Palmetto Health Joint 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.

Palmetto Health participates as an organized health care arrangement (OHCA), which is a clinically integrated care facility where individuals typically receive health care from more than one health care provider, some of which may not be employed by Palmetto Health. Palmetto Health’s medical staff, practitioners and non-practitioners who provide services in any Palmetto Health facility may fall under the Joint Notice of Privacy Practices and may use and/or share your health information for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive and for any and all other purposes described in this notice.

Understanding Your Health Record/Information

A record is created each time you receive services from Palmetto Health, a physician or other healthcare provider associated with us. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment. It is communicated among the many health professionals who contribute to your care and enables you or a third-party payer to verify that services billed were actually provided. Your medical record is a legal document describing the care you received. It is a tool we use to educate health professionals and to assess and continually work to improve the care we provide and the outcomes we achieve. Your medical record may be a source of data for medical research, public health initiatives and facility planning.

The purpose of this Notice of Privacy Practices is to assist you in understanding what is in your medical record and who, what, when, where and why others may access your health information. This document will assist you in making more informed decisions when authorizing disclosures of your health information.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have rights afforded to you by The Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal regulation (42 CFR Part 164). These rights include:

- The right to request a restriction on certain uses and disclosures of your information. Palmetto Health is not required to agree to a requested restriction, unless related to payment. Requests for restrictions should be sent to the facility’s Health Information Management department or the specific department maintaining your health information.
- The right to obtain a paper copy of our Notice of Privacy Practices upon request. The Notice of Privacy Practices may be obtained from Palmetto Health’s registration areas.
- The right to inspect and obtain a copy of your medical record in any requested format supported by the organization. Palmetto Health charges a fee for copying medical records in accordance with South Carolina law. Copies may be obtained by contacting the facility’s Health Information Management department or the specific department maintaining your health information.
- The right to amend or correct your medical record. However, Palmetto Health is not required to agree to the requested amendment under certain circumstances. Requests for amendments should be sent to the facility’s Health Information Management department or the specific department maintaining your health information.
- The right to obtain an accounting of certain disclosures of your health information. An accounting of disclosures can be obtained from the facility’s Health Information Management department. We will provide you with one free accounting each year. For subsequent requests, we will charge a $25 fee per request.
- The right to obtain an access log detailing up to three (3) years of electronic transactions related
to your medical record beginning January 1, 2014. An access log can be obtained from the facility’s Health Information Management department. We will provide you with one free accounting each year. For subsequent requests, we will charge a $25 fee per request.

- The right to request communication of your health information by alternative means or at alternative locations. Requests for alternative communications should be made to The Health Information Management department or the specific department maintaining your health information. Palmetto Health only will agree to send information in a secure manner.

**Our Responsibilities**

Palmetto Health is required to:

- maintain the privacy of your health information
- provide you with a Notice of Privacy Practices describing our legal duties and practices with respect to information we collect and maintain about you
- abide by the terms of the Notice of Privacy Practices
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- notify you that you must opt-in to receive electronic privacy notices, such as via e-mail

Palmetto Health reserves the right to change our health information practices, policies and/or procedures at any time and to make the new provisions effective for all protected health information we maintain. You will be informed of such changes at the time of your next visit when you receive our Notice of Privacy Practices. The most recent version of our Notice of Privacy Practices will be posted in each of the facilities.

We may use and disclose your health information for purposes of treatment, payment and health care operations.

**Treatment**

*For example:* Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of your treatment. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We also will provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

**Payment**

*For example:* A bill may be sent to you and/or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. This information will be used for billing, claims management and collection activities to obtain payment for services provided to you. You may request that Palmetto Health withhold health information from your insurance provider if you make payment in full and not via another payment source, such as insurance.

