

**Palmetto Tri-County Primary Care
Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Palmetto Tri-County Primary Care is required by law to maintain the privacy of confidential information. The practice is required to abide by the Notice currently in effect; however, we reserve the right to change the terms of the Notice and to make the new provisions effective for all confidential information that it maintains. Palmetto Tri-County Primary Care will provide individuals or patients with a revised Notice by posting notice in and making copies available upon request to patients. We want you to know about the privacy practices in our office that are intended to safeguard the use and disclosure of your protected Health Information.

Palmetto Tri-County Primary Care is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may occur:

- **Treatment** -We will use Protected Health Information to provide, coordinate or manage your health care. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We will also disclose Protected Health Information to other health care providers, hospitals, and facilities that are providing or coordinating your treatment
- **Payment** - We will use Protected Health Information, as needed, to obtain payment for healthcare services. This may include specific information that your health care plan may require before it approves or pays for the health care services that we recommend for you, such as determination of eligibility or coverage for insurance benefits, medical necessity, pre-certification requirements, and undertaking utilization review activities.
- **Health Care Operations** -We will use or disclose, as needed, your Protected Health Information to support business activities of the practice. We may use your Protected Health Information for internal auditing and quality assessment activities. We may use your Protected Health Information, as necessary with third party "business associates" that perform various activities (e.g., collection agencies, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use of or disclosure of your Protected Health Information, we will have a written contract that contain terms that will protect the privacy of your Protected Health Information.

The individual has the following rights regarding protected health information:

- **The right to request restrictions on certain uses and disclosures of Protected Health Information.** You may request restriction of your Protected Health Information by completing a "Request for Restriction" form. It is important to note that HIPPA'S Privacy Rule gives all physicians the right to deny patient's requests for restricted use or disclosure of Protected Health Information. While we consider reasonable requests, it is our general policy and practice not to restrict the use of, or disclosure of Protected Health Information that is necessary for providing good treatment, or important for protecting the health and safety of other treatment, or taking care of you. It is our general policy and practice not to restrict the use or disclosure of Protected Health Information when submitting a claim for reimbursement. If you are a minor (less than 18 years old), you may request that we not disclose Protected Health Information to your parents. We will consider this request in connection with our obligations under South Carolina law.
- **The right to receive confidential communications of Protected Health Information, as applicable.** our general policy is to contact you by telephone, at your home telephone number, or by mail at your home address. You will be asked to sign an Authorization for Communication of Protected Health Information giving our office instructions about communicating appointment information, lab results, radiology reports, instructions and/or other information about treatment or other items of Protected Health Information.
- **The right to inspect and copy Protected Health Information as provided in the Privacy Regulation.** This means you may inspect and obtain a copy of health information about you that is contained in a designated set of records for as long as we maintain the Protected Health Information. Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information. You may request access to your Protected Health Information by completing the "Request for Access" form. Our practice is to consider all requests according to our legal responsibilities under the Privacy Rule. We will act on your request within 30 days from the time we receive the completed form. If we are able to grant your request, we will contact you to arrange a time for you to inspect your Protected Health Information. Under the Privacy Rule, we charge you copying costs (supplies and labor) and postage.
- **The right to amend Protected Health Information, as provided in the Privacy Regulation.** You may request to amend your Protected Health Information by completing the "Request to Amend" form. We will provide a written response to your request within 30 days from the time we receive your completed form. We will honor your request if Protected Health Information is incorrect or incomplete. We may not, under the HIPPA Privacy Rule, amend Protected Health Information if it is not a part of the designated record set, if it would not be available to inspect, or if the information is accurate and complete. For example, if your record mistakenly indicates you received treatment for a pain and swelling in your right hand when, in fact your treatment was for pain and swelling in your right foot, clearly that information should be amended. If, however, you want to delete a reference contained in the history that you told the physician that you were feeling "depressed"; it would not be appropriate to delete that reference from the Protected Health Information, because it accurately reflected the information you gave the physician. If we accept the requested amendment, we will: (1) amend the Protected Health Information in the designated record set; (2) inform you we have made the amendment and; (3) notify persons who received and may have relied on Protected Health Information that was amended. If we deny your request to amend Protected Health Information, we will: (1) notify you in writing of the basis for that denial; (2) inform you of your right to submit a written statement of disagreement which we will maintain with your record and will include with future disclosures requested; (3) inform you of your right to file a complaint. If you file a written statement of disagreement, we may prepare a rebuttal statement.
- **The right to receive an accounting of disclosures of Protected Health Information we have made.** That right is limited and does not require us to provide you with an accounting of disclosure for; (1) treatment, payment and healthcare purposes; (2) disclosures made to you or your legal representative on your behalf; (3) disclosures made in accordance with a written authorization you signed; or (4) disclosures made before April 14, 2003. To request an accounting of disclosures please complete the "Request for Accounting" form.
- **The right to obtain a paper copy of the Notice from the covered entity upon request.** This right extends to an individual who has agreed to receive the Notice electronically.

