

SOUTHERNMED COUNSELING
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS AND CONTROL THE RELEASE OF THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI):

We understand that information about your health is personal, and we are committed to protecting the privacy of our clients. This notice applies to all of the records of your care generated by SouthernMED Counseling (SMC). Our office complies with state mandates related to maintaining your privacy as well as federal guidelines set forth in the Health Insurance Portability and Accountability Act of 1996 "HIPAA" Privacy Regulations (45 CFR parts 160 and 164).

This notice tells you about the ways we may use and disclose medical information about you (also known as Protected Health Information, or "PHI"). We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- Make sure PHI that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose PHI that **DO NOT** require your authorization as stated in the HIPAA privacy regulations. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use your PHI to provide, coordinate, or manage your counseling services or for referrals. We may disclose PHI to other health care providers and facilities that provide your treatment services.

For Payment: We may use and disclose your PHI so that payment may be made for the services you receive. We will use your PHI in our billing departments and disclose your PHI to insurance companies, hospitals, physicians, and health plans for payment purposes, or to third parties to assist us in creating bills, claim forms, or receiving payment for services.

For Health Care Operations. We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to run SMC and to help ensure quality care. For example, we may use PHI

to review our treatment and services, for auditing purposes, or to evaluate the performance of our staff in caring for you.

Business Associates. We may use and disclose your PHI to “business associates” who provide contracted services for us if it is necessary. If we do disclose your PHI to a business associate, we will do so subject to an agreement that provides that the information will be kept confidential.

Appointment Reminders. We may use and disclose your PHI to contact you as a reminder of an appointment or session. Unless you object, we may leave a message on an answering machine to contact you or provide you with appointment or session reminders. No details regarding your diagnosis or treatment will be left on an answering machine. We have provided space in our intake paperwork for you to designate a preferred phone number for reminders.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your PHI to family members, friends, or others (identified by you) who are involved in your care or the payment of your care. In most cases, parents are considered the personal representatives of their minor children and have access to the PHI of their children. However, according to South Carolina law, minors who are at least 16 years of age do not require parental consent for treatment. In such cases, HIPAA asserts that the parents may not be considered a personal representative, and any PHI disclosures may require the consent of the minor seeking services.

As Required by Law. We will disclose your PHI when we are required to do so by federal, state, or local law.

Public Health Risks. We may use and disclose your PHI for public health activities. These activities generally include the following:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify people of recalls of products they may be using
- Notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a communicable disease or condition (when authorized by law).
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose your PHI to a health oversight agency (i.e. The Department of Health and Human Services) for activities authorized by law. These oversight activities include, for example, 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. We may disclose your PHI in response to a court or administrative tribunal, in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to notify you of the request or to obtain an order protecting the requested information.

Law Enforcement. We may disclose your PHI if asked to do so by a law enforcement official:

- 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 at SMC; and
- 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.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when we determine it is necessary to prevent an imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat (including the intended victim).

Research. We may use and disclose your PHI for research purposes. Research refers to systematic investigations designed to develop or contribute to generalizable knowledge. Information will be disclosed only when the aspects of that information which can identify you have been removed.

Workers Compensation. We may use and disclose your PHI as authorized by, and to comply with, workers' compensation laws and similar programs providing benefits for work-related injuries or illnesses.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

The following categories describe different ways that we may use and disclose your PHI that **DO** require your authorization.

Progress Notes. We cannot disclose progress notes without your authorization except for when they are used for training purposes, defense against legal proceedings brought by you, for DHS investigations, to avoid a serious and imminent threat to public or health safety, for health oversight purposes, and other uses required by law.

Marketing. We cannot disclose your PHI for marketing purposes without your authorization. For example, we will not disclose your contact information to a third party who wishes to sell you a product or service.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your PHI:

Right to Inspect and Copy. You have the right to inspect and to receive a copy of the PHI that may be used to make decisions about your care. You must submit your request in writing to SMC. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. We will ordinarily respond to your request within 30 days.

We may deny your request to inspect and copy in certain circumstances. We will inform you if your request is denied for any reason and will let you know what other rights you may have.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to SMC. In addition, you must provide a reason that supports your request. If your request for amendment is denied, we will let you know the reason and what further rights you may have.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI. The list does not include uses and disclosures that have been made for treatment, payment or health care operations; disclosures that were made to you or with your authorization or consent; or disclosures that are incidental to other permissible disclosures (such as someone overhearing a conversation between you and your counselor). To request this list or accounting of disclosures, you must submit your request in writing to SMC. Your request must state a time period which may not be longer than six years.

Right to Request Restrictions. You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations. We will abide by any request not to disclose information to a health plan for purposes of carrying out payment or health care operations, provided that such health information pertains solely to a service that we have provided and for which you have paid us directly in full. We are not otherwise required to agree to your request to restrict disclosures for treatment, payment or health care operations, although we will consider your request and will abide by any restrictions that we agree to.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to SMC. We will accommodate 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 another copy of this notice at any time.

Right to Notice if Your Health Information is Breached. If the privacy and/or security of your PHI is compromised in a manner that creates a significant risk of financial, reputational, or other harm, we will provide you with written notice of the breach.

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 PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in SMC.

ELECTRONIC MEDICAL RECORDS. Our office utilizes an electronic medical records system for certain functions related to your care. We share this system with other facilities affiliated with our parent company, Southern Medical Management, LLC. These facilities are SouthernMED Pediatrics Lake Murray, SouthernMED Pediatrics South Lake, SouthernMED Pediatrics Batesburg-Leesville and SouthernMED Pediatrics Hillcrest in Orangeburg, SC. Our system, eClinical Works, has internal security features which limit unauthorized access of your information across facilities. In addition, facility policies are in place prohibiting staff members from accessing unauthorized information. If you are a dual client of SMC and one of these other facilities, your physician/other authorized medical staff will be able to access your counseling records through this system if necessary for treatment purposes. If you are exclusively a client of SMC, your records cannot be accessed by the other facilities. Please speak with your counselor if you have any questions or concerns about this policy. You have the right to place restrictions on access to your information.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with our privacy officer (SMC Director) or with the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint. In the event that you have a complaint against our privacy officer, our receptionist will act as the privacy officer for your complaint.

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

Phone (404) 562-7886
FAX (404) 562-7881

OTHER USES OF HEALTH INFORMATION. Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written permission to use or disclose health 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 health information about you for the reasons covered by your written authorization. You must understand that we are unable to take back any disclosures we have already made with your permission. If you have any questions about this notice, wish to obtain a copy of this notice, or wish to make a complaint regarding our privacy practices, please contact our office at 216 East Main Street, Lexington, SC 29072. (803) 520-8295.