**Health Care Operations**

*For example:* Members of the medical staff and the risk management and quality improvement teams may use your health information to assess the care and outcomes in your case and others like it. This information then will be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**Other Permitted or Required Uses and Disclosures of Your Health Information**

**Appointments:** Palmetto Health may call or send information to remind you of an upcoming appointment or to reschedule an appointment. When appropriate, a message will be left on your answering machine. The content of that message will be kept as generic as possible to protect your privacy.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include answering services, collection agencies, medical record storage companies and a copy service we use when making copies of the medical record. When these services are contracted, we may disclose your health information to our business associate so that they can perform their job and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or
any other person whom you identify, health information relevant to that person’s involvement in your care or payment related to your care. Generally, we will provide you the opportunity to object to such disclosures; however, in certain circumstances, we may use and disclose your health information for these purposes without providing you the opportunity to object.

**Coroner:** We may disclose health information to coroners, consistent with applicable law, to carry out their duties.

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Decedents:** A decedent’s health information is under privacy protection for 50 years after death. Palmetto Health may continue communicating with relevant family and friends after an individual’s death to disclose health information to those involved in a decedent’s care or for payment.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility and general condition for directory purposes. This information can be provided to people who ask for you by name, including the media. If you provide us with your religious affiliation, we can provide that to members of the clergy.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Fundraising:** We may use your information to contact you to raise funds for the benefit of Palmetto Health. Palmetto Health is required to offer the option to decline or opt-out of fundraising. Palmetto Health may not make fundraising communications after an individual opts out, but may provide a method of opting back in.

**Funeral Directors:** We may disclose health information to funeral directors, consistent with applicable law, to carry out their duties.

**Genetic Information:** Palmetto Health may provide genetic information to your health insurance plan, but genetic information may not be used by health insurance plans for underwriting purposes. Examples of genetic information include the individual’s genetic tests; genetic tests of family members of the individual; manifestation of a disease or disorder in family members of the individual; or any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual.

**Government Functions:** Your health information may be disclosed for the purpose of protecting public officials, national security and intelligence activities and other specialized government functions, as necessary.

**Immunization Records:** Palmetto Health will obtain your permission to release student immunization records to schools, but a formal authorization is not required.

**Marketing:** We may use your information to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. From time to time, your health care provider or designee may contact you to request your permission to participate in health education and/or promotion. If Palmetto Health receives compensation for a marketing-related activity, your authorization is required.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We also may release medical information about foreign military personnel to the appropriate foreign military authority.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, and inform them of your location and general condition.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant. This is to facilitate a patient or family’s request to be an organ or tissue donor.

**Post-Treatment Follow-up:** Palmetto Health may contact you to check on your health status or to ensure we have answered all of your questions. If you participate in post-treatment support groups, you may be given tools for your convenience that inform others of your diagnosis and/or treatment.
**Public Health:** As required by federal, state and local law, we may disclose your health information to public health or legal authorities charged with preventing, reporting or controlling disease, injury, disability or for other health oversight activities.

**Required by Law or Law Enforcement:** Palmetto Health may use and disclose information about you as required by law. Your information also may be used and disclosed for law enforcement purposes, as required by law or in response to a court order. For example, we may disclose information for the following purposes:
- for judicial and administrative proceedings pursuant to legal authority,
- to report information related to victims of abuse, neglect and/or domestic violence,
- to assist law enforcement officials in their law enforcement duties and
- for purposes of governmental investigation.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board and/or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Serious Threat to Health or Safety:** To avert a serious threat to health or safety, we may use and disclose medical information about you when necessary. Any disclosure, however, would only be to someone able to help prevent such a threat.

**Telephone Contacts:** We may contact you by telephone to provide you with test results, return your call, answer questions or obtain additional information.

**Workers’ Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers’ Compensation or other similar programs established by law.

**Other uses and disclosures of your health information will be made only with your written authorization.** You may revoke your authorization to use or disclose health information at any time except to the extent that action already has been taken.

**Breach Notification:** Palmetto Health is required to protect the privacy of your health information. In the unfortunate event that your health information is breached, Palmetto Health will provide notification to you without unreasonable delay.

**For More Information or to Report a Problem**

If you have questions or concerns about Palmetto Health’s health information policies or practices, you can contact Palmetto Health’s Privacy Line at 1-800-883-0844. If you believe your privacy rights have been violated, you may file a complaint with Palmetto Health using the phone number listed or with the Secretary of Health and Human Services via the Office for Civil Rights. There will be no retaliation by Palmetto Health for filing a complaint.

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