

Internal Medicine Associates of Greenville, P.A.

Notice of Privacy Practices

Effective April 14, 2003

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get This Information.

Internal Medicine Associates makes every effort to keep your health information private. Each time you visit one of our offices, a record is made. This health or medical record often includes your symptoms, exams and test, diagnosis, treatment and care plan. We need this record to give you a high quality care and to meet legal requirements.

This notice applies to all health records produced at Internal Medicine Associates, including those received from other providers. It outlines how we may use and give out information about you for treatment, payment, or healthcare operations and other purposes granted or required by law. It also describes your rights to get and control your record and legal requirements we have on its use and release.

The law requires Internal Medicine Associates to do the following:

- Keep your health record private.
- Describe our legal duties and privacy obligations related to your health information.
- Follow the current Notice of Privacy Practices.

We reserve the right to change the practices and terms of this Notice and the changes will be effective for the information we already have about you as well as any information we receive in the future. Upon your request, we will provide you with any revised Notice of Privacy Practices. Each time you register at Internal Medicine Associates, you may have a copy of this notice. We will also post a copy in our waiting rooms. In addition, you may call our office at (864) 242-4683 and request a copy.

Under Federal law, we are permitted to use your protected health information (PHI) in providing you medical care when you visit our office. The law permits us to disclose your protected health information for treatment, payment and health care operations. The following section describes how we use and release medical information. Please note these examples are not all-inclusive.

Treatment: We use medical information about you to provide, coordinate and manage your treatment and services. We may give this information to doctors, nurses, technicians, and students of affiliated healthcare programs, volunteers, or other staff who care for you.

We may give information about you to people who are involved in your care, such as your primary care physician, specialist, spouse or friend. Internal Medicine Associates medical personnel and employees, using their best judgment, may release to a relative, close friend or other person, information about your medical care depending on that person's involvement in your care.

Here is how, your health record might be used for treatment reasons:

- We may send a record of your visit to your primary care physician.
- We may send your record to specialists that your doctors here may want to consult.
- Your record may be sent to a doctor to whom you have been referred.
- We would share your record with a hospital, home health or extended care facility if needed.
- We may use and release your health record to provide material in treatment options.

Payment: We use and release health information so that treatment and services you receive may be billed to you and payment collected from you, an insurance company, or a third party.

Here is how your health record might be used for payment purposes:

- We may call your health plan for preapproval of a service.
- We may give your health plan details about your surgery so it will pay us or reimburse you.
- If someone else is responsible for your payment, we may call that person.

Healthcare Operations: We may use and release your record to support our business functions (i.e., administrative, financial and legal activities). These uses and disclosures are needed to run the office; support treatment and payment and help patients receive high quality care. Activities may include measuring quality care.

Here is how your health record may be used for business operations:

- We call to confirm your appointment or leave a message of appointment and to return our call.
- We may ask you to list your name and your doctor's name when you arrive for a visit.
- We may also call you by name in a waiting area.
- We may use health information to review our treatment and services.
- We may give information to doctors, nurses, technicians, students, and other staff for review and learning purposes.

People involved in your care or Payment for Your care: Unless you object Internal Medicine Associates may tell a family member, friend or other person you identify, or that we have a reasonable basis to believe is involved in your medical care, details about you that relate to that person's involvement in your care. If you cannot physically or mentally agree or object to a disclosure we may supply information as needed. We may also give information to someone who pays for your care.

Business Associates: Business associates of Internal Medicine Associates provide some services related to treatment, payment and business operations. Examples include some transcription and some aspects of billing/collections. We have a written contract that requires associates to protect your record in the course of performing their job.

SPECIAL USES AND DISCLOSURES OF YOUR HEALTH RECORD

Emergencies: We may use or release your health information during emergencies.

Language Barriers: We may use or release your record if we try to get your consent but cannot because of major communication barriers and the doctor or staff decides that you intend to consent to use or release such information.

Research: Internal Medicine Associates may release your record for research approved by an Institutional Review Committee (IRC). The IRC reviews proposals and protocols to ensure privacy. We may share information about you with researchers starting a project to help them find patients with specific needs.

