

LOWCOUNTRY INFECTIOUS DISEASES, P.A.
Health Insurance Portability and Accountability Act
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.

The purpose of this Notice of Privacy Practices is to comply with the Standards for Privacy of Individually Identifiable Health Information published December 28, 2000 by the Secretary of the United States Department of Health and Human Services to amend 45 C.F.R. Part 160 and Part 164, the Privacy Regulation, under the Health Insurance Portability and Accountability Act of 1996.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out healthcare treatment, payment, or operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES OF PROTECTED HEALTH INFORMATION

Your PHI may be used by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

- **Treatment** - We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **Payment** - Your PHI will be used, as needed, to obtain payment for your health care services. Some examples: obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission; and to collect on any balances via manual and/or automatic dialing systems.
- **Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be disclosed by your physician, our office staff, and others outside of our office who is involved in your care and treatment for uses required by law.

- We may use or disclose your PHI in the following situations without your authorization. These situations include: all as Required By Law; Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration Requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity and National Security, Worker's Compensation, Inmates, and Required Uses and Disclosures.
- Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.
- Other permitted required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.
- You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.
- We are committed to protecting your PHI on the Internet. Our website, www.LowcountryID.com, has a link to our patient portal. You are able to securely access certain portions of your medical record and PHI. Access can only be setup in person with your assigned passwords and security questions.

YOUR RIGHTS

The following is a statement of your rights with respect to your PHI.

- You have the right to inspect and receive a copy of your PHI. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
- You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of TPO. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional. We will respond to you in writing within thirty (30) days of receiving your written request.
- You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.
- You may have the right to have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal within thirty (30) days.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.
- **You have the right to contact us with questions via telephone or in writing. If you initiate any other contact with our office and providers, you are consenting and authorizing us to communicate with you in an unencrypted format that may not be secure. These methods include: email, text, and any web-based video exchange such as Skype, Yahoo / FB chat, Google Hangout, etc.**

QUESTIONS/COMMENTS

If you have any questions or concerns about the confidentiality of your patient information, please call the office location where you were seen.

Charleston/Summerville/Mt Pleasant/Beaufort: 843.402.0227.

COMPLAINTS

Complaints regarding any suspected breach of confidentiality should be directed to our HIPAA Officer by dialing (843) 402.0227, option 1 and ask for the HIPAA Officer. You also have a right to take your complaint to the Department of Health and Human Services. We reserve the right to change the terms of this notice and will inform you of any changes, upon request. You then have the right to object or withdraw as provided in this notice. This notice was published and became effective on April 14, 2003 and was updated September 16, 2013. We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Chief Executive Officer or HIPAA Officer.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THIS NOTICE OF PRIVACY PRACTICES.

PRINT NAME

SIGN NAME

DATE