

NOTICE OF PRIVACY PRACTICES

ISLAND WOMENS CARE, LCC

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.

Understanding your protected Health Information (PHI)

Each time you visit Island Womens Care, LLC, a record of your visit is made. **We are legally required to protect the privacy of this record containing your PHI. We collect or receive this information about your past, present, or future health condition to provide health care to you, to receive payment for this health care, or to operate the clinic.**

HOW WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION (PHI)

A. The following does NOT require your authorization, except where required by SC law:

1-For treatment. Your PHI may be discussed by caregivers to determine your plan of care. The physician, medical assistants and other health care professional may share PHI in order to coordinate the services you may need.

2-To obtain payment. We may use and disclose PHI to obtain payment for our services from you, an insurance company, or a third party.

3-For health care operations. We may use and disclose PHI for clinic operations. For example, we may use the information to review our treatment and services to evaluate the performance of our staff in caring for you.

4-For public health activities. We report to public health authorities, as required by law, information regarding births, deaths, various diseases, adverse reactions to medications and medical devices, or immunizations.

5- Victims of abuse, neglect, domestic violence. Your PHI may be released, as required by law, to the South Carolina Department of Social Services when cases of abuse and neglect are suspected.

6- Health oversight activities. We will release information for federal or state audits, civil, administrative or criminal investigations, inspections, licensure, or disciplinary actions, as required by law.

7- Judicial and administrative proceedings. Your PHI may be released in response to a subpoena or court order.

8- Law Enforcement or national security purposes.

9- Research. We may use your PHI if the Institutional Review Board (IRB) for research reviews, approves and establishes safeguards to ensure privacy.

10- To avoid harm. 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 lesson such a harm.

11- For Workers Compensation. We may release your PHI to comply with workers compensation laws.

12- Marketing. We may send you information on the latest treatment, support groups and other resources affecting your health.

13- Appointment Reminders and health related benefits and services. We may contact you with a reminder that you have an appointment.

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

1- Information shared with family, friends, or others. Unless you object, we may release your PHI to a family member, friend, or other person involved with your care or the payment for your care.

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

- 1- Any uses or disclosures beyond treatment, payment, or healthcare operations and not specified in parts A&B above.**
- 2- Psychotherapy notes.**

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

Although your health record is the physical property of Island Womens Care, LLC, the information belongs to you, and you have the following rights with respect to your PHI:

- 1- THE RIGHT TO Request Limits on How We Use and Release your PHI.** You have the right to ask that we limit how we use and release your PHI. We will consider your request, but we are not always legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Your request **MUST** be in writing and state: **(1) The information you want to limit, (2) whether you want to limit or our use, disclosure, or both(3)to whom you want the limits to apply, for example, disclosures to your spouse; and (4) an expiration date.**
- 2- THE RIGHT TO Choose How We Communicate PHI With You.** You have the right to request that we communicate with you about PHI in a certain way or at a certain location (for example, sending information to your work address rather than your home address). You must make your request in writing and specify how and where you wish to be contacted.
- 3- THE RIGHT to SEE and Get Copies of Your PHI.** You have the right to inspect and receive a copy of your PHI, which is contained in a designated record set that may be used to make decisions about your care. You **MUST** submit your request in writing. If you request a copy of this information, we may charge a fee for copying, mailing or other costs associated with your request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.
- 4- THE RIGHT to Get a List of Instances of When and Whom We Have Disclosed Your PHI.** The list may not include uses such as those made for treatment, payment, or health care operations, directly to you, to your family, as described above in this Notice of Privacy Practices.
- 5- The Right to Amend Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You **MUST** provide the request, and your reason for the request, in writing. We may deny your request in writing if the PHI is correct and complete

or if it originated in another facility's record, that is, the information was not originated from one of our providers.

- 6- **The Right to Receive a Paper or Electronic Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. For the above requests (and to receive forms) please contact: Medical Records, Attention: **Release of Information / PO Box 1855 / Pawley's Island / SC / 29585.**
- 7- **The 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 revocation will stop any future release of your health information except as allowed or required by law. No reversal of revocation will be allowed without your written request except as allowed or required by law.

HOW TO COMPLAIN ABOUT OUR PRIVACY NOTICES

If you think your privacy rights may have been violated, or you disagree with a decision we made about access to your PHI, you may file a written complaint with the office and mail to: ATTN: Compliance Officer, PO Box 1855 / Pawley's Island, SC 29585.) **PLEASE BE ASSURED THAT YOU WILL NOT BE PENALIZED AND THERE WILL BE NO RETALIATION FOR VOICING A CONCERN OR FILING A COMPLAINT. WE ARE COMMITTED TO THE DELIVERY OF QUALITY, PERSONALIZED HEALTH CARE IN A CONFIDENTIAL AND PRIVATE ENVIRONMENT.**

Changes to this NOTICE

We reserve the right to change the terms of this Notice at any time. We also reserve the right to make the revised or changed Notice effective for existing as well as future PHI. This Notice will always contain the effective date. You may be given an updated Notice and asked to sign that you have received it.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this Notice or any complaints about our privacy practices, please call the Practice Administrator (843)235-1222 Ext: 202, or contact in writing to: (Attn: Practice Administrator / PO Box 1855 / Pawley's Island, SC 29585. You may also send a written complaint to the Office of Civil Rights. The address will be provided at your request.

EFFECTIVE DATE OF THIS NOTICE

This Notice went into effect April 20, 2016.