

# NOTICE OF PRIVACY POLICIES

For:

**Consultants in Gastroenterology  
South Carolina Endoscopy Center  
South Carolina Endoscopy Center- Northeast**

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.

## **Introduction**

At Consultants in Gastroenterology, South Carolina Endoscopy Center and South Carolina Endoscopy Center- Northeast, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

## **Understanding Your Health Record/Information**

Each time you visit Consultants in Gastroenterology, South Carolina Endoscopy Center or South Carolina Endoscopy Center- Northeast, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights**

Although your health record is the physical property of Consultants in Gastroenterology, South Carolina Endoscopy Center or South Carolina Endoscopy Center- Northeast, the information it contains belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health information. If you request a copy of your information, you may be charged a

- reasonable fee for photocopying, retrieval, labor, postage and supplies used,
- Request that we amend your health information,
- Obtain an accounting of certain disclosures of your health information. This listing includes disclosures of your information for other than treatment, payment or healthcare purposes and is within a specified period of up to six years. The first listing of disclosures is provided as a complimentary service to you, but you may be charged a reasonable fee for additional requests made within a twelve month period,
- Request communications of your health information by alternative means or at alternative locations,
- Request that you receive communications regarding your information in a certain manner or at a certain location,
- Revoke an authorization for disclosure of health information, which was previously given, except to the extent that action has already been taken.

## **Our Responsibilities**

Consultants in Gastroenterology, South Carolina Endoscopy Center and South Carolina Endoscopy Center- Northeast, are required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we were unable to agree to a requested restriction and,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **For More Information or to Report a Problem**

If you have any questions and would like additional information, you may contact the practice's Privacy Officer at 803-794-4585.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

**For example:** Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of the healthcare team will then document the actions they took and their observations.

We will also provide your physician or subsequent healthcare provider with copies of various reports that should assist him or her in treating you for any subsequent conditions that may arise.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, treatments, and supplies used.

*We will use your health information for regular health operations.*

**For example:** The physicians and members of your healthcare team may use information in your health record to evaluate the quality of care you received as well as the care received by others similar to you. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, our computer vendor and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and information about your general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We will obtain a written authorization from you to disclose information for other research purposes.

*Funeral directors:* We may disclose health information to funeral directors consistent with applicable law that allows them to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Fundraising:* We may contact you as part of a fundraising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers compensation:* In accordance with state law, we may disclose health information as is required for processing a claim under worker's compensation.

*Public health:* Under South Carolina law, we may disclose your health information to the health department in order to prevent or control disease, injury or disability.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal and state laws make provisions for your health information to be released to appropriate health authorities or attorney, provided that a member of our staff or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

All other uses and disclosures of your information will only be made with your written authorization. If you have authorized us to use or disclose information about you, you may revoke this authorization at any time.