

Notice of Privacy Practices

Compliance Department

800 North Fant Street, Anderson, South Carolina 29621

Effective April 14, 2003
Revised November 1, 2004
Revised December 1, 2005

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

The Privacy Rules under the Health Insurance Portability and Accountability Act (HIPPA) became effective on April 14, 2003. These rules concern the privacy of patient information and cover oral, written and electronic communications that involve protected health information.

If you have any questions about this notice, please contact our Compliance Department at the address and phone number shown at the end of this notice.

WHO WILL FOLLOW THIS NOTICE

This notice describes AnMed Health's practices and that of:

- All departments and units of AnMed Health, including AnMed Health Family Practice sites, AnMed Health Home Care and Behavioral Health Associates, LLC.
- All employees, staff and other hospital personnel.
- Any health care professional authorized to enter information into your medical record.
- Physicians involved in your care at the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- Any business associate or partner with whom we share health information.

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 notice applies to all of the records of your care generated by AnMed Health. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

We are required by law to:

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

HOW ANMED HEALTH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- ◆ **For Treatment:** Including disclosing information about you to doctors, nurses, technicians, medical students, or other AnMed Health personnel who are involved in your care. A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.
- ◆ **For Payment:** Including providing information to your health plan, insurance company, or a third party, such as Medicare.
- ◆ **For Health Care Operations:** Including review of treatment and services, evaluation of the performance of our staff in caring for you, and learning purposes.
- ◆ **Individuals Involved In Your Care or Payment For Your Care:** Under certain circumstances, AnMed Health may release medical information about you to a member of your family or to any other person you identify that directly relates to that person's involvement in your health care, or to someone who helps pay for your care. We may disclose medical information about you to other providers that we use to provide services after you leave the hospital, such as a home care agency.

◆ **Hospital Directory:** AnMed Health may include certain limited information about you in the patient directory while you are a patient at AnMed. This information includes your name, your location in AnMed Health facilities, your general condition (e.g., fair stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. When you are admitted to the hospital, you will be given the choice of whether to be included in the patient and/or clergy directories.

◆ **Appointment Reminders and Phone Contacts:** For treatment or medical care at one of the AnMed Health facilities or to provide you with test results, return your call, answer questions, or obtain additional information. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that might interest you. If you are not in, we will leave only our name, the facility name, and our phone number.

◆ **Fundraising Activities:** AnMed Health may disclose information such as your name, address, phone number, and dates of service to AnMed Health Foundation to support the Foundation's fundraising efforts. If you do not want the Foundation to contact you, notify the Foundation in writing at:

ANMED HEALTH FOUNDATION
100 ANMED FOUNDATION DRIVE
ANDERSON, SC 29621

◆ **Business Associates:** We may provide certain health information to outside entities that perform services for us. We require these business associates to appropriately safeguard the privacy and confidentiality of your information.

◆ **Other Situations**

There are other situations where we may release information about you:

- As required by state or federal law
- To law enforcement, a correctional facility, or when criminal conduct is involved.
- For subpoenas or other legal proceedings.
- To certain regulatory services.
- To a coroner or funeral home.
- To avert a serious threat to health and safety, such as for victims of abuse, neglect, or domestic violence.
- For the health and safety of the public or another person.
- For organ and tissue donation.
- For research purposes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

◆ **Right To Inspect and Copy:** You have the right to inspect and copy your medical information, including medical and billing records, but not psychotherapy notes. AnMed Health may charge a fee for copying costs.

◆ **Right To Request An Amendment:** You may ask us to amend information that you believe is incorrect or incomplete, for as long as the information is kept by or for an AnMed Health facility. You must provide a reason that supports your request.

◆ **Right To An Accounting Of Disclosures:** You have the right to request a list of disclosures we have made, other than those listed in this notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

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. In your request, you must tell us what information you want to limit, to whom the limits apply, and an expiration date for the request.

If you want to inspect your medical information, get a copy of it, request an amendment or restriction, or receive an accounting of disclosures, submit your request in writing to:

MEDICAL RECORDS DEPARTMENT
ANMED HEALTH MEDICAL CENTER
800 N. FANT STREET
ANDERSON, SC 29621
864-512-1258

OR THE ANMED HEALTH FACILITY WHERE YOU RECEIVED SERVICES

- ◆ **Right To Request Confidential Communications:** *You have the right to request confidential communications pertaining to your care. For example, you can ask that we only contact you at work or by mail. To request confidential communications, make your request in writing to AnMed Health facility where you received services and specify how or where you wish to be contacted. We will accommodate all reasonable requests.*
- ◆ **Right To A Paper Copy Of This Notice:** *You may ask for a paper copy of this notice by contacting the AnMed Health facility where you received services or the Compliance Department at the address given below. You may also obtain a copy of the this notice at our website <http://www.anmedhealth.org>.*

CHANGES TO THIS NOTICE

We reserve the right to change this notice and 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 at AnMed Health facilities and on our website. The effective date of the notice is on the front page, just below the title. You will be asked to acknowledge in writing your receipt of this notice.

QUESTIONS OR COMPLAINTS

If you have questions about how we use or disclose your protected information, please contact the Compliance Department at the number given below. If you believe your privacy rights have been violated, you may file a written complaint with AnMed Health or the Secretary of the Department of Health and Human Services. To file a complaint with AnMed Health, contact:

COMPLIANCE DEPARTMENT
ANMED HEALTH MEDICAL CENTER
800 N. FANT STREET
ANDERSON, SC 29621
864-512-1652 OR 864-512-2195

You may also make a complaint through our toll-free Patient Helpline at 1-888-398-2633. Please provide specific information so that we may follow up on your concern.

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 or the laws that apply to us will be made only with your written permission. You may revoke your permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.