

## UNION HOSPITAL DISTRICT: PRIVACY NOTICE

**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.**

### 1. How Union Hospital District May Use or Disclose Your Health Information

Federal law requires Union Hospital District to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. Union Hospital District must abide by the terms and conditions of this Privacy Notice, as revised from time to time.

#### **Who Will Follow This Notice**

This notice describes our hospital's practices and that of:

.

Any health care professional authorized to enter information into your hospital chart.

.

All departments and units of the hospital.

.

Any member of a volunteer group we allow to help you while you are in the hospital.

.

All employees, staff and other hospital personnel.

.

Ellen Sager Nursing Home, Union County Emergency Medical Services, and members of the Wallace Thomson Hospital Medical Staff. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

#### **A. Uses or Disclosures of Health Information For Treatment, Payment & Health Care Operations**

Union Hospital District may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

“Treatment” could include consulting with or referring your case to another health care provider. The type of health information that Union Hospital District could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. Union Hospital District may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider.

“Payment” could include Union Hospital District’s efforts to obtain reimbursement from you or a responsible third party for services that Union Hospital District has provided to you. Union Hospital District may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse.

“Health care operations” could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services Union Hospital District provides to you. As part of Union Hospital District’s treatment of you and its operations, Union Hospital District may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. Union Hospital District may also contact you for fundraising purposes. Union Hospital District may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity which receives this information must have or have had a treatment relationship with you and the information we disclose must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

## **B. Uses or Disclosures Union Hospital District May Make Without Your Authorization**

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section C, the law permits or requires Union Hospital District to make, use and/or disclose individually identifiable health information without your written authorization: (i) for certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration, (ii) to report suspected abuse, neglect or domestic violence, (iii) to submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (iv) in the course of judicial and administrative proceedings, (v) for law enforcement purposes, (vi) to a medical examiner, coroner or funeral director, (vii) to assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (viii) to further research, provided that Union Hospital District complies with federal requirements, (ix) to avert a serious and imminent threat to public health safety, (x) for specialized government functions, including activities related to the military, veterans, or national security, (xi) to comply with workers' compensation or similar laws. Union Hospital District will make the above uses and/or disclosures of information in accordance with applicable law.

In addition, Union Hospital District may use and/or disclose your individually identifiable health information as follows:

.

*Business associates:* There are some services provided in Union Hospital District through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of Union Hospital District or who otherwise provide services and have access to or use your protected health information. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a certain copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with Union Hospital District.

.

*Directory:* Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known, and the health professional's judgment.

.

*Notification:* Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

.

*Communication with family:* Unless you object, health professionals, using their best judgment, may use or 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. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

.

*Disaster Relief:* We may use or disclose information for disaster relief purposes.

.

*Incidental Uses and Disclosures:* We are permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.

.

*Limited Data Sets:* We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

### **C. More Stringent Protection For Your Health Information Per South Carolina Law**

*If you are a patient with an HIV or Hepatitis B infection, your attending physician may inform a lay healthcare giver who is or soon will be providing health care to you regarding your HIV or Hepatitis B infection. However, your physician must notify you before and after the disclosure is made and must provide you with the name of the person to whom the physician will disclose this information.*

*With respect to your prescription drug information, Union Hospital District will not transfer or receive your information without your written release, except when the transfer or receipt involves: (1) the lawful transmission of a prescription drug order in accordance with all state and federal laws pertaining to the practice of pharmacy; (2) information necessary to effect the recall of a defective drug or device or other information necessary to protect the health and welfare of an individual or the public generally; (3) other state or federal laws, court order, or subpoena, or regulations including, but not limited to, accreditation or licensure requirements that mandate release or transfer of information; (4) information that an institutional review board uses to monitor clinical research; (5) information which does not identify you by name, or that is encoded in a manner that information identifying you by name or address is not generally obtainable, and that Union Hospital District uses for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research; and (6) information that Union Hospital District may reveal to a party who, on your behalf, obtains a dispensed prescription from a pharmacy. If the practitioner discloses information for any purpose other than those listed above, you must sign a permission form.*

If you are a patient of a psychologist, professional counselor, marriage and family therapist, psycho-educational specialist, licensed master social worker, licensed independent social worker, or a registered nurse who meets the requirements of a clinical nurse specialist and who works in the field of mental health, South Carolina law requires these professionals to limit their uses and disclosures of the information to the amount of information and recipients necessary to accomplish the purpose of the disclosure.

If you are a patient of a professional counselor (which includes, but is not limited to, a psycho-therapist that provides individual or group therapy, family counseling, chemical abuse or dependency counseling or rehabilitation counseling) or a marriage and family therapist, Union Hospital District may not disclose your confidential information to anyone without your permission. If the marriage and family therapist discloses information for any purpose, you must sign a permission form. However, please note that a marriage and family therapist may reveal the information without your written permission if the law requires the disclosure.

*For patients receiving neonatal testing to detect inborn metabolic errors and hemoglobinopathies, Union Hospital District may release information about such testing only to the parents of the child, the child's physician and the child (when 18 years of age or older).*

**NOTE:** References in this Privacy Notice to health care professionals include only those professionals that Union Hospital District employs.

### **D. Marketing**

We will need your written authorization to use and disclose your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that

## 2. Your Rights

**Your Right to Receive Confidential Communications and to Request Restrictions.** Federal and state law protect your right to keep your individually identifiable health information private. You may request that you receive communications from Union Hospital District regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. Union Hospital District reserves the right to condition your request on the receipt of information regarding how you wish Union Hospital District to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment and health care operations; however, the law does not require Union Hospital District to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

**Your Right to Inspect and Copy.** You have the right to inspect and obtain a copy of any individually identifiable health information in your medical record unless your attending physician has determined that there is a sound medical reason to deny you access or unless the law restricts Union Hospital District from disseminating the information.

**Your Right to Amend.** You also have the right to amend your individually identifiable health information, unless Union Hospital District did not create such information or unless Union Hospital District determines that your medical record is accurate and complete in its existing form.

**Your Right to an Accounting.** You have the right to request and receive an accounting of disclosures of your individually identifiable health information that Union Hospital District has made either in the six (6) years prior to the request date, or during the period between the request date and the date that federal law required Union Hospital District to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, or to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, please contact Union Hospital District's Chief Privacy Officer at: **(864) 429-2574**.

**Your Right to Get This Notice By Email.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

### 3. Grievances or Further Inquiries

If you believe that Union Hospital District has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Union Hospital District and the Department of Health and Human Services. To file a complaint with Union Hospital District, please contact the **Risk Management Office at (864-429-2394)**. Union Hospital District will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

### 4. Amendments

Union Hospital District reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If Union Hospital District amends this Privacy Notice, you will be provided with a revised copy at your next visit to Union Hospital District, or upon request. The revised Privacy Notice will also be available on Union Hospital District's web site, [www.wallacethomson.com](http://www.wallacethomson.com).

*This Privacy Notice is effective on April 14, 2003.*