

Mount Pleasant Internal Medicine
Notice of Privacy Policies & Health Information Practices
Effective Date of Notice: April 14, 2003 (rev. June 2, 2010)

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.

Practice Name : Mount Pleasant Internal Medicine
Address: 897 Von Kolnitz Rd, Ste 101, Mt Pleasant, SC 29464
Privacy Officer: MaryNell Waldrup Phone: 843-881-1671

This *Notice of Privacy Policies & Health Information Practices* is being provided to you to detail the personal information that our practice will collect from you, and to inform you of how and when we will use &/or disclose that information. Additionally, this *Notice* defines your rights as our patient as they relate to your protected health information. You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

This *Notice* details your rights as our patient as they relate to your **protected health information** (hereinafter referred to as **PHI**). This *Notice* applies to all PHI as defined by federal regulations under HIPAA (Health Insurance Portability & Accountability Act of 1996) and is effective April 14, 2003, as mandated by HIPAA regulations under Public Law 104-191, which modifies the Social Security Act (SSA).

As required by HIPAA and in an effort to detail the respect that we have for you, our patient, we are providing this *Notice*, to you for your review and approval. Our practice is required by applicable federal and state laws to maintain the privacy of your PHI provide you with notice of our legal duties and privacy practices with regard to your protected health information. Please realize that should you not wish to have your protected health information used in the manner(s) described in this *Notice*, you do have the right to request that our practice not follow our normal policies regarding your PHI within the scope of the rules and regulations enforceable under HIPAA, realizing that we are not required to agree to a requested restriction, though should we be unable to agree to your request, you will be notified in order to allow you to make your determination regarding continued treatment to be provided by our practice. However, should we agree to your requested restriction regarding release of your protected health information and later find that you require emergency treatment requiring our disclosure to another health care provider of information that we have previously agreed not to release, yet believe is necessary to release given the circumstances, the provider to whom the information is released will be instructed that they are not to further use or disclose the information provided to them to facilitate your emergency treatment.

Furthermore, we wish to inform you that it is and always has been our policy to protect your personal information in the manner described throughout this *Notice*. We are grateful for the extent of trust and respect that you have placed in our medical practice, and in turn, we do hope that we are able to display the same respect and regard towards you, our patient. Please feel free to discuss any concerns you may have with our practice &/or our Privacy Officer, MaryNell Waldrup.

Mt Pleasant Internal Medicine will not use or disclose your PHI without your authorization, except as described in this notice. Additionally, upon written revocation of your authorization, we will discontinue use &/or disclosure of your protected health information according to your requested restrictions upon receipt and approval by our practice. Do realize that should you revoke your authorization to use &/or disclosure of PHI, this request, upon approval by our practice, will pertain to use &/or disclosures except those actions which have already been taken prior to your request.

Mt Pleasant Internal Medicine does reserve the right to revise the terms of this *Notice* and to make the revised *Notice* effective for all protected health information that we maintain. Revisions to this *Notice* will be provided to all patients during their next encounter with our practice following the date of the revisions and upon request revised *Notices* will be mailed &/or emailed to each patient that has requested such notification of these revisions prior to future visits to our practice. Furthermore, our *Notice* is always available in our office, and individuals are free to visit our practice and obtain a current copy of our *Notice* at any time during regular business hours.

As a patient of **Mt Pleasant Internal Medicine**, you do have the right to request access to inspect &/or obtain a copy of your PHI that is maintained in your medical record for our practice. Such request must be made in writing. The medical record maintained by **Mt Pleasant Internal Medicine** is the property of our practice, but the information contained there in does belong to you; therefore, you do have a right to request access &/or copies of this information in addition to the right to request restrictions on certain uses and disclosures of your PHI. Access to records will be provided in a private viewing area by appointment in the presence of our Privacy Officer for a reasonable, cost-based fee equal to \$40.00/hour of employee time spent supervising your review of these records. In addition, copies of your medical record may be requested in writing and will then be provided within 30 days from receipt of your written request and payment for this service. Our fee for copying and providing these copies of your record to you is \$25.00 for up to 15 pages plus \$0.50 for each additional page. *Fees are payable in advance.* Please note that fees for review and/or provision of copies of records are not payable under insurance policies, and thus, this will be an expense incurred by you, the patient. However, should our practice feel that we must deny your request for access for any reason, you will be notified in writing of this denial, and you are afforded the right to request a second review of your request by another health professional of your choice realizing that an expense for this second opinion will likely be incurred. It is not our practice to deny you such access, and denials would only be made under extenuating circumstances, which our practice believes may cause harm to you, our patient, or another individual.