Authorization:

We want you to know that Palmetto Tri-County Primary Care's privacy practices for use and disclosure of Protected Health Information is based upon written authorization and your right to revoke in writing that authorization. Palmetto Tri-County Primary Care will not use or disclose your Protected Health Information for purposes other than treatment, payment or health care operations unless permitted or required by law, without your signed written authorization. You may revoke an authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in the authorization:

Palmetto Tri-County Primary Care may use and disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree to object to the use or disclosure of the protected Health Information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest, in this case, only Protected Health Information that is relevant to your health will be disclosed.

- **Others Involved in your care:** unless you object, we may disclose to a member of your family, a relative, close friend, or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care, if you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying family members, personal representative or any other person that is responsible for your location of care, general condition, or death. Finally we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family and other individuals involved in your health care.
- **Emergencies:** We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician has attempted to obtain consent but is unable to obtain your consent, he may still use or disclose your Protected Health Information to treat you.
- **Communication Barriers:** We may use and disclose your Protected Health Information if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment that you intend to consent to use or disclosure under the circumstances.

Palmetto Tri-County Primary Care may use or disclose your Protected Health Information in the following situations without your consent or authorization. These Include:

- **Required by law:** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirement of the law. You will be notified, as required by the law, of any such disclosures.
- **Public Health:** We may use or disclose your Protected Health Information to a public health authority that is permitted by law to collect or receive information. The disclosure will be made for the purpose of controlling disease, injury or disability.
- **Communicable Diseases:** We may disclose Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law such as audits, investigation and inspection. Oversight agencies seeking this information include government agencies that oversee the health care systems, government benefit programs, other government regulatory programs and civil right laws.
- **Abuse or Neglect:** We may use or disclose your Protected Health Information to public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the government agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosures is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) Legal processes and otherwise required by law (2) Limited information requests for identification purposes (3) Pertaining to victims of a crime (4) Suspicion that death has occurred as a result of criminal conduct (5) In the event that a crime occurs on the premises of the practice (6) Medical emergency (not on practice's premises) and it is likely a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties as authorized by law.
- **Research:** We may disclose your Protected Health Information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information, has approved their research.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Worker's Compensation:** We may disclose your Protected Health Information as authorized to comply with worker's compensation laws and other similar legally established programs.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Individuals may complain to Palmetto Tri-County Primary Care and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. If you have a concern or believe that we may have violated your Privacy rights, we encourage you to bring that to our attention. You may voice your concern by calling 803-286-4666 and speaking to our privacy contact. If you prefer, you may submit a complaint in writing as well. Under no circumstances will we "retaliate" against you for expressing a concern or filing a complaint relating to your Privacy rights. You have the right to contact the Department of Health and Human Services if you believe your Privacy Rights have been violated.

Palmetto Tri-County Primary Care's Complaint Contact Is:

1. Kathy G. Sistare, Practice Manager
2. 803-286-4666.
3. 201A West Meeting Street, Suite A

This Notice is first in effect on April 14, 2003

Palmetto Tri-County Primary Care

Notice and Acknowledgement

Acknowledgement

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient or Personal Representative Signature _____
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:
