

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.

If you have questions about this notice, please contact our Privacy Officer at (803) 227-8000.

OUR PLEDGE REGARDING INFORMATION:

We are committed to protecting information about you and your health. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements.

We are required by law to:

- maintain the privacy of your information;
- give you this notice of our legal duties and privacy practices related to your information; and
- follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU:

- **Treatment.** We may use and disclose PHI to treat or provide services to you. For example, a doctor treating you for a broken leg would need to know if you have diabetes as diabetes may slow the healing process.
- **Payment.** We may use and disclose PHI so that we can bill and be paid for the treatment and services you receive from us. For example, we may need to give information about your surgery to your insurance company so they will pay for the surgery.
- **Health Care Operations.** We may use and disclose PHI as needed to carry out our organizational needs. For example, we may use or disclose PHI about you to improve our quality of care.
- **Organized Health Care Arrangement.** For certain activities, we may disclose information about you to other health care providers participating in an organized health care arrangement. For example, we may share information with other health care providers in order to improve quality of care.
- **Those Involved in Your Care.** We will use good judgement in disclosing PHI to a family member or friend involved in your care or payment related to your care.
- **Business Associates.** There are some services provided through contracts with business associates. We may contract with a company that provides information services for our computer system. We may disclose PHI to this business so they can perform the work that we require. To protect your PHI, the business associate must appropriately safeguard your information.
- **Research.** We will disclose limited PHI to approved researchers that participate in research approved by our review board. We will obtain written authorization from you to disclose information for any research purpose.
- **Funeral Directors.** We may disclose health information to funeral directors consistent with state law.
- **Organ Donation.** If you are an organ donor, we may disclose your information to organizations that help procure, bank or transport organs for tissue donation and transplantation purposes.
- **Food and Drug Administration.** 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.
- **Workers' Compensation.** We may disclose health information in accordance with state law.
 - **Appointment Reminder.** Our practice may contact you and remind you of an appointment.
 - **Public Health.** Under South Carolina law, we may disclose PHI to the health department in order to prevent or control disease, injury or disability.
 - **Correctional Institution.** If you are an inmate, we may disclose to the institution or its agents PHI needed for your health or the health and safety of other individuals.
 - **Law Enforcement.** We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.
 - **Health Investigation.** Federal and state laws make provisions for PHI to be released to appropriate health authorities provided that a member of our staff or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise endangered one or more patients, workers or the public.

YOUR RIGHTS REGARDING YOUR INFORMATION:

You have the following rights regarding information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the PHI contained in your medical record. You must submit your request in writing to your physician=s administrative assistant. In some cases, we may deny your request. There may be a fee for the costs of copying, mailing or supplies associated with your request.
- **Right to Amend.** You have a right to request an amendment of your PHI. You must submit your request along with the reason for amendment in writing to your physician=s administrative assistant.
- **Right to an Accounting of Disclosures.** You have the right to request an Accounting of disclosures.≡ This is a list of our disclosures of your PHI except any made (1) to you, (2) prior to April 14, 2003, (3) as a result of your specific written permission, or (4) for Treatment, Payment, Health Care Operations, Those Involved in Your Care, for national security, intelligence purposes, or to correctional institutions or law enforcement officials. You may submit your request in writing to our Privacy Officer. The request must include the time period (not longer than six years) for the disclosures you wish to be listed. The first list you request will be free. We may charge you for the costs of providing other lists within a 12 month period.
- **Right to Request Restrictions.** You have the right to request restrictions on the PHI we use or disclose about you as described in the sections above for Treatment, Payment, Health Care Operations, and Those Involved in Your Care. In some cases, we may not agree to your request. You must submit your request for restrictions in writing.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. You must submit your request for confidential communications in writing. We will honor reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer.

We reserve the right to change the terms of this notice, and apply any changes to all PHI that we maintain. We will post a current copy of this notice in our facilities. The effective date of the notice is located at the top, right-hand corner on the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at (803) 227-8000.

OTHER USES AND DISCLOSURES OF INFORMATION:

Other uses and disclosures of PHI not covered by this notice will be made only with your authorization. You may also revoke the authorization at any time by sending a written notice to the administrative assistant of your physician that initiated the release of PHI.