



## **NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGMENT**

### **September 2011**

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

### **OUR PLEDGE TO YOU**

We understand that your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. We are required by law to:

Keep medical information about you private.

Give you this notice of our privacy practices with respect to medical information about you.

Follow the terms of the notice that is currently in effect.

### **WHO WILL FOLLOW THIS NOTICE?**

The information privacy practices in this notice will be followed by:

Any health care professional who treats you at any of our locations or area hospitals.

All departments and units of our organization.

All employed associate staff with whom we may share information.

Any business associates with whom we share health information.

### **CHANGES TO THIS NOTICE**

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notices and post new notices in waiting rooms, exam rooms, and on our Web site at [www.upstatecardiology.com](http://www.upstatecardiology.com). You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will also be asked to acknowledge in writing your receipt of this notice.



## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and to **support our health care operations** (such as comparing patient data to improve treatment methods).

We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse of neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies**. We also disclose medical information **when required by law**, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders. Unless you choose to decline the information, we may contact you to tell you about **new treatment options, alternative health-related benefits or services** that may be of interest to you. We may also disclose medical information about you to a **family member who is involved in your medical care** or to disaster relief authorities so that your family can be notified of your location and condition.

## **RIGHTS REGARDING YOUR MEDICAL INFORMATION**

In most cases, **you have the right to look at or get a copy of medical information** that we use to make decisions about your care when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if we did not create the information; if it is not part of the medical information that we maintain; or if we determine that the record is accurate. You may appeal, in writing, our decision not to amend a record.

**You have the right to a list of those instances where we have disclosed medical information about you**, other than for treatment, payment, health care operations or where you specifically authorize a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a six-year period and starting after April 14, 2003. You may receive the list in paper or electric form. The first disclosure list request in a 12-month period is free; other requests will be charged according to S.C. law. We will inform you of the cost before you incur any costs which **MUST BE PAID PRIOR OR AT THE TIME OF THE RELEASE. THESE CHARGES WILL NOT BE BILLED.**



**You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

### **OTHER USES OF MEDICAL INFORMATION**

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

**You may request, in writing that we not use or disclose medical information about you** for treatment, payment or healthcare operations unless required by S.C. law.

**However, you will be responsible for your bill.**

**You have a right to amend your Protected Health Information (PHI).** We will consider your request but are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Officer as listed at the end of this notice.

### **COMPLAINTS**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer at (864)235-7665. You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights at 200 Independence Avenue, Washington, DC 20201 or call them at (202)619-0257. Under no circumstances will you be penalized or retaliated against for filing a complaint.

If you have any questions, please contact our Privacy/Compliance Office at:

Upstate Cardiology, P.A.  
2 Innovation Drive, Suite 400  
Greenville, SC 29607  
Phone (864-235-7665)