

## SUMMARY OF YOUR PRIVACY RIGHTS

### ABBEVILLE INTERNAL MEDICINE 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.**

**This Notice describes the privacy practices of Abbeville Internal Medicine.**

#### **Our Legal Duty**

We are required by law to protect and maintain the privacy of your protected health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

#### **Protected Health Information**

Under federal law, your health information is protected and confidential. Protected health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. The following describes the ways we may use and disclose protected health information (PHI) that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer at Abbeville Area Medical Center, P.O. Box 887, Abbeville, SC 29620

#### **How We Use Your Protected Health Information**

We use your health information for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information without your consent. Under limited circumstances, we may disclose information to notify or locate your relatives or to assist disaster relief agencies.

#### **Examples of Treatment, Payment, and Health Care Operations**

*Treatment:* We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of our treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who may provide treatment to you, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

*Payment:* We will use and disclose your health information for payment purposes. This includes: eligibility or coverage for benefits, billing, claims, collection activities, review of services provided, utilization review, and disclosures to consumer reporting agencies. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

*Health Care Operations:* We will use and disclose your health information to:

- Conduct quality assessment and improvement activities;
- Review the competence or qualification of health care professionals, evaluate practitioner performance, conduct training programs for students, trainees, practitioners or non-health care professionals;
- Conduct accreditation, certification, licensing or credentialing activities;
- Conduct activities related to the creation, renewal, or replacement of a contract of health insurance or benefits;
- Conduct or arrange for medical review, legal services, and auditing functions;
- Appointment Reminders/Treatment Alternatives//Health-Related Benefits and Services. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment with us, or

to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

- Provide for business planning and development; management and administration.

For example, we may use or disclose your protected health information for accreditation purposes.

#### **Facility Directory**

Unless you notify us that you object, we will use and disclose your name, location in our facility and in general terms, your condition for directory purposes. This information will be disclosed to people who ask for you by name.

#### **Notification/Location Purposes/Individuals involved in your care**

Unless you object:

- Under limited circumstances, we may disclose information to notify or locate your relatives or to assist disaster relief agencies.
- We may also disclose your information to individuals (friends and family) who are involved in your medical care.

#### **Other Uses and Disclosures Permitted Without Authorization**

- *Required by Law:* We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- *Public Health Activities:* As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- *Health Oversight:* We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- *Judicial and Administrative Proceedings:* We

may disclose information in response to an appropriate subpoena or court order.

- *Law Enforcement Purposes:* Subject to certain restrictions, we may disclose information required by law enforcement officials, such as: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- *Deaths:* We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- *Serious Threat to Health or Safety:* We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- *Military and Special Government Functions:* If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- *Research:* We may use or disclose information for approved medical research.
- *Business Associates:* We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your

Protected Health Information.

- **Organ and Tissue Donation:** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- **Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.
- **Fundraising:** We may use or disclose your demographic information and the dates on which your health care was provided to contact you to raise funds.

In any other situation, we will ask for your authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We must obtain your authorization before using or disclosing your protected health information for marketing purposes; using or disclosing psychotherapy notes; or selling your protected health information.

#### **Individual Rights**

You have the following rights with regard to your protected health information. Please contact the person listed below to exercise these rights.

**Request Restrictions:** You may request restrictions on certain uses and disclosures of your protected health information. We are not required to agree to such restrictions unless the requested restriction concerns a disclosure of protected health information to a health plan for the purpose of carrying out payment and health care operations (but not treatment) and the protected health information pertains solely to a health care item or service for which AAMC has been paid by you out of pocket in full.

**Confidential Communications:** You may request

that we communicate with you confidentially; for example, asking us to send notices to a special address.

**Inspect and Obtain Copies:** In most cases, you have the right to inspect and obtain a copy of your protected health information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and there will be a charge for the copies.

**Right to Electronic Copy of Electronic Medical Records:** When protected health information is maintained in an electronic format (electronic medical record – EMR), you have the right to request that an electronic copy of your record be given to you or transmitted to a clearly, conspicuously and specifically identified entity or person. We will make every effort to provide access to your protected health information in the form or format you request, if it readily producible in such form or format. If the protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or an if requested, a readable hard copy form. We have up to 30 days to make your Protected Health Information available to you and there will be a charge for the labor associated with transmitting the electronic medical record.

**Amend Information:** If you believe that your protected health information is incorrect, or if information is missing, you have the right to request that we amend the existing information.

**Accounting of Disclosures:** You may request a list of disclosures of your protected health information except for treatment, payment, or health care operations from the Medical Record Department.

**Fundraising:** We intend to contact you for fundraising and you have the right to opt out of fundraising communications.

**Notice of Breaches:** You have the right to receive notice of any breach of unsecured protected health

information.

**Copy of this Notice:** You have the right to a paper copy of this notice. You may request a copy at any time.

#### **Changes in Privacy Practices**

We reserve the right to change the terms of this Notice and to make the new Notice effective for all the protected health information we maintain. Before we make a significant change in our privacy practices, we will change and post our new Notice. You may request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

#### **Complaints**

If you are concerned that we have violated your privacy rights, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

#### **Contact Person**


If you have any questions, requests, or complaints, please contact:

Privacy Officer  
Abbeville Area Medical Center  
P.O. Box 887  
Abbeville, SC 29646  
864-366-5011

**Effective Date:** The effective date of this Notice is September 23, 2013.

Abbeville  
Internal Medicine

# NOTICE OF PRIVACY PRACTICES

  
Health Insurance Portability and Accountability Act

PRIVACY RULE

**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.**