



## **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.***

### **A. Our Commitment to Privacy: Privacy Notice Distributed to Patients:**

You have entrusted Fetter Health Care Network with the responsibility of providing health care for you and your family. We are dedicated to maintaining your trust. We know that the privacy of your medical information is important to you. That's why we take our responsibility to protect the privacy of your medical information very seriously.

This privacy notice describes how we protect the privacy of your health information. It describes what medical information is collected, how it is used, and with whom it is shared. This notice also explains your rights as well as our obligations regarding uses and disclosures of your medical information.

This notice applies to services you receive at any of our centers, and any outside facility with whom we have contracted with to assist in the delivery of your health care. Any of these entities, sites and locations may share your medical information for treatment, payment or health care operations, as described in this Notice and by law. Please be aware your outside doctor may have different notices and policies about the use and disclosure of your medical information created in his or her hospital, office, or clinic. We are required by law to provide you with the notice of our privacy practices and legal obligations regarding your medical information; to abide by the term of this notice; and to ensure that any medical information identifying you is kept secure and private.

If you have any questions about this Notice of Privacy Practices, or questions and complaints regarding how your medical information is handled, please contact:

Fetter Health Care Network  
Attn: Quality Department  
51 Nassau St.  
Charleston, SC 29403  
(843) 722-4112

### **B. Complaints:**

If you are concerned that your privacy rights may have been violated, you may contact the Quality Director listed above. You may be asked to submit your concern in writing. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

### **C. Our Uses and Disclosures of Your Medical Information for Treatment, Payment and Health Care Operations:**

Any time you receive services from a hospital, physician or other health care provider, a record of your encounter is made. Typically this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. This information is linked with your name, or other personal identifier, and is referred to as your health record or medical record. The information contained within your health record can be used in a variety of ways, such as, to



provide medical care, to receive payment for care provided, and to support daily business operations. Disclosures of your medical information for purposes described in this Notice may be made orally, electronically, in writing, or via facsimile.

Pursuant to HIPAA and South Carolina State law, we may use or disclose your medical information for several purposes. We will not use or disclose your medical information without your written authorization, except in the situations described below. If you give us written authorization, you have the right to revoke that authorization. However, please be advised the revocation will not apply to any uses of disclosures made prior to the revocation, while the authorization was still in effect.

**Treatment:** We may use your medical information to provide you with medical care in any of our facilities or in your home. We may also share your medical information with others who provide care to you such as hospitals or nursing homes. Services may be rendered by physicians, nurses, nurse practitioners, physician assistants, medical and nursing students, therapists, technicians, emergency service and transportation providers, medical equipment providers, pharmacies, and others involved in your care. For example, different hospital departments may share your medical information to coordinate your prescriptions, laboratory, x-rays and other medical needs.

**Payment:** We may use and disclose your medical information as needed to receive payment for the medical care that we provide to you, or to assist others who care for you to receive payment for the care they provide. For example, we may share your medical information with a billing company or with your health insurance plan to obtain prior approval for your care or to make sure your plan will cover your care.

**Health Care Operations:** We may use or disclose your medical information for our quality assurance activities and as needed to run our health care facilities. We may also use or disclose your medical information to obtain legal, auditing, accounting, and other services, and for teaching, business management and planning purposes. We may use your medical information in combination with other patients' medical information to compare our efforts and to learn where we can improve our care and services. We may disclose your information to businesses and individuals (e.g. medical transcription service) who perform services for us and abide by our Notice of Privacy Practices.

**D. Appointments/On-Site Contacts:**

We may use your medical information to contact you about upcoming appointments and to obtain your registration information. In the course of business, we may need to contact you by overhead page or ask you to write your name on a sign-in sheet. In these instances, we take reasonable precautions to protect your privacy.

**E. Treatment Alternatives, Health Benefits, Fundraising, and Marketing:**

We may use and disclose your medical information to tell you about treatment alternatives, and health-related benefits and services. We may contact you regarding Fetter Health Care Network fundraising events or activities. We may use your information to tell you about our products or services or to provide product samples of other similar goods. We must



obtain written authorization to use or disclose protected health information for marketing purposes. Patients can opt out at any time by providing written notification.

