



## NOTICE OF PRIVACY PRACTICES

This Notice is effective November 24, 2015

**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.**

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU.

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Provide copies of the new Notice available upon request. Contact our Privacy Officer at **803-713-6234** to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If at any time you have questions about information in this Notice or about our privacy policies, procedures or practices, contact our Privacy Officer at **803-713-6234**.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **803-713-6234**.

## 1. Treatment

We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others. This may include but is not limited to: doctors, nurses, technicians, medical students, or other professionals involved in taking care of you.

**Example:** Jane is a patient at the health department. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

## 2. Payment

We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service. We may use your information to prepare a bill to send to you or the person responsible for your payments.

**Example:** Jane is a patient at the health department and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health department billing clerk will *use* medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be *disclosed* to her insurance company when the billing clerk sends in the bill.

**Example:** The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan will pay for the test.

## 3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations, such as when uses and disclosures are necessary to run our facility and make sure that all of our patients receive quality care.
- Resolving grievances within our organization

- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** Jane was diagnosed with diabetes. The health department used Jane's medical information – as well as medical information from all of the other health department patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission.)

**Example:** Jane complained that she did not receive appropriate healthcare. The health department reviewed Jane's record to evaluate the quality of the care provided to Jane. The health department also discussed Jane's care with an attorney.

#### **4. Persons Involved in Your Care**

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at **803-713-6234**.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

**Example:** Jane's husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

#### **5. Required by Law**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws. These activities generally include the following but are not limited to:

- to prevent or control disease, injury, or disability,
- to report child abuse or neglect, elder abuse or neglect, domestic violence if serious physical injury is present
- to the Governor's Office of Victims of Crime Assistance, to help you get financial assistance if you have been the victim of a crime or sexual assault,
- to notify people of recalls of products they may be using; and to the Food and Drug Administration to report adverse events or product defects,
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition,
- to report gunshot wounds, knife stabbing, suspicious injury and burns, as required by law,
- to release information to your employer when we have provided health care to you at the request of your employer.
- to report reactions to medications or problems with products,

- to report births and deaths; stillborns, injury, cancer surveillance, trauma to the trauma registry data bank, birth defects, heart attacks to the national registry of myocardial infarctions and for required public health investigations

## 6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at **803-713-6234**.

- **Threat to health or safety:** We may use and disclose medical information about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.
- **Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to

sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

## **8. Phone Contacts**

We may also contact you by phone to provide you with test results, return your call, answer questions, obtain additional information on billing, or other related issues. If you are not in, we will only leave our name, the name of our hospital system, and our phone number for confidentiality reasons.

### **YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **803-713-6234**.

#### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time, and a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy, go to our website: [www.kershawhealth.org](http://www.kershawhealth.org) or contact our Privacy Officer at **803-713-6234**.

#### **2. Right of Access to Inspect and Copy**

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Authorization for Release of Protected Health Information. Authorizations for Release of Protected Health Information Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request and are stated at the time of request on the request form.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

#### **3. Right to Have Medical Information Amended**

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the

inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment of PHI Form**. Amendment Request Forms are available from our Privacy Officer (ADM-H.32a Amendment of PHI).

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

#### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting of Disclosures of Protected Health Information Request Form Policy ADM-H.18b, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

#### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party when that information relates solely to a healthcare item or service for which you or another person on your behalf (other than a health plan) has paid us for in full. Once you have requested such restriction(s) and your payment in full has been received, we must follow your restriction(s).

#### **6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out the **KershawHealth Confidential Communication Request Form (ADM-H.14)**. Alternative Contact Request Forms are available from our Privacy Officer.

#### **7. Right to Notification if a Breach of Your Medical Information Occurs**

You have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;

- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

### **8. Right to Opt-Out of Fundraising Communications**

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you choose to do so.

### **9. Notice of Participation in SCHIEx EXCHANGE**

SCHIEx EXCHANGE makes it possible for your doctor to share your medical history, including medications, allergies, diagnoses, and procedures, with other doctors and health care providers involved in your care. It is a safe and secure network that makes sure your personal health information is available to your doctors and other health care providers when and where it is needed. SCHIEx does *not* keep or store your personal health information.

