

NOTICE OF PRIVACY PRACTICES



Effective September 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

USES AND DISCLOSURES

Treatment. Your protected health information may be used by workforce members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, coordinating and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Also, 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. We may also disclose your protected health information to another healthcare facility or professional not affiliated with our facility but who is or will be providing treatment to you. For instance, if after you leave the facility you are going to receive home health care we may disclose your protected health information to that home health care agency so that a plan of care can be prepared for you.

Payment. Your protected health information may be used to seek payment from your health plan, from other sources of coverage such as from credit card companies that you may have used to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to determine coverage and to provide payment.

Health Care Operations. Your protected health information may be used as necessary to support the day-to-day activities and management of Presbyterian Communities of South Carolina ("PCSC"). Health care operations are those activities that are necessary to run our facility and make sure that all of our residents receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many residents to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose protected health information to doctors, nurses, and workforce members for review and learning purposes. We may also use and disclose information for licensing and case management. We may also use or disclose your protected health information to conduct or arrange for medical review, legal services, and auditing functions or to provide for business planning and development or business management and general administration.

Appointment Reminders. Your protected health information will be used by our staff to send you appointment reminders.

Information About Treatments. Your protected health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health related products and services that we believe may interest you.

Law Enforcement. Your protected health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your protected health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department and report adverse events with respect to food, drugs and product defects to the federal Food and Drug Administration.

As Required By Law. We may use or disclose your protected health information as required by law so long as the requirements for disclosures related to abuse, neglect or domestic violence reporting, law enforcement or for legal proceedings are followed.

For Abuse, Neglect or Domestic Violence Reporting. If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to a government authority or agency authorized by law to receive such reports.

For Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions.

For Legal Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of the court, administrative tribunal, subpoena, discovery request or other lawful request.

For Law Enforcement. We may disclose your protected health information for law enforcement purposes in response to a court order, court ordered warrant, subpoena, summons, a grand jury subpoena, administrative request or similar process.

Coroners, Medical Examiners and Funeral Directors. We may disclose your protected health information to coroners, medical directors or funeral directors as required by law to carry out their duties.

For Organ and Tissue Donation. If you are an organ donor, we may use or disclose your protected health information to organ procurement organizations or other organizations that handle procurement, banking or transplantation of organs for the purpose of tissue donation and transplantation.

For Research. We may use or disclose your protected health information to researchers provided that the use or disclosure has been approved and procedures have been established to ensure the privacy of your protected health information.

To Prevent Serious Threat to Health or Safety. We may use or disclose your protected health information if, in good faith, we believe the use or disclosure is necessary to prevent or lessen a serious threat to your health and safety or to the health and safety of the public or another person.

Military Activity, Veterans, and National Security. If you are a member of the Armed Forces, we may use or disclose your protected health information for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission. We may disclose protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Worker's Compensation. We may use or disclose your protected health information to comply with worker's compensation or other similar programs established by law for work-related injuries or illness.

Fundraising. Unless you request us not to, we will use your name and address to support our fund-raising efforts.

Business Associates. We may disclose your protected health information to our business associates that perform certain functions on our behalf or provide certain services to us. For example, we may use a company to perform certain billing services on our behalf to which we would disclose information about you necessary for the company to send you a bill.

Notification to Individuals Involved in your Care. Subject to your prior opportunity to object, we may use or disclose protected health information to a family member, close friend, or any other person you identify to the extent it is relevant to that person's involvement in your treatment. We may also disclose your protected health information to your family or friends if it is apparent from the circumstances and based on our professional judgment that you would not object. For example, we may assume that you do not object to disclosure of your protected health information to your spouse if you permit your spouse to accompany you during treatment or to be present while treatment is discussed.

Pick up of Prescriptions, X-rays, Etc. Subject to your prior opportunity to object, we may use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person (family member, other relative or a close personal friend) to act on your behalf if you are not present to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information. If, in our professional judgment the requested disclosure is not in your best interest, then your authorization for the disclosure will be obtained.

Facility Directory. Unless you notify us that you object, we will use and disclose your name, location in the facility, condition (in general terms) and religious affiliation for directory purposes. This information, except for religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told of your religious affiliation. We may also disclose protected health information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.

Other Uses and Disclosures Require Your Authorization. Disclosure of your protected health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

If we receive protected health information from a facility covered by the Alcohol and Drug Rehabilitation Act, or if we receive or create certain psychiatric protected health information, we will not further disclose or disclose that protected health information without your express permission or as allowed or required by law.

INDIVIDUAL RIGHTS

You have certain rights under the Privacy Rule. These include:

Right to Inspect and Copy: You have the right to inspect and copy protected health information. This usually includes medical and billing records.

To inspect and copy your protected health information, we ask that you submit your request in writing to the address below. If you request a copy of your protected health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. This fee is set by South Carolina law.

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

Right to Amend: If you feel that your protected health information we maintain 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 our facility.

To request an amendment, your request must be made in writing and submitted to PCSC at the address below on our designated forms. 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 protected health information kept by or for the facility;
- Is not part of the protected health information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures,” which is a list of the disclosures of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice and certain other disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the address below. Your request must state a time period, which may not be longer than six (6) years and may not include dates before _____[insert date]. 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.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you. You also have the right to request a limit on the protected health 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 protected health information about a blood test you had.

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

To request restrictions, you must make your request in writing to the address below on our designated forms. In your request, you must tell us: (1) what protected health information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. These restrictions will not apply if disclosure is required by law.

Rights to Confidential Communications: You have the right to request that we communicate with you about health care matters in a certain way or to 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 address below. 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.

To obtain a paper copy of this Notice, contact the HIPAA Compliance Officer at the address or phone number below. This Notice may also be obtained on our website at www.preshomesc.org.

Any of these rights may be exercised by a written request to the following:

HIPAA Privacy Officer
Presbyterian Communities of South Carolina
2817 Ashland Road
Columbia, SC 29210
(803) 772-5872

PCSC'S DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the HIPAA Compliance Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINT

If you would like to submit a comment or complaint, or obtain further information about our privacy practices, you can do so by sending a letter outlining your concerns to:

HIPAA Privacy Officer
Presbyterian Communities of South Carolina
2817 Ashland Road
Columbia, SC 29210
(803) 772-5872

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. Or you may file a complaint to the Office of Civil Rights, U.S. Department of Health and Human Services. A complaint must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred, unless the Secretary of the U.S. Department of Health and Human Services waives this time limit for good cause shown.

