



## Self Regional Healthcare Notice of Privacy Practices

ATTENTION: Self Regional Healthcare and its affiliates, including, but not limited to, Self Medical Group, comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (864) 725-4706 (Spansih)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。  
(864) 725-4760 (Chinese)

Self Regional Healthcare  
1325 Spring Street  
Greenwood, South Carolina 29646  
Phone: (864) 725-4111  
selfregional.org

**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.**

### **UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

For purposes of this Notice, Self Regional Healthcare and its affiliates (including, but not limited to, Self Medical Group) are collectively referred to as "SRH." SRH participates in a clinically integrated health care setting and collects or receives health information about your past, present or future health condition in order to provide health care to you, to receive payment for this health care, and to effectively operate the hospital and/or clinics. We are required by law to protect the privacy and security of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice and will not use or share information other than as described here, unless authorized in writing.

### **HOW WE MAY USE AND RELEASE YOUR PHI**

#### **A. The following uses and disclosures do NOT require your authorization, except where required by law:**

1. To the individual. Your PHI may be disclosed to you or your Personal Representative.
2. For treatment. Your PHI may be discussed by caregivers to determine your plan of care. For example, the physicians, nurses, medical students and other health care personnel may share PHI in order to coordinate the services you may need.
3. To obtain payment. We may use and disclose PHI to obtain payment for our services from you, an insurance company or a third party. For example, we may use your information to send a claim to your insurance company.
4. For health care operations. We may use and disclose PHI for hospital and/or clinic operations. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff in caring for you.
5. For public health activities. We report to public health authorities, as required by law, information regarding births, deaths, various diseases, reactions to medications and medical products.

6. Victims of abuse, neglect, domestic violence. Your PHI may be released, as required by law, to various state and/or governmental agencies when cases of abuse and neglect are suspected.
7. Health oversight activities. We will release information for federal or state audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, as required by law.
8. Judicial and administrative proceedings. Your PHI may be released in response to a subpoena or court order.
9. Law enforcement or national security purposes. Your PHI may be released as part of an investigation by law enforcement.
10. Uses and disclosures about patients who have died. We provide coroners, medical examiners and funeral directors necessary information related to an individual's death.
11. For purposes of organ donation requests. As required by law, we will notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
12. Research. We may use your PHI if the Institutional Review Board (IRB) for research reviews, approves and establishes safeguards to ensure privacy.
13. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may release limited information to law enforcement personnel or persons able to prevent or lessen such harm.
14. For workers' compensation purposes. We may release your PHI to comply with workers' compensation laws.
15. Marketing. We may send you information on the latest treatment, support groups and other resources affecting your health.
16. Fundraising activities. We may use your PHI to communicate with you to raise funds to support health care services and educational programs we provide to the community. You have the right to opt out of receiving fundraising communications with each solicitation.
17. Appointment reminders. We may contact you with a reminder that you have an appointment.
18. To the Secretary. We will disclose your PHI to the Secretary of HHS for regulatory compliance and enforcement purposes.
19. Specialized Government Functions. We may disclose your PHI to support various governmental functions involving military, national security, correctional institution and public benefit program activities.



**B. You may object to the following uses of PHI:**

- 1. Hospital directories. Unless you object, we may include your name, location, general condition and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name.
- 2. Information shared with family, friends or others. Unless you object, we may release your PHI to a family member, friend, or other person involved with your care or the payment for your care.
- 3. Health plan. You have the right to request that we not disclose certain PHI to your health plan for health services or items when you pay for those services or items in full.

**C. Your prior written authorization is required to release your PHI in the following situations:**

- 1. Any uses or disclosures beyond treatment, payment or healthcare operations and not specified in parts A & B above.
- 2. Psychotherapy notes.
- 3. Any circumstance where we seek to sell your information.

You may revoke your authorization by submitting a written notice to the privacy contact identified below. If we have a written authorization to release your PHI, release of PHI may occur before we receive your revocation.

**WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

Although your health record is the physical property of SRH, the information contained in that record belongs to you, and you have the following rights with respect to your PHI:

**A. The Right to Request Limits on How We Use and Release Your PHI.**

You have the right to ask that we limit how we use and release your PHI. We will consider your request, but we are not always legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Your request must be in writing and state (1) the information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse; and (4) an expiration date.

**B. The Right to Choose How We Communicate PHI with You.**

You have the right to request that we communicate with you about PHI in a certain way or at a certain location (for example, sending information to your work address rather than your home address). You must make your request in writing and specify how and where you wish to be contacted. We will accommodate reasonable requests.

**C. The Right to See and Get Copies of Your PHI.**

You have the right to inspect and receive a copy of your PHI (including an electronic copy), which is contained in a designated record set that may be used to make decisions about your care. You must submit your request in writing. If you request a copy of this information, we may charge a fee for copying, mailing or other costs associated with your request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed in certain circumstances.

**D. The Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.**

This list may not include uses such as those made for treatment, payment, or health care operations, directly to you, to your family, or those for inclusion in our facility directory as described above. This list also may not include uses for which a signed authorization has been received or disclosures made more than six years prior to the date of your request.

**E. The Right to Amend Your PHI.**

If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You must provide the request and your reason for the request in writing. We may deny your request in writing in certain circumstances.

**F. The Right to Receive a Paper or Electronic Copy of This Notice:**

You may ask us to give you a copy of this Notice at any time.

**G. The Right to Revoke an Authorization.**

If you choose to sign an authorization to release your PHI, you can later revoke that authorization in writing. This revocation will stop any future release of your health information except as allowed or required by law.

**H. The Right to be Notified of a Breach.**

If a breach occurs that compromises the privacy of your PHI, we will notify you in writing.

For the above requests (and to receive forms) please send a written request to: Health Information Management, Release of Information, 1325 Spring Street, Greenwood, SC 29646. The phone number for related information is (864) 725-5034.

**HEALTH INFORMATION EXCHANGES**

SRH, along with other health care providers, belongs to health information exchanges. These information exchanges are used in the diagnosis and treatment of patients. As a member of these exchanges, SRH shares certain patient health information with other health care providers. Should you require treatment at another location that is a part of one of these exchanges, that provider may gather historical health information to assist with your treatment. You have the option of saying that this cannot be done. If you choose not to take part in these alliances, please contact the SRH Privacy Office at (864) 725-5012.

**HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think your privacy rights may have been violated, or you disagree with a decision we made regarding your rights to your PHI, you may file a complaint with the office listed in the next section of this Notice. Please be assured that you will not be penalized and there will be no retaliation for voicing a concern or filing a complaint. We are committed to the delivery of quality health care in a confidential and private environment.

**FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this Notice or any complaints about our privacy practices please contact the Privacy Officer at (864) 725-5012, our CC&I Helpline 1-844-984-1744, or in writing: HIPAA Privacy Officer, 1325 Spring Street, Greenwood, SC 29646. You also may send a written complaint to the Office of Civil Rights. The address will be provided at your request. .

**CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice at any time. We also reserve the right to make the revised or changed Notice effective for existing as well as future PHI. This Notice will always contain the effective date. You may view this notice and any revisions to it at: <http://www.selfregional.org>.

Please sign below to acknowledge that you received this Notice of Privacy Practices.

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCESS TO CONFIDENTIAL INFORMATION**

I agree Self Regional Healthcare staff may at times need to communicate with members of my family or my personal caretaker(s) regarding my health status. I understand these communications will include sensitive medical information including, but not limited to diagnosis and/or treatment. I hereby grant permission to the staff of Self Regional Healthcare to communicate this type of information to the person(s) listed below. I also grant the staff of Self Regional Healthcare permission to release copies of diagnostic results in the form of film or electronic copies that do not contain written or typed medical information

In the event I am unavailable, I also grant permission to the staff of Self Regional Healthcare to leave messages containing detailed health information at the following numbers or with the following persons:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
*Patient or Authorized Representative Signature Date*