



## 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.**

**If you have any questions about this notice, please contact our office by calling 803-699-9073 and request a return call from our Privacy Officer.**

### Understanding Your Health Record/Information

A record is created each time you receive services from Senior Health Associates. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment. It is communicated among the many health professionals who contribute to your care and enables you or a third-party payer to verify that services billed were actually provided. Your medical record is a legal document describing the care you received. It is a tool we use to educate our providers and to assess and continually work to improve the care we provide and the outcomes we achieve.

The purpose of this Notice of Privacy Practices is to assist you in understanding what is in your medical record and who, what, when, where and why others may access your health information. This document will assist you in making more informed decisions when authorizing disclosures of your health information.

### How We May Use and Disclose Medical Information About You

The following categories describe different way that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the way 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 and services. We may disclose medical information about you to doctors, nurse practitioners, nurses, technicians, pharmacists, medical students, nursing students or other medical personnel who are involved in taking care of you.

**For Payment.** We may use and disclose medical information about you so the treatment and services you receive at Senior Health Associates may be billed to and payment collected from you, an insurance company, or a third party. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan.

**For Health Care Operations.** We may use and disclose medical information about you for Senior Health Associates' healthcare business operations. These uses and disclosures are necessary to operate Senior Health Associates and make sure all of our patients receive quality care.

**Appointment Reminders.** We may use and disclose medical information to contact you and remind you of an appointment for treatment or medical care from Senior Health Associates.

**Treatment Alternatives.** We may use and disclose medical 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 disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local laws.

**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 or safety or the health and safety of the public or another person. Such a disclosure would only be to someone able to help prevent the threat.

**Telephone Communication.** We may contact you by telephone to provide you with test results, return your call, answer questions or obtain additional information.

### **Special Situations**

**Organ and Tissue Donation.** If you are an organ donor, we may release 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 medical information about you as required by military command authorities.

**Worker's Compensation.** If applicable, we may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries.

**Public Health Risks.** If applicable, we may disclose medical information about you as required by law for public health activities. These disclosures are generally required as follows:

- ✓ To prevent or control disease, injury or disability
- ✓ To report births and deaths
- ✓ To report child or elder abuse or neglect
- ✓ 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.
- ✓ To notify the appropriate government programs and compliance with civil rights laws.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care 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 administrative order as required by law. We may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement.** We may disclose medical information as required by law if asked to do so by law enforcement officials:

- ✓ 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 occurring on our premises.

- ✓ 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 Home Directors.** We may disclose 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 to funeral home directors as necessary to carry out their duties and as required by law.

**National Security and Intelligence Activities.** We may disclose medical information about you to authorized federal officials for intelligence or counterintelligence and other national security activities as authorized by law.

**Research.** We may disclose medical information about you during the course of research activities but only as authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correctional institution or the law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety and the health and safety of others or for the safety and security of the correctional institution.

## Your Health Information Rights

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 to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the address listed below. SHA charges a \$25.00 fee per patient for copying medical records in accordance with South Carolina law.

We may deny your request in certain limited circumstances. If you are denied access to medical information, you may request that denial be reviewed. Another licensed health care professional chosen by Senior Health Associates will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

**Right to Amend.** If you feel the 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 Senior Health Associates, PA.

To request an amendment, your request must be submitted to our office in writing. 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 valid 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.
- ✓ Is not part of the information kept by us.
- ✓ Is not part of the information which you would be permitted to inspect and copy.
- ✓ Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we have made of medical information about you.

To request this list of accounting, you must submit your request in writing to the address listed below. 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 will provide you with one free accounting each year. For subsequent requests, we will charge a \$25.00 fee per request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit 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.

**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 with emergency treatment.

To request restrictions, you must make your request in writing to our office. In your request, you must tell us what information you want to limit, whether you want us to limit our use, disclosure or both and to whom you want the limits to apply.

**Right to Request Confidential 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 contact you at home, not at work or at work and not at home.

To request confidential communications, you must make your request in writing to the address listed below. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how and 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. To obtain a copy of this notice, you must submit your request in writing to the address listed below.

## **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.

If you believe your privacy rights have been violated, you may file a complaint with Senior Health Associates, PA or the Secretary of the Department of Health and Human Services. The complaint to Senior Health Associates must be submitted in writing to the address listed below.

## **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. If you provide us permission to use or disclose medical information about you, you may revoke that 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. 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.

## **The address for all notices and requests is:**

**Senior Health Associates, PA  
2858 Sunset Blvd  
West Columbia, SC 29169**