

Charleston Family Medicine and Pain Rehabilitation Center

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.

Effective Date April 14, 2003

It is the intent of this Notice of Privacy Practices ("Notice") to inform individuals and patients of their privacy rights regarding uses and disclosures of their protected health information ("PHI") as required or permitted under applicable law, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

This Notice describes how protected health information may be used for treatment, payment, or other operations involved in obtaining treatment from and providing payment to the Charleston Family Medicine and Pain Rehabilitation Center ("Practice") for services rendered by its physicians or employees.

Protected health information consists of all individually identifiable information which is created or received by the Practice and which relates to your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment for health care provided to you.

1.0 Statements of Use and Disclosure.

1.1 Treatment. The Practice will use and disclose your PHI for the provision, coordination, and/or management of health care and related services by the Practice and other health care providers, including consulting with other health care providers about your health care or referring you to another health care provider for treatment. For example, the Practice will disclose your PHI to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you.

1.2 Payment. The Practice will use and disclose your PHI, as needed, to obtain payment for the health care the Practice provides to you. For example, prior to providing services, the Practice may disclose to your insurance carrier the treatment you are going to receive to ensure that your insurance carrier will cover the treatment. Additionally, the Practice may disclose to your insurance carrier, as necessary, the treatment you received to ensure that the Practice is paid or you are reimbursed for the cost of your treatment.

1.3 Operations. The Practice may use or disclose your PHI in order to support the business activities of the Practice. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs in which students provide treatment under the supervision of one of the Practice's physicians, business planning and development and business management and general administrative activities. For example, the Practice may disclose your PHI to medical school students that see patients of the Practice. Additionally, the Practice may use your PHI to ensure that all of the physicians or employees at the Practice provide the highest quality health care.

2.0 Other disclosures allowed by law.

2.1 The practice may utilize PHI in various activities that involve a third party or "Business Associate." Under all circumstances a contract will be used with a third party or "Business Associate" requiring the same legal standards as those imposed on the Practice for protecting and securing a patient's private PHI. For example, the Practice may from time to time use a billing service which may involve the

disclosure of PHI.

2.2 We may use your PHI for treatment, payment, or health care operations in an emergency situation despite any inability from you to object or accept if the physician or the Practice believes there is an imminent threat to your health.

2.3 The Practice may use your PHI to notify or inform a member of your family, a close friend, or someone of your choosing about any information concerning your health or condition. If you are unable to agree to or object to a disclosure necessary for your care, your physician will use his/her best judgment in determining the best person to disclose this information.

2.4 We may disclose your PHI if your physician has reason to suspect you have been a victim of abuse, neglect, or domestic violence.

2.5 Subject to certain requirements, we may also disclose PHI without your authorization for public health purposes, auditing purposes, research studies, funeral arrangements and organ donation, and workers' compensation purposes.

2.6 Additionally, we may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

3.0 Other disclosures required or permitted by law.

3.1 The Practice may disclose PHI to such federal agencies as the FDA, law enforcement officials, for law enforcement purposes, or as ordered by a court of law, without your written consent or authorization. For example, PHI may be disclosed if such information is considered relevant to a criminal investigation, or PHI may be given to the Centers for Disease Control for the sake of the public health to limit the spread of a communicable disease. These types of disclosures will only be made as permitted or required by law.

4.0 Other Laws.

4.1 To the extent that state laws are more stringent than HIPAA regarding the use or disclosure of your PHI, that law is followed. Examples of specific disclosure rules in South Carolina include:

- Physicians, hospitals, and other health facilities must provide the health department, upon request, access to their medical records, tumor registries, and other special disease record systems as necessary for its investigations. S.C. Code Ann. § 44-1-110.
- In responding to a request for medical information from an insurer, a physician may rely on the carrier's representation that the patient has authorized release of the information. SC Code Ann. § 44-115-50.
- A physician may sell medical records to another physician or osteopath, but must first publish notice of his intention and of the patient's right to retrieve his or her records before a sale. SC Code Ann. § 44-115-130.
- Specific disclosure rules apply to genetic information, SC Code Ann. § 38-93-30; sexually transmitted diseases, SC Code Ann. §§ 44-29-70, 44-29-135 and 44-29-136; mental health, SC Code Ann. § 44-22-90; and cancer reports, SC Code Ann. § 44-35-40.

5.0 Patient Authorization.

5.1 The Practice will not disclose a patient's PHI, other than disclosures previously mentioned, without a signed authorization.

5.2 A signed authorization permits all disclosures separate from disclosures made for treatment, payment, or health care operations. A patient may revoke the authorization in writing at any time. The moment the authorization is revoked all future disclosures will stop; however, any disclosures already made in reliance of the signed authorization may not be undone.

6.0 Statement of Individual Rights.

6.1 A patient may request restrictions on specific uses or disclosures of PHI. However, the Practice is not required to agree to a requested restriction.

6.2 A patient has the right to request confidential communications of PHI such as sending mail to an address other than to your home. The Practice will attempt to honor all reasonable requests.

6.3 A patient has the right to inspect and receive copies of their PHI. If you request copies, we will charge you up to sixty five cents (\$0.65) per page for the first thirty (30) pages and fifty cents (\$0.50) per page thereafter.

6.4 A patient has a right to request the amendment of their PHI if it is believed that information in the record is incorrect or missing. However, the Practice has the right to refuse that request under certain circumstances.

6.5 A patient has the right to request an accounting of disclosures of their PHI other than disclosures made for treatment, payment, and health care operations.

6.6 Regardless of whether the Notice was originally sent as a paper copy or an electronic copy, a patient has the right to obtain a paper copy of this Notice from the Practice at any time upon request.

7.0 Our Legal Duty.

7.1 We are required by law to protect the privacy of your information, provide notice about our information practices, and follow the information practices that are described in this Notice.

7.2 The Practice reserves the right to change or revise its privacy practices at anytime. Notification of those changes will be provided in a new Notice and provided to all patients, with copies available to any person upon request.

7.3 If you have questions at any time regarding permitted uses or disclosures of your PHI, or if you have questions regarding the Notice of Privacy Practices, please contact the Practice's compliance officer.

8.0 Complaints.

If you feel that we have violated your privacy rights or if you disagree with a decision we made about access to your records, you may issue a complaint to the Practice's compliance officer without fear of retribution from physicians or staff of the Practice. As the patient or person who believes the Practice is not complying with a requirement of the Privacy Rule within HIPAA, you may also file a written complaint, either on paper or electronically, with the U.S. Department of Health and Human Services at the address listed below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HRH Building
Washington, D.C. 20201