

GEORGETOWN INTERNISTS AND PEDIATRICIANS DBA
PAWLEYS PEDIATRICS AND ADULT MEDICINE
NOTICE OF PRIVACY PRACTICES

Effective Date. This Notice is effective as of November 1, 2014

Revised Date, This Notice has been revised on August 26, 2016

Georgetown Internists & Pediatricians dba Pawleys Pediatrics & Adult Medicine is required by law to maintain the privacy of your health information and to provide individuals with notice of its legal duties and privacy practices with respect to health information. This Notice of Privacy Practices and Policies outlines our practices, policies and legal duties to maintain confidentiality and protect against prohibited disclosure of PHI¹ under the privacy regulations mandated by HIPAA² and further expanded by the HITECH³.

As a part of our registration materials, you will sign an *Acknowledgement of Receipt of Notice of Privacy Practice*.

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. Treatment.** Your PHI may be discussed by caregivers to determine your plan of care. For example physicians, nurses, medical students and other health care personnel may share PHI in order to coordinate the services you need.
- 2. Payment.** Activities involved in obtaining reimbursement for medical services provided to you, including billing, claims management, and collections.
- 3. Health Care Operations.** These activities may include quality assessment and improvement activities; fraud & abuse compliance; business planning & development; and business management & general administrative activities. These can also include our telephoning you to remind you of appointments, or using a translation service if we need to communicate with you in person, or on the telephone, in a language other than English.
- 4. Public Health/Regulatory Activities:** We may disclose your PHI to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law.
- 5. US Department of Health and Human Services:** We must disclose⁴ your PHI to you upon request and to the Secretary of the United States Department of Health & Human Services if abuse is suspected.
- 6. Food and Drug Administration:** We may disclose your PHI to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations as well as to track product usage, enable product recalls, make repairs or replacements or to conduct post-marketing surveillance.
- 7. Health oversight activities.** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and government benefit programs such as Medicare and Medicaid.
- 8. Judicial and administrative proceedings.** We may only disclose your PHI in the course of any judicial or administrative proceeding in response to a court order expressly directing disclosure.
- 9. Law enforcement or national security purposes.** We may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence and other national security activities.
- 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. We will notify organ procurement organizations to assist them in organ, eye or tissue donation & transplant.
- 11. Research.** We may disclose your PHI approved by an institutional review board (IRB) for research reviews. The IRB approves and establishes safeguards to ensure privacy.
- 12. Serious threats to health or safety.** 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.
- 13. Worker's Compensation:** We may disclose your PHI as authorized to comply with worker's compensation law.
- 14. Inmates of a Correctional Facility:** We may use or disclose PHI if you are an inmate of a correctional facility and our practice created or received your PHI in the course of providing care to you while in custody.
- 15 Disaster Relief Activities:** We may disclose your PHI to local, state or federal agencies engaged in disaster relief and to private disaster relief assistance organizations (such as the Red Cross if authorized to assist in disaster relief efforts).

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

- 1. Uses and Disclosures of PHI Based upon Your Written Authorization** Other uses and disclosures of your PHI will be made only with your specific written authorization. This allows you to request that Georgetown Internists & Pediatricians dba Pawleys Pediatrics & Adult Medicine disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. For example, you may wish to authorize disclosures to individuals who are not involved in treatment, payment, or health care operations, such as a family member or a school physical education program. If you wish us to make disclosures in these situations, we will ask you to sign an authorization allowing us to disclose this PHI to the designated parties.
- 2. Health Plan.** You have the right to request that we not disclose certain PHI to your health plan for health service or items when you pay for those services or items in full. Patients should note that they will be required to notify reference labs in advance if they wish to pay cash and not have claims filed for each date of service.

¹ PHI: Protected Health Information

² HIPAA: Health Insurance Portability and Accountability Act

³ HITECH: Health Information Technology for Economic Clinical Health Act

⁴ DISCLOSE: Make information known

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

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, it may occur before we receive your revocation.

1. Any uses or disclosures beyond treatment, payment or healthcare operations and not specified in parts A & B above.
2. Psychotherapy notes
3. Any circumstances where we seek to sell your information. Medical records will not be sold without first notifying the patient of the intent or plan to sell medical records.

D. Marketing & Fundraising

1. Marketing Use: Georgetown Internists & Pediatricians dba Pawleys Pediatrics & Adult Medicine shall obtain a patient authorization for use or disclosure of PHI for marketing purposes. If the marketing is expected to result in direct or indirect remuneration from a third party, the individual shall be notified that such remuneration is expected.

2. Fundraising Activities: Georgetown Internists & Pediatricians dba Pawleys Pediatrics & Adult Medicine may use patient information for the express purpose of the organization’s own internal fundraising activities. The information used shall be limited to contact information and dates of services rendered. You have the right to opt out of receiving fundraising communications with each solicitation.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

Although your health record is the physical property of Georgetown Internists and Pediatricians,, the information belongs to you, and you have the following rights with respect to your PHI

A. Right of access to PHI. You have the right to inspect and obtain a copy of your PHI upon your written request. Under very limited circumstances, we may deny access to your medical records. To request access to your medical record call Georgetown Internists & Pediatricians dba Pawleys Pediatrics & Adult Medicine during business hours. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. If access is denied you will receive a denial letter within 30 days. There is an appeals process. We have the right to charge a reasonable fee for providing copies of your PHI. Patients can access portions of their Health record for free via the portal. Patients can request a paper or electronic copy of their Medical Records. Paper copies of an encounter are free within the first 30 days after the encounter; otherwise the following will apply:

Paper Copy via pick up or mail	or	Electronic Copy via Fax or email
\$0.65 per page up to 30 pages + postage if needed \$0.50 per page beyond 30 pages + postage if needed		Flat rate of \$6.50

B. Right to choose how we communicate with you. You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. For example, you may wish your bill to be sent to an address other than your home. Please make sure you submit your request to us in writing and specify how and where you wish to be contacted. We will accommodate reasonable requests.

C. Right to amend PHI. You have the right to request that we amend your PHI. Your request must be made in writing to us. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement disagreeing with the denial; we also have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical record and may be included in subsequent disclosures of your PHI.

D. Right to accounting of disclosures. You have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or health care operations.

E. Right to be notified of breach. If there is a breach of your unsecured PHI, we will notify you of the breach in writing.

F. 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 process will stop any future release of your health information except as allowed or required by law.

HEALTH INFORMATION EXCHANGES

Georgetown Internists and Pediatricians, along with other health care providers, belongs to a health information exchange. We may transfer your PHI to other treating health care providers electronically. We may also transmit your information to your insurance carrier electronically.

CONCERNS ABOUT OUR PRIVACY PRACTICES: If you have any questions or complaints about Georgetown Internists & Pediatricians dba Pawleys Pediatrics & Adult Medicine’s NPP and Policies, please contact Lynne Read at 843-314-1314 or contact in writing: HIPAA Privacy Officer/64 Business Center Drive, Pawleys Island SC 29585. You also may send a written complaint to the office of Civil Rights. The address will be provided at your request.

CHANGE OF THIS NOTICE: We are required to abide by the terms of the Notice currently in effect. We may amend this NPP¹ and Policies periodically. The new notice will be effective for all PHI that we maintain at that time and will always contain the effective date. Upon your request, we will provide you with any revised NPP or you may obtain a copy by accessing our website at www.pawleysped.com.

¹ NPP: Notice of Privacy Practices