#### **By allowing your doctors and other health care providers to use and share your personal health information through SCHIEx EXCHANGE:**

- Your doctor will have more information available to make even *more* informed health care decisions at the time of your appointment.
- Your doctor may know better which tests or services you have already received, so you can avoid repeated or needless tests or services.

This Notice tells you how KershawHealth may use or share your electronic health information through SCHIEx EXCHANGE and with whom it may be shared. KershawHealth has become a member of the South Carolina Health Information Exchange (SCHIEx).

- Your doctors and other health care providers can better coordinate your health care. This can save you time and money by avoiding repeated or needless tests and doctor visits, paperwork, or appointment delays.

Your privacy and your personal health information are protected by federal and state law. Those federal and state laws also govern the way your personal and electronic health information is used or shared through SCHIEx. Your doctors and other health care providers will use and share your electronic health information with other doctors and health care providers, *involved in your care*, through SCHIEx EXCHANGE to provide, coordinate, or manage your health care and any related services.

#### **HOW YOUR ELECTRONIC HEALTH INFORMATION MAY BE USED OR SHARED**

Your health information is available when and where it is needed, whether it is a routine office visit or in case of an emergency. This includes coordinating your health care with other health care providers who have signed on as members of SCHIEx and agreed to follow all of the SCHIEx EXCHANGE policies and procedures.

SCHIEx EXCHANGE members may include health care providers licensed in the State of South Carolina, including medical doctors, dentists, chiropractors, optometrists, podiatrists, pharmacists, physician assistants, and nurse practitioners.

SCHIEx EXCHANGE members also may include organizations such as hospitals, ambulatory surgical facilities, home health agencies, pharmacies, case management providers, tele-monitoring providers, health information exchanges and organizations within which eligible individuals practice.

Example:

We would share your electronic health information, as necessary, through SCHIEx EXCHANGE with another doctor who requested to see your electronic health information to provide care to you.

Example:

We may share your electronic health information from time-to-time with a doctor, or health care provider (for example, a specialist, or laboratory) who at the request of your doctor becomes involved in your care by helping with your diagnosis or treatment or with whom you start a new treatment relationship.

Example:

We may share your personal health information, as necessary, through SCHIEx EXCHANGE with your pharmacist. Your pharmacist can track what drugs you take and prevent unwanted side effects or bad reactions when you are prescribed medications by more than one doctor.

We may also share your personal health information through SCHIEx EXCHANGE with agencies that audit, investigate, and inspect health programs for the health and safety of the public. We may submit information as required by law, including but not limited to: immunization data, quality reporting data, and communicable disease data to a state or federal agency.

In emergencies, including any visits by you to an emergency department at a hospital that is a member of SCHIEx EXCHANGE, we will allow emergency doctors and nurses to see your personal health information so you may receive the most appropriate care.

Personal health information that may be shared includes your personal information that may identify you, general information, diagnoses, test results, prescriptions, claims data, and clinical notes.

You may 'Opt Out' of SCHIEx EXCHANGE. By opting out, your personal health information will not be shared through SCHIEx EXCHANGE.

If you wish to opt out of SCHIEx EXCHANGE, you must ask for, complete, and sign an Opt Out form that tells us in writing that you do not want your personal health information included in or shared through SCHIEx EXCHANGE. Should you wish to opt out and let us know in writing of your decision by giving us a signed Opt Out form, we will take steps to make sure your personal information cannot be viewed, used, or shared through SCHIEx EXCHANGE.

If you change your mind and wish to have your electronic health information shared through SCHIEx EXCHANGE, you may cancel your Opt Out. To cancel your Opt Out, you or your personal representative must complete and submit a signed SCHIEx form to the office staff stating that you allow us to share your electronic health information through SCHIEx EXCHANGE.

We will use our best efforts to make all of your electronic health information available through SCHIEx EXCHANGE. However, we cannot guarantee that all of your personal health information will be available at that time. If you choose to allow your providers to share your electronic health information, you don't need to do anything else.

### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

**If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact our KershawHealth Reporting Line at (866)-384-4276/www.capellahealth.com/ethics or contact the KershawHealth Privacy Officer at 803-713-6234. All complaints must be submitted in writing to our KershawHealth Privacy Officer at Post Office Box 7003 Camden, South Carolina 29021.**

**You will not be penalized for filing a complaint.**



To file a written complaint with the federal government, use the following contact information:

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

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)