

# NOTICE OF PRIVACY

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***This notice describes how 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)

Each time you visit National Allergy & Asthma a record of your visit is made. We are legally required to protect the privacy of this record containing your PHI. We collect or receive this information about your past, present or future health condition, to provide health care to you, to receive payment for this healthcare, or to operate the offices.

## HOW WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION (PHI)

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

- 1. For treatment.** Your PHI may be discussed by caregivers to determine your plan of care. The physicians and nurses may share PHI in order to coordinate the services you may need.
- 2. To obtain payment.** We may use and disclose PHI to obtain payment for our services from you, an insurance company or a third party.
- 3. 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.
- 4. 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.
- 5. Victims of abuse, neglect or domestic violence.** Your PHI may be released as required by law, to the South Carolina Department of Social Services when cases of abuse and neglect are suspended.
- 6. 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.
- 7. Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
- 8. Law Enforcement or National Security purposes.**
- 9. Use and disclosures about patients who have died.** We provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.
- 10. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may release the limited information to law enforcement personnel or persons able to prevent or lessen such harm.

- 11. For worker's compensation purposes.** We may release your PHI to comply with worker's compensation laws.
  - 12. Appointment-reminders and health-related benefits and services.** We may contact you with a reminder that you have an appointment for check-up or treatment.
- B. **You may object to the following uses of PHI: Information shared with family, friends or others.** Unless you object, we may release your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care.
- C. **Your prior written authorization is required (to release your PHI) in the following situations:** Any uses or disclosures beyond treatment, payment or healthcare operations and not specified in parts A & B above.

## WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

Although your health record is the physical property of National Allergy & Asthma, the information 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 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) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse; and (4) expiration date.
- B. **The Right to Choose How We Communicate PHI to 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.
- C. **The Right to See and Get Copies of Your PHI.** You have the right to inspect and receive a copy of your PHI, 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 the 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.
- D. **The Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.** This list may not include instances such as those made for treatment, payment, or health care operations, directly to you or your family. This list may not include uses for which a signed authorization has been received or disclosures made.
- E. **The Right to Amend Your PHI.** If you believe that 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 if the PHI is correct and complete or another facility's report.

**F. The Right to Receive a Paper or Electronic Copy of this Notice:** You have the right to a paper 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 will stop any future release of your health information except as allowed or required by law.

## HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think your privacy rights may have been violated, or you disagree with a decision we may have made about access to your PHI, you may file a complaint with this office. **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 an environment that is confidential and private.**

## PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have questions about this notice or any complaints about our privacy practices, please contact us in writing at:

National Allergy, Asthma & Urticaria Centers of Charleston, P.A.  
ATTN: HIPAA Privacy Officer  
1879 Savage Road  
Charleston, South Carolina 29407

You may also send a written complaint to the Security of the Department of Health and Human Services. The address will be provided at your request.

## CHANGE 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 PHI we already have about you as well as any information we receive in the future. The notice will always contain the effective date. This notice went into effect on April 14, 2003.