

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.

As a health care provider, the University of South Carolina Lancaster Health Service Clinics consider the privacy of your **Protected Health Information** as very important. Your "**Protected Health Information**" (**PHI**) is verbal and recorded information created, maintained, or received by the Clinics that identifies you and relates to your past, present, or future physical or mental health or payment for your health care.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your **PHI**. We are obligated to provide you with this Notice of our legal duties and your privacy rights with respect to your **PHI**. We are required to abide by the terms of this Notice, which may be revised. We are required to clearly and prominently post our Notice of Privacy Practices at our offices and on our website: <http://usclancaster.sc.edu/healthservices.htm>.

We are required to make a good faith attempt to obtain your written acknowledgment of our Notice or to document our efforts and why your authorization was not obtained.

USES AND DISCLOSURES OF YOUR PHI

We are required to describe types of uses and disclosures of your PHI, with and without your written authorization.

Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations Without Your Written Authorization

We may use and disclose your PHI for treatment, for obtaining payment, and for conducting our health care operations. We may share your PHI with others in our Clinics, with others outside the Clinics, who are involved in your treatment, and payment for your health care, and our health care operations. These include our therapists, our health care staff and students, other health care providers, insurance companies, and our "Business Associates," who perform services for us by written agreements, such as transcription, billing, and auditing. We require that they safeguard your PHI.

For Treatment: We may use and disclose your PHI to provide, coordinate, and manage your health care, whether routine or in an emergency. We may disclose health information about you to other health care providers, staff, or students, who are involved in your health care. Example: Information obtained from your referring health care providers will be used by our therapists to determine a treatment plan for you. We will disclose your PHI to your primary care physicians and their staff for management of your care.

For Payment: Only to the extent necessary, we will use and disclose your PHI to obtain payment, including approvals, pre-authorizations, and claim and payment processing. Example: We will disclose your PHI to our billing agent and to your insurance company to obtain reimbursement. We may disclose your PHI to consumer reporting agencies or courts to collect unpaid bills.

For Health Care Operations: Only to the extent necessary, we will use and disclose your PHI for our business activities, such as quality assessment, licensing, compliance, accreditation, and our educational mission. Example: We may use your PHI to evaluate our staff's performance or for health care students in their clinical education or for transcription services.

Uses and Disclosures of Your PHI for Involvement in Your Care and for Notification Purposes

Sign-In: We may use a sign-in sheet and call your name in the waiting room.

Health Care Communications: We may contact you or leave a message by telephone or by mail about appointments or after a missed or canceled appointment, or to give you information about treatment alternatives or other health-related services that may interest you.

You have the right to object, but when we, in our professional judgment, deem it to be in your best interest, we will disclose your PHI:

*In an emergency or if you are incapacitated, before you have the opportunity to review this Notice, and as soon as is reasonably practicable after the emergency or your incapacity, you will be provided the opportunity to object or consent to further uses or disclosures of your PHI;

*To your family, close personal friend, or others you identify as involved in your health care or payment for your care, if directly relevant, including release of diagnostic tests or X-rays;

*To locate or notify others involved in your health care about your location, general condition, or death;

*To an interpreter, when there is a communication barrier, or to assist with disaster relief efforts.

Uses or Disclosures of Your PHI Permitted or Required Without Your Authorization or the Opportunity for You to Agree or to Object

We may use or disclose your PHI, without your written authorization or the opportunity for you to agree or to object:

When Required or Permitted by Federal, State, or Local Law;

To the Secretary of the U. S. Department of Health and Human Services, such as for complaint investigations or for compliance reviews;

To Public Authorities; Law Enforcement Officials; or Coroners, Medical Examiners and Funeral Directors to report communicable, contagious, and sexually transmitted diseases and certain wounds; crimes, to locate suspects, missing persons; work-related injuries or deaths; child abuse, victims of abuse, neglect, or domestic violence; deaths and births; medication reactions or product recalls; cadaveric organ, eye or tissue donation purposes;

To Avert a Serious Threat to Health or Safety, for any person or the public;

To Correctional institutions; other Law enforcement custodial situations; and Governmental entities providing public benefits;

For Health Oversight Activities, such as for investigations and government audits;

For Judicial and Administrative proceedings, in response to subpoenas, discovery requests, and court orders;

For Military and Veterans Activities, including foreign military personnel;

For National Security, Intelligence Activities, Protective Services for the United States President and other officials;

For Workers' Compensation programs and benefits;

For Research, to approved researchers for preparatory reviews and after an Institutional Review Board or privacy board has approved a research study.

