

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

Effective Date: April 14, 2003

If you have any questions about this notice, please contact the Privacy Officer at (843) 716-7121.

WHO WILL FOLLOW THIS NOTICE

This notice describes Loris Healthcare System's practices at all its locations and those of:

- Any independent healthcare professional who is on the Medical Staff and authorized to enter information into your Loris Healthcare System medical record.
- All departments and units of the Loris Healthcare System.
- Any member of a volunteer group we allow to help you while you are in the Loris Healthcare System.
- All employees, staff and other Loris Healthcare System personnel.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for your treatment, payment, or Loris Healthcare System operations purposes as 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 create a record of the care and services you receive at the Loris Healthcare System. 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 care and billing for care that are created at the Loris Healthcare System, whether made by the Loris Healthcare System personnel or your independent personal doctor or other independent health care personnel, who are responsible for their own actions. Your personal doctor or other independent health care personnel treating you may have different policies or notices regarding confidentiality and disclosure of your medical information that is created in their office or other location outside the Loris Healthcare System.

This notice will tell you about the ways in which the people listed above 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 that identifies you is kept private;
- give you this notice of our legal duties and privacy practices at the Loris Healthcare System with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that 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 of the categories.

➤ **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors who are members of the Loris Healthcare System's medical staff and to nurses, technicians, medical students, or other Loris Healthcare System personnel who are involved in taking care of you at the Loris Healthcare System. For example, a doctor treating you for a broken hip 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 the Loris Healthcare System also may share medical information about you in order to coordinate what you need, such as prescriptions, lab work and x-rays. We also may need to disclose medical information about you to people outside the Loris Healthcare System who may be involved in your medical care before or after you leave the Loris Healthcare System, such as family members, or others who provide services (such as home health agencies) that are part of your care.

➤ **For Payment.** We may need to use and disclose medical information about you so that the treatment and services you receive at the Loris Healthcare System or as given by other providers may be billed by the Loris Healthcare System or other independent providers and payment may be collected from you, an insurance company or health plan, or a third party. For example, we may need to give your insurance company or health plan information about surgery you received at the Loris Healthcare System so your insurance company or health plan will pay us or reimburse you for the surgery. We may also tell your insurance company or health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance company or health plan will cover the treatment.

➤ **For Health Care Operations.** Our staff and business associates may use and disclose medical information about you for Loris Healthcare System operations. These uses and disclosures are necessary to run the Loris Healthcare System 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 qualifications and performance of our staff and medical staff in caring for you. We may also combine medical information about many Loris Healthcare System patients to decide what additional services the Loris Healthcare System should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to Loris Healthcare System personnel, doctors, and students for review and learning purposes. We may also combine the medical information we have about

you and other patients with medical information from other Loris Healthcare Systems to compare how we are doing and see where we can make improvements in the care and services we offer. We will 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 you are.

➤ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat 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.

➤ **Loris Healthcare System Directory.** Unless you tell us otherwise, we may include certain limited information about you in the Loris Healthcare System directory while you are a patient at the Loris Healthcare System. This information may include your name, location in the Loris Healthcare System, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the Loris Healthcare System and generally know how you are doing. If you do not want anyone to know this information about you, then you must notify the Loris Healthcare System's Privacy Officer in writing or indicate your preference upon admission.

➤ **Individuals Involved in Your Care or Payment for Your Care.** Except as explained above concerning information furnished in connection with the Loris Healthcare System Directory, we may release medical information about you to a friend or family member who is involved in your medical care, unless you object. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care, unless you object. 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. You can object to any of these releases by telling us that you do not wish any or all individuals involved in your care or payment for your care to receive this information. If you are not capable of objecting and that inability, in the opinion of the certifying physician, is not temporary, the following persons in order of priority may be given your health care information:

(1) a guardian appointed by the court;

(2) an attorney-in-fact appointed by you in a durable power of attorney if the decision is within the scope of the person's authority;

(3) a person given priority to make health care decisions for you by another statutory provision;

(4) your spouse unless you are separated or divorced;

(5) your parent or adult child;

(6) your adult sibling, grandparent, or adult grandchild;

(7) any other blood relative or relative by marriage whom we reasonably believe has a close personal relationship with you; or

(8) a person given authority to make health care decisions for you by another statutory provision.

