AnMed Health

2013 NOTICE OF PRIVACY PRACTICES

Compliance
800 North Fant Street, Anderson, South Carolina 29621

Effective April 14, 2003
Revised November 1, 2004
Revised December 1, 2005
Revised July 1, 2010
Revised September 4, 2013

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.

For a list of the AnMed Health facilities covered by this Notice of Privacy Practices, please see our website at www.anmedhealth.org or call the Compliance Office at 864.512.1652 or 864.512.2195.

ANMED HEALTH'S PLEDGE REGARDING MEDICAL INFORMATION

AnMed Health is committed to protecting your medical information. We create a record of care and services you receive and use it to provide you with quality care and to comply with certain legal requirements. This record will be available to all health care professionals who need access as described in this Notice, many of whom will be involved in your treatment at any of our facilities or practices. This notice applies to all of the records of your care generated by AnMed Health.

This Notice will tell you about the ways we may use and share your health information. It also describes your rights and certain obligations we have regarding how we use and share your health information.

We are required by law to:

- Keep your medical information private, as outlined in this Notice.
- Give you this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

- Any health care professional authorized to enter information into your AnMed Health medical record, including doctors on the medical staff and other providers and personnel when you receive services at one of our health care facilities or practices.
- All employees, staff, volunteers and other personnel.

In addition, our facilities may share health information with each other for treatment, payment or health care operations as described in this Notice.

HOW ANMED HEALTH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- **For Treatment:** We may use and share your health information to provide, coordinate, or manage your health care and related services, both among our own providers, and with others involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because it affects the healing process. S/he may tell the dietitian, so you can have appropriate meals. S/he may tell a case manager, so you can get proper resources at discharge. Different AnMed Health departments may share your health information in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.
- **For Payment:** Generally, we may use and share your health information with others to bill and collect payment for the treatment and services we provide to you. Before you receive scheduled services, we may contact your health plan to ask for approval for payment, or we might contact Medicare or Medicaid to inquire as to whether you qualify for coverage. We may also share portions of your health information with billing departments, insurance companies, health plans and their agents, and consumer reporting agencies. For example, if you break your leg, we may need to share information about your condition, the supplies used (such as plaster for your cast or crutches), and the services you received (such as x-rays or surgery) with your health plan so they will pay.
- **For Health Care Operations:** We may use and share information to conduct our business activities and health care operations that assist us in improving the quality and cost of the care we provide to you and other patients. For example, we may look at patient records from the ICU to review our treatment and services and to evaluate the performance of our staff. We may also use patient health information to decide what new services we should offer, what services are not needed, and whether certain new treatments are effective. We may share information for education, licensing, legal and other purposes.
- **Appointment Reminders and Phone Contacts:** We may use and share health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Alternatives:** We may use and share health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services:** We may use and share health information to tell you about health-related benefits or services that may be of interest to you, or to tell you about new facilities that we are opening.
- **Business Associates:** We sometimes hire other people to help us perform our services or to operate our facilities. We may share your health information with them so they can perform the job we have asked them to do. We require them to protect your health information and keep it confidential. For example, we may hire a transcription service to transcribe parts of your medical record or collection agencies to collect payment.

USES OF HEALTH INFORMATION FROM WHICH YOU MAY OPT OUT

- **Fundraising Activities:** We may use your health information to contact you in an effort to raise money for AnMed Health and its operations. We may share health information with a related foundation that may contact you regarding raising money for a treatment- or service-related cause. You have a right to opt out of fundraising communications.
- **Hospital Directory:** Unless you opt out, we may include your name, location in the hospital, and your general condition (for example, good, fair, serious) in the hospital directory while you are a patient. The directory information may be released to people who ask for you by name. Unless you opt out, we can also share this information, as well as your religious affiliation, with clergy affiliated with your faith, regardless of whether they ask for you by name. To opt out of being included in the directory, notify the staff member registering you or providing care to you.
- **Mental Health:** If you received treatment at a mental health facility, your information can be shared with other providers outside of the mental health facility for purposes of treatment, payment, and health care operations. For example, if you are having surgery at a hospital, your surgeon can review your mental health treatment information to make sure the plan of care is right for you. You have a right to request a restriction or limitation on the health information we share for treatment, payment or health care operations. The Request for Restriction on Sharing of Your Information is located in this Notice section entitled Your Rights Regarding your Health Information. There are some situations where we can share your mental health information, even if you request a restriction, as in an emergency.
- **Individuals Involved in Your Care or Payment for Your Care:** We may share your health information with a family member, personal representative, friend or other person you identify. We will share information that is directly related to their involvement in your care or payment for your care. For example, if you are on a spouse's insurance plan, your spouse may have access to a bill of services provided. We may share information when it is necessary to notify them of your location, general condition or death. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your health information with a person involved in your care. If you bring family members or others to your appointments and do not tell us that you object to them hearing your medical information, then we may interpret that as your consent for them to do so.