**F. Religious Affiliation:**

In the event that religious affiliation is included, we may disclose that information to members of the clergy even if not requested by name.

**G. Individuals Involved in Your Care or Payment for Care:**

We may release medical information about you to a friend or family member who you identify as being involved in your medical care. As long as you do not object, we may also give information to someone who helps pay for your care. If you are an inpatient or in the emergency room, we may also tell your family or friends about your general condition and location, with authorization when required. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**H. Research:**

Under certain circumstances, we may use or disclose medical information about you, for research purposes, without your authorization. For example, we may disclose your medical information to researchers who request it for approved research projects. However, with limited exceptions such disclosures must be cleared through a special approval process before any medical information is disclosed to the researchers. Researchers will be required to safeguard the medical information they receive. All research projects are subject to approval by the Fetter Health Care. The organization reviews the risks and benefits of a proposed research project including the use of medical information in accordance with federal regulations. Before we use or disclose medical information for research, the project must be approved through this review process. We may use your medical information in preparation for conducting research (e.g., to help look for patients with specific medical conditions). Medical information used in preparation for conducting research will not leave the institution.

**I. To Avert a Serious Threat to Health and Safety:**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

**J. Disclosures as Required By Law or to Assist in Law Enforcement or National Security:**

In accordance with state and federal laws, we are required to disclose medical information for the following purposes:

- Community and public health activities and reports such as disease control, abuse or neglect, and health and vital statistics.
- Administrative oversight activities such as audits, investigations, licensure, or determining cause of death.



- Court order or legal processes related to law enforcement activities including custody of inmates, legal actions or national security activities.
- Organ and tissue donation and transplant reports, as required by regulatory organizations, necessary to facilitate organ or tissue donation and transplant.
- Workers compensation or other rehabilitative activities reporting as required by law or insurers to provide benefits for work-related or victim injuries or illnesses.
- Law enforcement release of information if asked to do so by a law enforcement individual in connection with a criminal activity.
- Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner, medical examiner or funeral director.
- National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- Protective Services for the President of the United States and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

**K. Your Individual Rights:**

**Access and Copies:** Generally, you have the right to look at or receive a copy of medical information that we keep about you. We may charge you for costs we incur related to your request. We may deny your request to inspect and copy your records in certain, very limited, circumstances. For example, a request may be denied if review of the records is reasonably likely to endanger the life or physical safety of the individual or another person. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional will be chosen by the organization to review the request and denial. A review of the request and denial does not guarantee that the denial will be overturned.

**Disclosure List:** You have the right to receive, upon request, a list of disclosures on your health information that we have made, with the exception of disclosures made for treatment, payment, or health care operations, and disclosures that you have authorized. The list you receive can include disclosures that have been made in the six years prior to the date your request is made. Your first request in a 12-month period is free. After that, we may charge for additional requests.

**Amendments:** If you believe that information in your record is incorrect, or that information is missing, you have the right to request an amendment be made to your record. This request must include why you believe your record contains



missing or inaccurate information. We may deny your request if it is not in writing or if it does not include a reason to support the request. In addition, we may deny the request if we determine that the information is complete and accurate, was not created by us, is not part of the medical record kept by or for our facility or is not part of the information that you would be permitted to inspect and copy under certain circumstances.

**Confidentiality:** You have the right to request that your medical information be shared with you in a confidential manner.

**Restrictions:** You may submit a written request to restrict how we use or disclose your health information. We will send you a written response informing you about our ability to honor your request.

**Copies of our Notice of Privacy Practices:** You can ask for a copy of our current Notice of Privacy Practices at any time. If this Notice of Privacy Practices was sent to you electronically, you may request a paper copy.

**Who to Contact:** To exercise any of the rights described above, please send a written request to the Quality Director listed on page two(2) of this Notice.

**Inclusion:** You have the right to receive appropriate care regardless of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status and ability to pay.

**L. Changes to Our Notice of Privacy Practices:**

We may change our Notice of Privacy Practices from time to time. The changes will apply to all medical information about you that we have at the time of the change, and to all medical information about you that we keep in the future. Generally, the changes will take effect when they appear in a revised Notice of Privacy Practices. A copy of our current notice will be posted in our facilities and will be made available to all patients. To learn more about our privacy practices, contact our office listed on the first page of this Notice.



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