

UNIVERSITY SPECIALTY CLINICS® 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.

At University of South Carolina, School of Medicine, University Specialty Clinics, protecting the privacy of our patients is important. We understand that medical information about you is personal. We create a medical record of information about you and the care that you receive at University Specialty Clinics. We need this record to provide you with high quality care. We are required by law to make sure that medical information about you is protected. We are also required by law to provide you a copy of this Notice and to comply with the current Notice.

We reserve the right to change this Notice. The Notice will contain the effective date in the top right corner of the first page. A copy of our current Notice of Privacy Practices will be available for you upon request. You may also view the current Notice on the University Specialty Clinics' Web site, <http://specialtyclinics.med.sc.edu/privacy.asp>.

◆ How we may use and disclose your protected health information without your written authorization

For treatment: We use and disclose your protected health information to provide your medical care, both routine and emergent. Doctors, nurses, technicians, medical students and other health care staff may share your health information to plan, coordinate and manage your health care. For example, a doctor treating you for a broken arm would need to know about your diabetes since diabetes would probably slow your healing. We may also disclose medical information about you to family members or others involved in your treatment or in payment for your treatment.

For payment: We may use and disclose your protected health information to obtain payment for the treatment and services we provide for you. For example, we may give your health plan information about treatment you received from University Specialty Clinics so that the health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to have the treatment approved or make arrangements for payment. We may disclose to agencies and courts for collection of unpaid bills.

For health care operations: We may use and disclose protected health information about you for our administrative activities and operations that are needed to run University Specialty Clinics. For example, we may use medical information to review our treatment to evaluate the performance of our staff in caring for you. We may ask that you sign in for your appointments and we may call your name in the waiting room. We may also disclose your information to doctors, nurses, health care students and other personnel for learning purposes. We may disclose your protected health information to comply with State and Federal law.

For appointment reminders: We may use and disclose protected health information to contact you by mail or phone or leave a message for reminding you of an appointment. The phone number that you give us may be used for automatic messages, unless you notify us to use another number.

For treatment alternatives and services: We may use and disclose protected health information to let you know about treatment options or health-related services that may be of interest to you.

For "business associate" functions: We may share your protected health information with our business associates that perform various functions for University Specialty Clinics, such as billing and transcription service. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written agreement that contains terms to protect the privacy of your information.

For abuse or neglect: If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to an agency authorized to receive such information.

For legal proceedings: We may disclose protected health information in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or in certain conditions in response to a subpoena, discovery request or other lawful process.

For other required or permitted uses: We may use and disclose your protected health information as required by law and to comply with the requirements of workers' compensation, law enforcement, national security, military activities, organ donation, health

oversight agencies, coroners, funeral directors and public health authorities. We must provide, upon request, patients' protected health information to the Secretary of the Department of Health and Human Services. We may use and disclose your protected health information whenever necessary to respond to a serious threat to your health or safety or the health or safety of another person. For armed forces members and veterans, we may disclose your protected health information as required by military command authorities.

For inmates: We may use or disclose your protected health information whenever required.

For fundraising: We may use your information to contact you to raise funds for the benefit of University Specialty Clinics; however the patient has the right to opt-out of such communications.

For research: Under certain circumstances, we may use and disclose protected health information about you for research purposes. We may disclose your protected health information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information does not leave University Specialty Clinics. We may also disclose information to researchers when an Institutional Review Board has approved a research proposal and its protocols to ensure the privacy of your protected health information.

◆ **Uses and disclosures of your protected health information based on your written authorization**

Some uses and disclosures of your protected health information may be made only with your prior written authorization. For example, disclosure for marketing purposes requires your authorization. You may revoke an authorization at any time, in writing, and we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We cannot take back disclosures that have been made before the authorization is revoked.

◆ **Your rights regarding your protected health information**

Although your medical record is the physical property of University Specialty Clinics, you have the right to look at and obtain a copy of your medical record, except for psychotherapy notes and in certain circumstances. To inspect and copy your medical record, you must submit your request in writing to our receptionist who will forward your request to our office administration. In very limited circumstances we may deny your request. If you are not allowed to look at your record or receive a copy, in most cases you have the right to submit a written request for this decision to be reviewed. When you receive a copy of your medical record, University Specialty Clinics may charge a fee for the associated cost.

You have the right to request in writing a restriction on certain uses and disclosures of your protected health information. We may not agree to a requested restriction. You have the right to be able to request in writing that we communicate with you by alternative means or at alternative locations and we will try to accommodate your requests. You have a right to request in writing an accounting of certain disclosures of your protected health information. Disclosures for treatment, payment and health care operations, as well as those with your signed authorization, are not included in an accounting. You have the right to have us restrict certain protected health information from disclosure to health plans where you pay out of pocket, in full, for the care and request such a restriction. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization.

If you believe that the medical information we have about you is incorrect or incomplete, you have the right to request that your protected health information be amended. Your request must be in writing and must state the reason you are requesting the amendment. In certain cases, we may deny your request for the amendment. If we deny your request for the amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive notifications whenever a breach of your unsecured PHI occurs. Other uses and disclosures not described in the Notice will be made only with authorization from the individual.

◆ **Complaint process**

If you believe that your privacy rights have been violated by us, you may complain in writing to the Privacy Contact person in our office, _____, phone number (803) _____; or to the Privacy Officer, Office of Legal Affairs at University Specialty Clinics at 15 Medical Park, Suite 300, Columbia, SC 29203, phone number (803) 545-5220; or to the Secretary of the Department of Health and Human Services in Washington, DC, www.hhs.gov/privacy.html or 301-443-3376. You will not be penalized in any way for filing a complaint. University Specialty Clinics considers the privacy of your protected health information an important part of your health care.