Workers' Compensation: We may release information about you to comply with workers' compensation laws or similar programs.

Legal Requirements: *We may release health information about you for the following reasons:*

- Court or administrative order.
- Subpoena, discovery request, or other lawful process.
- We will give out medical information about you when required to do so by federal, state, or local law.

Serious Threat to Health or Safety: We may use and release information about you to prevent a serious threat to your health and safety or the health and safety of others.

Health Oversight Activities: We may supply information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities help the government oversee healthcare systems, benefit programs and civil rights laws.

Public Health Risks: *We may release information about you to local, state, or federal public health agencies for reasons such as:*

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report adverse events, product defects or problems, or drug reactions.
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading one.
- To alert a government agent if we believe a patient is the victim of abuse, neglect, or domestic violence.

Military, Veterans and National Security: If you are a member of the armed forces, we may release information about you as required by military authorities. We may give information about you to federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Law Enforcement: We may release your health information to a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar legal process.
- To provide information about the victim of a crime if, under certain cases, we cannot get the person's agreement or as required by law.
- In case of death we believe may be the result of criminal conduct.

YOUR HEALTH INFORMATION RIGHTS

Review and Copy: You have the right to review and request a copy of your health record (this often includes medical and billing records but under federal law, excludes psychotherapy notes). To do so, write to Internal Medicine Associates, 111 Doctors Drive, Greenville, South Carolina 29605. There will be a fee for costs involving copying, mailing and related supplies.

Amend: If you believe that information we have about you is incorrect or incomplete, you may ask us to modify or add the information. You have the right to request a change or addition for as long as Internal Medicine Associates keeps the record. Request your change in writing to Medical Records Information, Internal Medicine Associates, 111 Doctors Drive, Greenville, South Carolina 29605. You must give the reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny a request to modify a medical record in these cases:

- The current information is accurate and complete.
- It was not created by us.

If we deny this request, you have the right to file a statement of disagreement. We may then prepare and provide you with a written rebuttal.

Accounting of Disclosures: You have the right to request an "accounting of disclosures". This request must be made in writing to the Medical Records Department, Internal Medicine Associates, 111 Doctors Drive, Greenville, South Carolina 29605. Your request must state

a period of time, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. Additional lists may involve a charge. We will notify you of the cost, and you may cancel or adjust your request before any fees are incurred. If you allow us to use or release health information about you, you may cancel that consent, in writing, at any time. If you revoke it, we will no longer use or release information for the reasons covered by your written consent. *Please note: We cannot take back disclosures already made with your consent.*

Request Restrictions: You have the right to request that we limit information we use or give out about you for treatment, payment, or health care operations. You also have the right to request a limit on what we release to someone involved in your care or payment for your care, such as a family member.

We are not required to agree to your request. If we do agree, we will comply with your request unless the material is needed for emergency treatment. To request restrictions, submit a Restriction of Information Agreement Form to our office. Please note (1) what you want to limit; (2) if you want to limit use, release, or both; and (3) to whom the limits should apply, for example, disclosures to your family.

Request Confidential Communications: You have the right to request that we interact with you about medical matters in a certain way or place. For example, you can ask that we only contact you by mail or at work. We will try to meet all reasonable requests. You must note how or where you wish to be contacted.

Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time. For a paper copy, call our office at 864-242-4683 or ask a receptionist.

COMPLAINTS

If you believe your privacy has been violated, you may file a complaint with Internal Medicine Associates or with the Secretary of the Department of Health and Human Services. To file a complaint with Internal Medicine Associates, call our office and request to speak to the Privacy Manager. To ensure proper follow-up, complaints must also be submitted in writing.

We understand the sensitive nature of medical record information. We assure you that all of us at Internal Medicine Associates will make every effort to keep your health information private.

Other than as described above, or otherwise permitted by law, we will not share personal information with third parties without your consent. As a result, you do not need to do anything further at this time to ensure the Protection of this Privacy Policy.