Please also be advised that all PHI maintained in reference to you, our patient, may not be maintained in our facility, and if you have had surgical procedures performed, you may also wish to request access &/or copies of your protected health information from the hospital/surgical center where your surgical case was performed. Should you require contact information

for that facility feel free to contact our Privacy Officer to obtain the address and telephone that you may use to contact the other facility as we will otherwise assume you have contacted that facility on your own and will not include that information in our provision of your records developed by our practice.

Additionally, you do have the right to request amendments to your medical record. Such request must be made in writing on a *Medical Record Amendment Request Form*, which will be provided by our office upon your request. At any time you may also request a detailed accounting of disclosures of your PHI, for purposes other than treatment, payment, or regular healthcare operations, as provided in 45 CFR 164.528 under the HIPAA Privacy Rule. Fee for provision of this ledger is due and payable in advance of \$10.00 to cover copying and mailing expenses.

Upon arrival to our practice, you will be expected to “sign in” on our patient “sign-in” sheet, which may require provision of your full name, month and day of birth, appointment time, address, and time of arrival. You will also be expected to check off as appropriate whether or not your insurance information has changed since your last visit, whether or not your address &/or phone number has changed, and whether or not your employment information &/or other contact information has changed. Should you indicate that changes have occurred, you will then be called back to the front desk using your full name to provide our practice with your updated information on a form to be filled out by you prior to provision of services.

Once an exam room becomes available, you will be called back to the exam areas. You will be called back using your full name. No other identifying information will be provided in the waiting area other than your full name, nor will protected health information be discussed in the waiting area. Should you or our staff believe that it is necessary to discuss protected health information prior to your being called back to the exam area, it will be necessary that such discussions be postponed either until an exam room is available or until our conference room and appropriate personnel is available to address this information and discussion.

If at any time you believe that your privacy rights have been violated, you may file a formal written complaint with our Privacy Officer, MaryNell Waldrup, verbally by calling 843-881-1671 or in writing at 897 Von Kolnitz Rd, Ste. 101, Mt Pleasant, SC 29464. Or you may file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services at the address &/or telephone number indicated on the front cover of this *Notice*. There will be no retaliatory actions towards you for filing a complaint to either party. Upon written request our practice will provide you with a form to use to file your complaint.

Examples of Uses/Disclosures of your protected health information for Treatment, Payment and Health Operations:

Your protected health information will be used for treatment provided to you.

Example: Information obtained by our practice will be recorded in your medical record and used to determine the course of your current and future treatment. Copies of reports and documentation contained within your medical record maintained by our practice will be provided to other physicians or health care providers associated with your treatment to assist them in treating you within their practice.

Your protected health information will be used for payment/reimbursement of our services/treatment provided to you.

Example: A bill/claim form will be sent to you or your third-party payer/insurance carrier for any outstanding fees not paid at the time of service. The information contained in the bill will include personal information identifying you, as well as your diagnosis, procedures &/or services provided, in addition to any supplies that may have been used during the course of your treatment and the balance due for these services &/or items. * Be aware that our practice has no responsibility for any information later sent to the insured related to this claim submission.

Your protected health information will be used for our regular healthcare operations.

