

Anderson Skin and Cancer Clinic
Notice of Privacy Practices
Effective 4/10/2003
Revision 7/10/2014

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you have any questions about this notice, please contact the Privacy Officer at Anderson Skin and Cancer Clinic, PA, 2022 Cardinal Drive, Anderson, SC 29621 864-224-7577.

PLEASE READ IT CAREFULLY

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide for you. The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes:

Treatment. Our practice may use or disclose your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our practitioners and clinical representatives – may use or disclose your PHI to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents unless you object. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment. Our practice may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We also may disclose information to physicians, clinical staff, medical students, and other personnel for educational purposes.

Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

Treatment Options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

Health-Related Benefits and Services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Minors. Our practice may disclose the PHI of minor children to their parents or guardians unless such disclosure is prohibited by law.

Disclosures Required by Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Business Associates. Our practice may disclose PHI to our business associates who perform functions on our behalf to provide us with services if the PHI is necessary for these functions or services. For example, we may use another company to do our billing, credentialing or consulting services. All our business associates are under contract to protect the privacy and security of your PHI.

Organ and Tissue Donations. If you are an organ or tissue donor, we may use your PHI to organizations that handle organ procurement or transplantation.

Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records, such as births and deaths, reporting child abuse or neglect, preventing or controlling disease, injury or disability, notifying a person regarding potential exposure to a communicable disease, notifying a person regarding a potential risk for spreading or contracting a disease or condition, reporting reactions to drugs or problems with products or devices, notifying individuals if a product or device they may be using has been recalled, notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information, notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if efforts have been made to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official: Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement, Concerning a death, we believe has resulted from criminal conduct, Regarding criminal conduct at our offices, In response to a warrant, summons, court order, subpoena or similar legal process, To identify/locate a suspect, material witness, fugitive or missing person, In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information for funeral directors to perform their jobs.

Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when Internal or Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a

health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

Data Breach Notification Purposes. Our practice may disclose PHI to provide legally required notices of unauthorized access.

YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding the PHI that we maintain about you:

Right to Request Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask if we will contact you at home, rather than work. To request a type of confidential communication, you must make a written request to our Privacy Officer identified in Paragraph A of this Notice specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Right to Request Restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction on our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer identified in Paragraph A of this Notice. Your request must describe in a clear and concise fashion: the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

Right to Inspect and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer identified in Paragraph B of this Notice to inspect and/or obtain a copy of your PHI. Our practice will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Right to a Summary or Explanation. We can also provide you with a summary or a summary of your PHI rather than the entire record.

Right to an Electronic Copy of Electronic Medical Records.

Right to get Notice of a Breach. You have the right to be notified if a breach of any of your PHI.

Right to Request Amendments. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer identified in Paragraph A of this Notice. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Right to Accounting of Disclosures. All our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the practitioner sharing information with the clinical staff; or the billing department using your information to file your insurance claim. To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer identified in Paragraph A of this Notice. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice will charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer identified in Paragraph A of this Notice.

Right to change this Notice. We reserve the right to change this notice. Changes will be posted in the office or on our website.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, our Privacy Officer identified in Paragraph A of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer identified in Paragraph A of this Notice.