Other Uses and Disclosures of Your PHI Will Be Made Only with Your Written Authorization Which You Can Revoke

Other uses and disclosures of your PHI will only be made with your written authorization which you can revoke in writing. We cannot take back disclosures made before you revoked an authorization. Example: Disclosure for marketing purposes requires your written authorization.

YOUR RIGHTS

Right to Paper Copy. You have the right to obtain a paper copy of this Notice.

Right to Alternative Communications. You have the right to receive communications of your PHI from us by alternative means or at alternative locations. We must accommodate your reasonable requests without requiring your reason, but we are not required to agree to restrictions. Example: You may ask that we only contact you at work or by mail to a post office box.

Your request must be in writing, submitted on our form, and must specify how or where you wish to be contacted.

Right to Access Your PHI. You have the right to inspect and obtain a copy of your PHI in a designated record set. The designated record set is the medical file that contains medical, billing, and other records used by your provider to make decisions about you. It does not include psychotherapy notes and other information exempted or restricted by Federal or state law.

We may deny all or part of your request. If you are not allowed to inspect or copy, in most cases you have the right to submit a written request for the denial to be reviewed by another licensed health care professional designated as a reviewing official. The reviewing official will review your request and our denial. We will comply with the outcome of the review.

To inspect and copy the medical record, you must submit your written request on our form. You may be charged reasonable costs for copying and postage.

Right to Request Restrictions

You have the right to request restrictions on the PHI we disclose about you to someone who is involved in your care or the payment for your care. Example: you could ask that we not disclose information to your spouse about a surgery you had.

We are not required to agree to your request for restrictions if it is not reasonable, not feasible for us to comply, or if we believe it will negatively impact your care. If we do agree, we will comply with your request, except for emergency treatment.

You must make your written request on our form to our Privacy official and specify the restrictions you request.

Right to Request Amendment

If you believe that the PHI or the medical record we have about you is incorrect or incomplete, we must allow you to request an amendment. We may deny the request if the PHI was not created by us, is accurate and complete, not a part of our designated record set, or not available for inspection.

If we deny your request, you can file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of our rebuttal.

Your written request must be submitted on our form and must specify the reasons for your request.

Right to Accounting of Disclosures of PHI

You have Right to receive an accounting of certain disclosures of your PHI, up to 6 years prior to your request, excluding those for Treatment, Payment, Health Care Operations, to you, and incident to your authorizations.

The first accounting within each 12 month period is free; thereafter, you will be charged reasonable costs. You may make your written request for an accounting on our form.

COMPLAINTS

If you believe that your privacy rights have been violated, you may submit a complaint to our Privacy Official or to the Secretary of the U.S. Department of Health and Human Services.

To file a complaint or for further information, contact our Privacy Official:

By Telephone: 803-313-7104

By Mail: Privacy Official; John Morrison White Clinic; University of South Carolina Lancaster; PO Box 889; Lancaster, SC 29721.

By E-Mail: JMWCPriacyOfficial @ mailbox.sc.edu

To file a complaint for Region IV, Office of Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW., Atlanta, GA, 30303-8909 or email: OCRComplaints@hhs.gov.

You will not be retaliated against for filing a complaint.

CONTACT PERSON

Our Contact Person for information about our privacy practices is our Privacy Official.

Please let us know if you have any questions or comments about this Notice

We reserve the right to change the terms of this Notice and to make any revised Notice effective for all PHI we maintain. If we revise this Notice, we will post the Revised Notice.

Effective Date of Notice: 04/14/2003

Revised 06/30/2009