



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA)

OUR COMMITMENT TO YOUR PRIVACY

Our Practice is dedicated to maintaining the privacy of your protected health information ("PHI"). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our Practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- ✓ How we may use and disclose your PHI
- ✓ Your privacy rights in your PHI
- ✓ Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our Practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will post a copy of our current Notice in our office(s) in a visible location at all times, and you may request a copy of our most current Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

A. THE FOLLOWING USES DO NOT REQUIRE YOUR AUTHORIZATION EXCEPT WHERE REQUIRED BY SC LAW:

- 1. Treatment.** Your PHI may be discussed by caregivers to determine your plan of care. For example, the provider and staff may share your PHI in order to coordinate the services you may need.
- 2. To obtain payment.** We may use and disclose PHI to obtain payment for our services from you, an insurance company or a third party.
- 3. Health care operations.** We may use PHI to perform the necessary administrative, educational, quality assurance and business functions to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our Practice.
- 4. Public Health Activities.** We report to public health authorities, as required by law, receive and collect health information for purposes of preventing or controlling disease, injury, or disability; report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
- 5. Victims of abuse, neglect, domestic violence.** Your PHI may be used, as required by law, to the South Carolina Department of Social Services, in cases where abuse or neglect are suspected.
- 6. Health-Related Benefits and Services.** Our Practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
- 8. Law enforcement or national security purposes.** Your PHI may be released as part of an investigation by law enforcement.
- 9. Uses and disclosures about patients who have died.** We provide coroners, medical examiners and funeral directors necessary information related to an individual's death.
- 10. Organ and Tissue Donation.** We may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as required by law.
- 11. Serious Threats to Health or Safety.** Our Practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 12. Appointment reminders and health-related benefits and services.** We use PHI to contact you to remind you of an appointment.
- 13. Workers' Compensation.** Our Practice may release your PHI for workers' compensation and similar programs.
- 14. Law enforcement or national Security.** Your PHI may be released as part of an investigation by law enforcement authorities.

B. YOU MAY OBJECT TO THE FOLLOWING USES OF PHI:

- 1. Release of Information to Family/Friends.** Unless you object, we may release your PHI to a friend or family member or other person involved in your care.
- 2. Research.** Our Practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfactory.

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CONTINUED

C. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED (TO RELEASE YOUR PHI) IN THE FOLLOWING SITUATIONS:

You may revoke your authorization by submitting a written notice to the privacy contact identified below. If we have a written authorization to release your PHI, it may occur before we receive your revocation: **1. For any other situation not covered by this Notice or applicable law; 2. Psychotherapy Notes; 3. For any marketing purposes.**

D. YOUR RIGHTS REGARDING YOUR PHI

Although your health record is the physical property of Palmetto Primary Care Physicians, LLC, you have the following rights regarding the PHI that we maintain about you:

- 1. Confidential Communications.** You have the right to request that our Practice communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our Practice will accommodate reasonable requests.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full.** If we do agree to a request to restrict, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing.
- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including certain information designated by law. You must submit your request in writing in order to inspect and/or obtain a copy of your PHI. We have 30 days to make your PHI available to you, and may get one 30 day extension.
- 4. Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format.
- 5. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our Practice. Your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our Practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. The Practice has sixty days to respond to the request and may obtain one thirty day extension.
- 6. Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our Practice has made of your PHI for non-treatment, non-payment or non-operations purposes. This accounting will not include certain disclosures of health information that we made, including disclosures to you or another person involved in your care for purposes of treatment, payment, or health care operations (except such disclosures made through an electronic health record in the 3 year period prior to the request), pursuant to a written authorization that you have signed, for national security or intelligence purposes, or to correctional institutions or law enforcement officials. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our Practice may charge you for additional lists within the same 12-month period. Our Practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 7. Right to Get a Notice of Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- 8. Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
- 9. Right to Provide an Authorization for Other Uses and Disclosures.** Our Practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization. Please note, we are required to retain records of your care.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

Privacy Officer
Palmetto Primary Care Physicians, LLC
2500 Elms Center Road, North Charleston, SC 29406
(843) 572-7727