SPECIAL SITUATIONS

In some situations, we may use or share your health information without your permission or allowing you an opportunity to object. Examples of these situations include:

- When required by law.
- For organ, eye or tissue donation purposes.
- To law enforcement, a correctional facility, or when criminal conduct is involved.
- For subpoenas or other legal proceedings.
- To coroners, medical examiners or funeral directors.
- To avoid a serious threat to health or safety, such as for victims of abuse, neglect or domestic violence.
- For public health activities, such as to prevent or control disease, injury, or disability or to report reactions to medicine or problems with medical products, etc.)
- For health oversight activities.
- For research purposes.
- For disaster relief.
- For specialized government functions.
- For workers' compensation.

HEALTH INFORMATION EXCHANGES

We may provide your health care information to a health information exchange (HIE) in which we participate. An HIE is a health information database where other health care providers caring for you can access your medical information from wherever they are if they are members of the HIE. These providers may include your doctors, nursing facilities, home health agencies or other providers who care for you outside of our hospitals or our practices. For example, you may be traveling and have an accident in another area of the state. If the doctor treating you is a member of the HIE in which we participate, s/he may access the information about you that other providers have contributed. Accessing this additional information can help your doctor provide you with well-informed care quickly, because s/he will have learned about your medical history or allergies or prescriptions from the HIE. If you do not want your medical information to be shared with these member health care providers, you will be able to opt out by visiting the HIE website and submitting the opt out form. If you opt out, your providers may not have the most recent information

about you, which may affect your care. You may always opt in at a later date by visiting the HIE website.

STATE AND FEDERAL LAWS

Sometimes, state or federal laws require us to protect or share your health information in keeping with or in addition to the ways stated in this Notice. For example, state law protects your health information under the doctor-patient privilege. There are also situations when we are required or permitted to share your information under the law, such as to report gunshot wounds or child abuse. The following are a few examples of some common situations where state or federal laws require us to protect or share your information:

- **Treatment for Drug and Alcohol Use:** If you receive treatment for drug or alcohol use in a federally funded rehabilitation center, federal laws prevent us from releasing that information, except in certain situations. For example, if there is an emergency or if you threaten to hurt someone, we can share the information as necessary.
- **Unemancipated Minors:** In South Carolina, if you are under the age of 18, are not married and have not been legally emancipated, you can consent to treatment for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbances without an adult. This information will remain confidential, unless your doctor determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment. Minors are still required to get parental or court consent for an abortion.
- **Inspections and Surveys:** One or more of our facilities and services are subject to inspection by state and federal agencies and accreditation representatives who may review patient health information, which we are required to provide. For example, the State of South Carolina may ask to review records as part of their review of our hospital license or review of a complaint. (You may have certain rights to object to review of your record.) A licensing board may also review records when evaluating a provider's qualifications or investigating a matter.

OTHER USES OF HEALTH INFORMATION

In most cases, we require your written permission to use or share psychotherapy notes, or health information for marketing purposes, or to share your information in a way that constitutes sale of health information. Before we use or share your health information in a manner not covered by this Notice or required or permitted by applicable laws, we will ask for your written permission. We may also remove all identifiers from your information to make it anonymous, and use or share it for other purposes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

