



## **PALMETTO COMMUNITY CARE / TRUESDALE MEDICAL CENTER**

### **HIPAA PRIVACY POLICY**

Under the HIPAA Privacy and Security Rules, we are required by law to maintain the privacy and security of protected health information of individuals, to provide such individuals with notice of our duties and privacy practices concerning protected health information, and to afford individuals certain rights, including the rights to access, amend, and restrict access to their protected health information. We have developed the below Notice of Privacy Practices in order to comply with our obligations under the HIPAA Privacy and Security Rules.

### **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 of Privacy Practices (this "Notice") applies to and is followed by Palmetto Community Care and Truesdale Medical Center, which form the [**Palmetto Community Care Affiliated Covered Entity (the "ACE")**]. The ACE will use this Notice as a joint notice of privacy practices for all patients, and Palmetto Community Care and Truesdale Medical Center may share health information so that they can help the ACE with its health care operations.

We are required by law to maintain the privacy of protected health information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice describes how the ACE may use and disclose PHI to carry out treatment, payment, or health care operations and for other specific purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

We are required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice at any time and to make such changes effective for all PHI that we maintain. We will provide any revised Notice to you (either at any Palmetto Community Care or Truesdale Medical Center location or through the ACE's Privacy Officer).

We will post a copy of the current Notice in each Palmetto Community Care and Truesdale Medical Center location. In addition, the current Notice and any revised Notice will be posted on Palmetto Community Care's website at [www.palmettocommunitycare.org](http://www.palmettocommunitycare.org).

## **I. YOUR HEALTH INFORMATION RIGHTS**

**Breach of Unsecured PHI.** We will provide written notification of a breach of your unsecured PHI. You have the right to receive written notification of a breach where your unsecured PHI has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such breach and where the breach compromises the security and privacy of your PHI. Unless specified in writing by you to receive this breach notification by electronic mail, we will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

You have the following rights with respect to PHI about you:

- You may obtain a paper copy of this Notice upon request.
- You may request additional restrictions on our use or disclosure of your PHI. We are not required to agree to additional restrictions that are requested, unless your request is to restrict disclosure of your PHI to a health plan and such disclosure is for payment or health care operations, is not required by law, and the PHI pertains only to an item or service that has been paid for in full by you.
- You may access and copy PHI about you that is contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include treatment, prescription, and billing records. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.
- If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. You must include a reason that supports your request. We may deny your request for amendment if the PHI:
  - Was not created by Palmetto Community Care or Truesdale Medical Center, unless the person or entity that created the PHI is no longer available to make the amendment;
  - Is not part of the PHI kept by or for the ACE;
  - Is not part of the PHI which you would be permitted to inspect and copy; or
  - Is accurate and complete.If we deny your request for amendment, you have the right to submit a statement of disagreement with the decision and we may give a rebuttal to your statement.
- You have the right to receive an accounting of the disclosures Palmetto Community Care or Truesdale Medical Center made of PHI about you in the past six (6) years for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. Your request must

specify the time period, but may not be longer than six (6) years. The first accounting you request within a twelve (12) month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time. Certain other exceptions may apply for PHI maintained in an electronic health record.

- You have the right to request how and where we contact you about PHI. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

To request any of the foregoing, you must complete the applicable request form, **[available at any Palmetto Community Care or Truesdale Medical Center, and deliver it to the Palmetto Community Care or Truesdale Medical Center which you believe maintains PHI about you or send it to the ACE Privacy officer at 3547 Meeting Street Road, North Charleston, SC 29405, Attention: Privacy Officer.]**

## **II. HOW PALMETTO COMMUNITY CARE AND TRUESDALE MEDICAL CENTER MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following are descriptions and examples of ways we may use and disclose PHI without your authorization:

**For Treatment.** We may use your PHI to provide you with medical treatment or services. For example, your PHI will be recorded in your file and used to determine the best treatment for you. The health care team will document your treatment goals, actions taken, and observations. We may also use and disclose your health information to promote continuity of care with other health care and enabling services.

**For Payment.** We may use and disclose your PHI to others for purposes of receiving payment for treatment and services that you receive. For example, we may bill you or a third-party payer for the cost of services rendered to you and prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatments, and supplies used.

**For Health Care Operations.** We may use and disclose your PHI for operational purposes. For example, we may use information in your health record to monitor the performance of the health care team providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care services(s) provided to you as well as our facilities and services.

**Business Associates.** We may disclose PHI to our business associates in order for them to provide certain business functions or provide certain business services. Examples may include archive records storage, software support and maintenance companies, as well as select telecommunications companies assisting in transmission of electronic data for payment/treatment. All of our business associates and their subcontractors are required to maintain the privacy and confidentiality of your PHI.

**Individuals Involved in Your Care or Payment for Your Care.** Subject to state authorization requirements, we may disclose your PHI to a person who is involved in your care or helps pay for your care, such as a family member or friend if you agree, or if you do not object when given the opportunity. Please fill out a confidential communication consent form with the names of those involved in your care. 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. You have the right to object to such disclosure. Any objection must be communicated in writing to the Privacy Officer.

**Health-Related Communication.** 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.

**Workers' Compensation.** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to workers' compensation or similar programs established by law.

**Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents that is needed for your health or the health and safety of other individuals.

**As Required by Law.** We may use and disclose information about you as required by law. For example, we may disclose information to report information related to victims of abuse, neglect, or domestic violence, and to assist law enforcement officials in their law enforcement duties.

**Health Oversight Activities.** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order, subject to state authorization requirements where applicable. We may also disclose PHI 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 requested PHI and subject to state authorization requirements where applicable.

**Coroners, Medical Examiners, and Funeral Directors.** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ or Tissue Procurement Organizations.** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Notification.** To the extent permitted by state law, we may disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions.** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Psychotherapy Notes and Substance Abuse Disorder Patient Records.** Psychotherapy notes are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during counseling session. Psychotherapy notes are separated from the rest of your medical record and do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and prognosis to date. We may use or disclose psychotherapy notes in the following instances without obtaining authorization:

- To carry out treatment, payment, or health care operations, including:
  - Use of psychotherapy notes by the originator for treatment;
  - Use or disclosure in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; and
  - Use or disclosure by Truesdale Medical Center to defend itself in a legal action or other proceeding brought by the individual;
- As required for the enforcement of the regulations by HHS.
- If the use or disclosure is required by law.
- If needed for oversight of the creator of the notes (counselor/therapist).
- In order to avert a serious and imminent threat to health and safety.

**Substance Use Disorder Patient Records.** The confidentiality of substance use disorder patient records is protected by federal law and regulations. We may not say to a person outside of the practice that a patient attends the practice for substance use disorder nor disclose any information identifying a patient as being a substance use disorder patient unless:

- The patient consents in writing;
- The disclosure is allowed by court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or practice/program evaluation.

### **III. OTHER USES AND DISCLOSURES OF PHI**

We will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke any such authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization. Use of certain types of PHI about you may only be made with your written authorization, including disclosure of your PHI for marketing purposes, to sell your PHI, and most uses of disclosures of any psychotherapy notes.

### **IV. FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information about our privacy practices, you may contact us by calling the [ACE Privacy Officer at (843) 747-2273 or writing to 3547 Meeting Street Road, North Charleston, SC 29405, Attention: Privacy Officer]. If you believe your privacy rights have been violated, you can file a complaint in writing with the ACE Privacy Officer or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

### **V. EFFECTIVE DATE**

This Notice is effective as of April 2, 2019