Example: The information maintained in your medical record may be used by our health care team to assess the care and outcomes of your treatment and may be used to compare your care and outcomes with other similar cases. This information serves to continually improve the quality of healthcare and services provided to our patients. Healthcare operations include quality assessment & improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Additional Examples of Uses/Disclosures of your protected health information:

Business Associates:

Example: Healthcare services provided in emergency departments, radiology, laboratories, and services provided by billing/consulting agencies, copy services, storage services, software vendors, etc... These services are often contracted, and in these instances, your PHI may be disclosed or available for potential disclosure to these entities in order for them to carry out the job(s) that we have contracted them to provide to our practices &/or our patients. Many of these contracted services rendered will be billed to you or your third party payer. Each business associate of **Practice Name** is required to safeguard your PHI under their contract(s) with our practice.

Organ Procurement Organizations:

Example: We may disclose your PHI to organ procurement organizations &/or entities engaged in procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Workers Compensation:

Example: Similar to the information provided to third-party payers we will disclose your PHI to workers compensation carriers &/or other like entities according to the laws established in reference to coverage under these entities.

Communication with relatives and close friends:

Example: We will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest when family members &/or close friends contact the practice or the practice feels it is necessary to contact these individuals in reference to your PHI for your care or payment for your care in addition to allowing a person to pick up filled

prescriptions, medical supplies, x-rays, or other similar forms of health information. Please make our practice aware of any specific individuals whom you wish to **not** have your information released to under any circumstances. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for healthcare, but only as documented in this example and with your permission herein.

National Security:

Example: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of PHI of inmate or patient under certain circumstances.

Abuse or Neglect:

Example: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Marketing and Personal Notifications to you, our patient:

Example: You may be contacted via mail with appointment reminders or other health related issues/services that our practice believes may be of interest to you. You may also be contacted via phone with appointment reminders &/or notification of missed appointments and methods to reschedule. Should our practice contact you via phone and you are not available, it is our practice to leave a message for you stating the name of the person calling, the name of the physician/healthcare provider that renders services to you, our phone number and the request that you please contact our office at your earliest convenience. In order to protect your privacy, no other information will be discussed with any other individual answering your telephone, and no other information will be left on your telephone answering machine other than that detailed above. Should you provide our practice with your email address, we may also contact you via email with appointment reminders and/or other health related issues.

Public Health:

Example: As required by law, your protected health information may be released to public health &/or legal authorities responsible for preventing or controlling disease, injury, or disability.

Inmates – Correctional Institution:

Example: Patients who are inmates of a correctional institution will have their PHI, needed to insure their health and the health and safety of others, released to the institution &/or its agents. We may disclose to correctional institutions or law enforcement officials having lawful custody of PHI of inmate or patient under certain circumstances

Law Enforcement:

Example: In response to a subpoena or as required by law, your PHI may be released to law enforcement.

Attorneys:

Example: Your PHI may be released to attorneys upon request &/or subpoena as required by federal law. However, release to attorneys without your signed consent in the absence of a valid subpoena will not be released until you have been notified in writing by our practice that such a request has been made by an attorney and you have been given 30 days to appeal the request.

Open-Adjusting Rooms/Semi-Private Rooms:

Example: You may receive care from our practice in a semi private room with a curtain or screen partition &/or in a room with walls which are not sound proof. There is the possibility of observation and overhearing by other parties though every precaution including speaking in lower tones, etc... will be made to protect and respect your privacy.

Notification of your whereabouts and condition:

Example: Our practice may disclose information regarding your location &/or condition to your family member(s), personal representative, or other persons responsible or involved in your treatment and care unless otherwise restricted by you in writing.

Workers Compensation:

Example: Similar to the information provided to third-party payers we will disclose your PHI to workers compensation carriers &/or other like entities according to the laws established in reference to coverage under these entities.

In closing, we wish to thank you for selecting **Mount Pleasant Internal Medicine**. We welcome your comments and suggestions regarding your treatment, privacy, and care provided by our practice.

**Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W.
Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019 OR 1-202-619-0403**

Mount Pleasant Internal Medicine, 897 Von Kolnitz Rd, Ste 101, Mt Pleasant, SC 29464,
Kimberly Davis-Seagle, M.D.
M. Susan Jones, M.D.
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Anna M. Morgan, M.D.
Rebecca J. Ford, A.N.P.

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We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