- **Access to a Copy of Your Health Records:** You may ask to see and get a copy of your health record and other health information. You may not be able to get all of your information in a few special cases. For example, if your doctor decides something in your file might endanger you or someone else, your request for access may be denied.
    - In most cases, copies of your health record will be given to you within 30 days, but this time frame may be extended for another 30 days, if needed.
    - You may have to pay for the cost of copying and mailing, if you request copies and mailing. To request a copy of your health record, you can write a letter to the Medical Records Custodian, or complete a request form in person in the Medical Records department at the facility or practice where you were treated *
- **Request to Revoke an Authorization:** If you have given us permission to use or share your health information, you may revoke that permission at any time by writing a letter to the Medical Records Custodian or by going in person to the Medical Records department at the facility or practice where you obtained your records .* If you revoke your permission, we will no longer use or share your health information for the reasons covered by your written authorization. You understand that we are unable to take back any information we shared before you notified us that you were revoking your authorization.
- **Request Changes to Your Health Information:** You may ask to change or add information to your health record that you think is wrong or incomplete. A request to change your health information is also known as a "request for amendment." The provider has the right to decide whether to grant the request for amendment. For example, if you and your provider agree that your file has the wrong result for a test, the provider will change it. If, however, your provider believes the test result is correct, then your request for a change may be denied, but your disagreement will be noted in your file.
    - To request an amendment, you can write a letter to the Medical Records Custodian, or complete a form in person in the Medical Records department at the facility or practice where you were treated.* You must describe the amendment and provide a reason why it should be made.
    - Usually, we will respond to your request for amendment within 60 days, but it may take an extra 30 days in some cases. If we need an extension, we will notify you of the reason.
- **Obtain a List of When and Why Your Health Information Was Shared:** You have the right to request an "Accounting of Disclosures." The Accounting of Disclosures is a list of the people with whom your health information has been shared. (It does not include those involved in treatment, payment, or for health care operations, or as authorized by you.) To get this list, you can write a letter to the Medical Records Custodian or complete the request form in person at the facility or practice

where you were treated.* You must include the time frame for the request.

- o You may get an Accounting of Disclosures at no charge every 12 months. There may be a charge for more than one report within a 12-month time frame.
- o In most cases, we will provide the Accounting of Disclosures within 60 days, but it may take an extra 30 days in some cases. If we need an extension, we will notify you of the reason.

- **Request Restrictions on Sharing of Your Information:** You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment or health care operations. You also have the right to request that we limit the health information we share about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that we not share with your siblings information about a surgery you had. To request a restriction, you can contact the Medical Records Custodian at the facility or practice where you were treated.* In your request, you must tell us (1) What information you want to limit; (2) Whether you want to limit the use, or sharing of information, or both; and (3) To whom you want the limits to apply (for example, sharing with your spouse.) **We are not required to agree to your request.** If we do agree, your restrictions may not be followed in some situations, such as emergencies or when required by law.

If you ask us not to share health information with your health plan for items or services for which you paid in full, out of pocket, we will not share the information with the plan.

- **Request That We Change How We Contact You:** You may make reasonable requests to be contacted at different places or in different ways. For example, you can have the nurse call you on your cell phone instead of your home number, or ask that your lab results be sent to your office instead of to your home. If sending information to you at home might put you in danger, your health provider must talk, call, or write to you where you ask and in the way you ask, if the request is reasonable. To request confidential communications, you can write a letter to the Medical Record Custodian or go in person to the Medical Records department at the facility or practice where you were treated.* You are not required to tell us the reason for your request. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted. We may also ask how you will handle payments.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this Notice upon request. You may also obtain a copy of this Notice at any time from our website at http://www.anmedhealth.org, or from the facility where you obtained treatment.
- **Right To Be Notified of a Breach:** You have the right to be notified if your health information is acquired, used, or shared in a manner not permitted under law that compromises the security or privacy of your health information.

If you want to inspect your health information, get a copy of it, request an amendment or restriction, or receive an accounting of disclosures, you can submit your request in writing to the address below or go in person to the Medical Records department.

Medical Records Department or the AnMed Health Facility where you received services
AnMed Health Medical Center
800 N. Fant Street
Anderson, SC 29621 (864) 512.1258

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised Notice effective for the medical information we already have about you, as well as any information we create or receive in the future. The effective date of the Notice is on the first page. We will post a copy of the current Notice of Privacy Practices at each AnMed Health treatment facility and on our website at http://www.anmedhealth.org. You will be asked to acknowledge in writing that you received this Notice.

QUESTIONS OR COMPLAINTS

If you believe your information was used or shared in a way that is not allowed under the privacy law, or if you believe your rights were denied, you may file a complaint with AnMed Health and with the Secretary of the Department of Health and Human Services. To file a complaint with AnMed Health, you may call the AnMed Health Helpline at 1-888-398-2633. Please provide information so that we may follow up on your concern. To get information on how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the AnMed Health Compliance Department at (864) 512-1652 or (864) 512-2195. You will not be penalized for filing a complaint.

*To get the address of the facility or practice you are contacting, please go to www.anmedhealth.org and select a location.

A copy of this Notice is available in Spanish.
Una copia de esta Notificación está disponible en español.