



NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice will explain how Palmetto Family Practice may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are created or retained by our practice.

This notice also describes the practices of Palmetto Family Practice and that of any health care professional, student, resident, or intern acting on behalf of the organization with regards to your Protected Health Information (PHI) created while you are a patient of our practice. "Protected health information" is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health condition and related health care services. As required by law, we ensure that medical information that identifies you is kept private; that you have access to privacy policies regarding our legal duties, and that these policies are kept current.

With few exceptions, we are required to obtain your authorization for the use or disclosure of your information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures. Not every use or disclosure is covered. However, all of the ways that we are allowed to use and disclose information will fall into one of these categories.

If you have any questions about this Notice, please contact our Privacy Officer, Victoria Lasseigne, at Palmetto Family Practice, 115 N. Sumter St., Suite 315, Sumter, SC 29150, or call (803) 934-0810.

USE AND DISCLOSURE OF MEDICAL INFORMATION

We can use or disclose medical information about you regarding treatment, payment for services or for health care operations.

We may also disclose your protected health information (PHI) for the treatment activities of another provider, the payment activities of another provider, and certain limited health care operations of another collaborative entity.

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, dentists, nurses, technicians, health care students, or other personnel who are involved in your treatment.

Departments within our operations may share medical information about you to coordinate your care. When appropriate, we may also disclose medical information about you to people who may be involved in your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

For Payment: We may use and disclose your medical information to bill and collect payment for the treatment that you receive from us. For example, we may contact your health plan to certify that you are eligible for benefits, the range of those benefits, and provide details regarding your treatment to determine if they will pay for your treatment.

For Health Care Operations: We may use and disclose your medical information for health care operations. Your PHI may be used to evaluate the quality or effectiveness of our operations, to conduct cost-management and business planning activities, or to improve services.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose health information to contact you and remind you of an appointment with us. We also may use and disclose health information to tell you about treatment alternatives or health related services that may benefit you. We may treat you in an open treatment area and some incidental PHI may be overheard by other patients being treated at the same time.

For Research: We may share your PHI for research purposes with your authorization or when research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols (waiver of permission) to ensure the privacy of your PHI.

USES AND DISCLOSURES OF MEDICAL INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

We can use or disclose your medical information without authorization when there is an emergency, when we are required

to by law to use or disclose certain information, or when there are substantial communication barriers to obtaining authorization from you. The following circumstances may require that we use or disclose your health information without your authorization:

- When it is required by international, federal, state or local law or law enforcement purposes;
- When it involves use or disclosure for public health activities such as mandated disease reporting, etc;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When as a result of a data breach, we may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information;
- When working with business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract;
- When disclosing or using information for organ and tissue donation purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or the public;
- When disclosure is necessary to comply with Worker's Compensation laws or purposes;
- When required by law to notify a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, effectiveness of FDA regulated products or activities;
- When disclosure is necessary for specialized government functions;
- When required by military command authorities; when you are a prison inmate, information can be released to the correctional facility in which you reside for the following purposes: for the institution to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional facility.

OTHER USES OR DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosure of Protected Health Information for marketing purposes; and

- Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of your Protected Health Information will be made only with your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your private information. However, we will not be able to take back any disclosures that we had made prior to the date of your written notice of revocation.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of Palmetto Family Practice, you have the right to:

Request Restrictions: You have the right to request that we restrict any use or disclosure of your health information. However, we are not required to agree to any request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If restriction is agreed upon, we will comply with your request unless the information is needed to provide you with emergency treatment. Any request to restrict uses or disclosures must be made in writing to our Privacy Officer. Your request must indicate: what information you want limited; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request confidential communications, you must make your request in writing to our Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every

effort to provide access to your PHI in the format you request, if it is readily producible in such format. If the PHI is not readily producible in the format you request, your record will be provided in either our standard electronic format or if you do not want this format, a readable hard copy form. We may charge you a reasonable cost-based fee for the labor associated with transmitting the electronic medical record.

Inspect and Copy your Protected Health Information:

You have the right to inspect and copy your PHI that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to our Privacy Officer. If you request copies, the state-allowed fee will be assessed for the cost associated with your request, including the cost of copies, mailing, or other supplies.

Note: In limited circumstances our practice may deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health professional chosen by us will review your request and the denial. We will adhere to the decision of the reviewer.

Request Amendment to your Protected Health Information: You have the right to request that your health information be amended (changed) if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is retained by our practice. To request a change in your PHI, you must submit your request in writing to our Privacy Officer. It must include the reason you think the information is incorrect or incomplete and specification as to whom you want notified of the change. We must notify you within 60 days upon receipt of your written request. This period may be extended by 30 days provided we notify you of our reason for delay and the expected date of completion.

Note: Our practice may deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons: the information in question was not created by our practice or the individual or outside entity is no longer available; the information is not part of the information that you would be permitted to inspect or copy; or we have reason to believe that the information is accurate and complete.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in

writing to our Privacy Officer with the specific time period of the request and how you want the information reported to you. Requests cannot be made for periods longer than six years and may not include dates prior to April 14, 2003. You have the right to receive a free accounting of disclosures every twelve months. If you request more than one accounting in a single twelve month period, the state-allowed fee will be assessed for the cost associated with your request, including the cost of copies, mailing or other supplies. Palmetto Family Practice will notify you of the charge for such a request and you will have the opportunity to withdraw or change your request before any cost is incurred. Disclosures made prior to an authorization signed by you or your representative are exempt from the accounting of disclosures policy.

Receive a Copy of this Notice of Privacy Practices: Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact our Privacy Officer. You can also obtain a copy of this notice on our website: www.palmettofamilypractice.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Victoria Lasseigne Practice Mgr. 115 N Sumter St. Suite 315 Sumter, S.C. 29150. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

Changes to this Notice of Privacy Practices

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change or modify this notice at any time. Any changes will be effective for any health information that we have or might obtain about you. Each time you receive services from Palmetto Family Practice, you will have the opportunity to review the most current copy of our Notice of Privacy Practices. The most recent version of our Notice of Privacy Practices will be posted in our office or can be obtained from the Privacy Officer.

If you have any questions about this notice, please contact our privacy officer: Victoria Lasseigne, Palmetto Family Practice, 115 N. Sumter St., Suite 315, Sumter, SC 29150, or call (803) 934-081C