or missing person; about a crime or suspected crime committed at our office; or in response to a medical emergency about which we may have information.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you or from your medical record for research purposes under limited circumstances only to the extent that the information has been “de-identified” according to criteria established by the HIPAA Privacy Rule to ensure the privacy of the PHI.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public.

Specialized Government Functions: Under certain circumstances we may disclose PHI for certain military and veteran activities; for national security and intelligence activities; for the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the U.S. Dept. of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

Workers’ Compensation: We may disclose PHI as authorized by workers’ compensation laws or other similar programs that provide benefits for work-related injuries and illness.

All Other uses and disclosures of protected health information require your authorization.

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

5. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you.

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both) and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Officer. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and receive a copy of PHI only in limited circumstances. To inspect and receive and copy of PHI please contact our Privacy Officer. *If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.*

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; or for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer identified below. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time.

6. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

7. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Officer at the address and telephone number below.

8. PRIVACY OFFICER CONTACT INFORMATION

You may contact our Privacy Officer at the following address and phone number:
Privacy Officer: Office Manager, 738-A West Liberty Street Sumter, SC 29150 Tel. No. (803) 775-6374
This notice was published and first became effective on April 14, 2003.

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