

Peach Tree Medical Center
EDGEFIELD COUNTY HEALTHCARE
Committed to Healthcare Excellence

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

WHO WILL FOLLOW THIS NOTICE

This notice describes Edgefield County Healthcare (ECH)'s practices and that of:

Any health care professional, physicians, or therapists authorized to enter information into your hospital chart.

All departments and units of ECH.

Any member of a volunteer group we allow to help you while you are in ECH.

All employees, staff, and other ECH personnel.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, site, and locations may share medical information with each other for treatment, payment of hospital operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We maintain a record of the care and services you receive at ECH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by ECH, whether made by ECH personnel or your personal doctor. Your personal doctor may have different policies or notices regarding his/her use and disclosure of your medical information developed in their office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

Make sure that medical information identifying you is kept private.

Give you this notice.

Follow the terms of this notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However all of the ways we are permitted to use and disclose information will fall within one (1) of the categories.

For Treatment We may use medical information about you to provide you with medical treatment or services. Treatment is defined as "the broad range of emergency, outpatient, intermediate, and inpatient services and care that may be extended to a patient to diagnose and treat a human disease, ailment, defect, abnormality, or complaint, whether of physical or mental origin. Treatment includes, but is not limited to, psychiatric, psychological, substance abuse, and counseling services." We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at ECH. For example a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of ECH also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and X-rays. We also may disclose medical information about you to people outside the hospital, such as family members, clergy, or others we use to provide services that are part of your care.

For Payment We may use and disclose medical information about you so the treatment and services you receive at ECH may be billed to and payment may be collected from your insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at ECH so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations We may use and disclose medical information about you for ECH operations. These uses and disclosures are necessary to run ECH and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many ECH patients to decide what additional services ECH should offer, what services are not needed and whether certain new treatments are effective. We may also disclose

information to doctors, nurses, technicians, medical students, and other ECH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements for the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment 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 ECH.

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care We may release medical information about you to a friend or family member who is involved in your medical care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share personal health information to individuals without your approval. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in ECH. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research We may release your personal health information for certain research purposes when approved by a review board with established rules to ensure privacy.

As Required by Law We will discuss medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

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 may also release medical information about foreign military personnel to the appropriate foreign military authority.

Employers We may release to your employer medical information about you if we have provided health care to you at the request of your employer.

Workers' Compensation We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks We may disclose medical information about you for public health activities. These activities generally include the following

- To prevent or control disease, injury, or disability;
- To report births and deaths
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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 notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and ~~reviews~~. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at ECH; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of ECH to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must sign a request for a copy of the information in the Medical Records office. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by ECH will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

Right to Amend If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment your request must be made in writing and submitted to the Medical Records office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy, or;
- Is inaccurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records office. Your request must state a time period which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment or payment of health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide *you* emergency treatment.

To request restrictions, you must make your request on the consent form you sign when you become a patient. In your request, *you* must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure of both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Medical Records office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. In addition, each time you register at or are admitted to ECH for treatment or health care services as an inpatient or outpatient we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ECH or with the Secretary of the Department of Health and Human Services. To file a complaint with ECH, contact us at 803.637.1193. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.