If you are a minor but have attained the age of 16, you are legally able to consent for any medical care except for operations. We will not reveal any information pertaining to such care to persons involved in your care or providing payment for such care without your consent.

- **As Required By Law.** We will disclose 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

- **Organ and Tissue Donation.** If you are an organ donor, we may release without your consent medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release without your consent 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. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** We may release without your consent medical information about you for workers' compensation or similar programs under appropriate circumstances. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose without your consent 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 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; and
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare 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 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 without your consent 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 the Loris Healthcare System; 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 without your consent 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 deceased patients of the Loris Healthcare System to funeral directors as necessary to carry out their duties upon the request of the patient's family.

➤ **Behavioral Health Care.** Regardless of the other parts of this Notice, any information relating to alcohol and drug treatment or other behavioral health care treatment, including psychotherapy notes, will not be disclosed outside the Loris Healthcare System except as authorized by you in writing, pursuant to a court order, or as required by law. Private notes that the licensed mental health professional has decided to make about a session with you, keep in his or her personal files, and designate as psychotherapy notes will not be disclosed to personnel working within the Loris Healthcare System, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against the Loris Healthcare System, unless you have properly authorized such disclosure in writing.

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 by the Loris Healthcare System to make decisions about your care. Usually, this includes the entire medical and billing records, but does not include certain mental health records and other portions of the record under certain circumstances. When we deny your request to access and copy your medical information on this basis, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Loris Healthcare System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this person decides.

- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Loris Healthcare System's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request and may collect the fee before providing the copy to you.
- The Loris Healthcare System generally must allow you or your guardian access to your mental health records in the presence of professional mental health staff. However, the Loris Healthcare System may not disclose to you or your guardian the following information:
 - a. Psychotherapy notes about your treatment, without the specific written authorization of the treating professional who created the notes;
 - b. Information in your medical record that was provided by a third party under assurances that the information would remain confidential; or
 - c. Information in your medical record if the attending physician or other treating professional determines in writing that the information would be detrimental to your treatment regimen, and if this determination is placed in your medical record and treated as part of the restricted information.

If you or your guardian are denied access to your mental health record, you may appeal such refusal to the Director of the South Carolina Department of Mental Health.

- **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 Loris Healthcare System.

To request an amendment, your request must be made in writing and submitted to the Loris Healthcare System's Privacy Officer. 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 Loris Healthcare System;
- is not part of the information which you would be permitted to inspect and copy; or
- has been determined to be accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made about your medical information that were not specifically authorized by you in advance.

To request this list or accounting of disclosures, you must submit your request in writing to the Loris Healthcare System's Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 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. We may collect the fee before providing the list to you.

➤ **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you to individuals or entities outside the Loris Healthcare System. You also have the right to request a limitation 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 in writing to the Loris Healthcare System's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Alternative 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, or at a mailing address other than your home address.

To request certain types of communications, you must make your request in writing to the Loris Healthcare System's Privacy Officer and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised 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.

You may obtain a copy of this notice at our website, www.lorishealthcaresystem.com/extranet.

To obtain a paper copy of this notice, contact Social Services at (843) 716-7252.

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. We will post a copy of the current notice in the Loris Healthcare System. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Loris Healthcare System or with the Secretary of the Department of Health and Human Services. To file a complaint with the Loris Healthcare System, contact the Privacy Officer at (843) 716-7121. *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 will be made only with your written permission or as required by law. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to the Health Information Department. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. 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.

Please direct written requests to the Loris Healthcare System Privacy Officer:

Tammy L. Cox, VP Quality Management
Chief Corporate Compliance Officer
3655 Mitchell Street, Box 690001
Loris, South Carolina 29569-9601
(843) 716-7121
tcx@sccoast.net