



LOWCOUNTRY LUNGTM

AND CRITICAL CARE

OFFICE LOCATION:

9150-B Medcom Street
Charleston, South Carolina 29406

Phone Number: (843) 572-3330

Fax Number: (843) 572-1255

Email: questions@lowcountrylung.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION SECURELY.

-PLEASE REVIEW THE FOLLOWING DOCUMENTS CAREFULLY-

IF YOU HAVE ANY QUESTIONS WITH THE CONTENT OF THIS DOCUMENT
PLEASE CONTACT OUR PRIVACY/SECURITY OFFICER.

X

S. CONNOR WEST
PRIVACY/SECURITY OFFICER

02.25.2015
PRACTICE MANAGER

1. **PURPOSE**

Lowcountry lung and Critical Care, PA understands that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive at LLCC (medical records) in order to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices describes how we may use and disclose medical information about you (that may identify you and your related health care services), to carry out your treatment, to obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This includes demographic and payment information. This notice also describes your rights to access and control your medical information.

2. **WRITTEN ACKNOWLEDGEMENT**

You will be asked to sign a written statement acknowledging that you have received a copy of this notice. The acknowledgement only serves to create a record that you have received a copy of the notice.

3. **CHANGES TO THIS NOTICE**

We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

4. **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the different ways that the Medical Practice may use and disclose your medical information and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and information that are not listed or described below will be made only with your written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions we have already taken.

FOR YOUR TREATMENT: Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you, or for another health care provider providing medical treatment to you. For example, a nurse obtains treatment information about you and documents it in your medical record and the physician has access to that information. If you require a diagnostic test to be done, the technician also has access to your medical information. In addition, your medical information may be provided to a physician by or to whom you have been referred or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you.

TO OBTAIN PAYMENT FOR OUR SERVICES: Your medical information may be used and disclosed by us to obtain payment for your healthcare bills. For example, we may submit requests for payment to your health insurance company for the medical services that you received. We may also disclose your medical information as required by your health insurance plan before it approves or pays for the health care services we recommend for you. We may also disclose your demographic information to outside agencies for collection purposes only.

FOR OUR HEALTH CARE OPERATIONS: We may also use your medical information to assist another health care provider treating you with its quality improvement initiatives, evaluation of the health care professionals or for fraud and abuse detection or compliance. For example, we may disclose your medical information to another physician to assist their efforts to make sure it

is following through with referrals they have made to other providers.

AS REQUIRED BY LAW: We may use or disclose your medical information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. For example, we may sue or disclose your medical information pursuant to a subpoena or court order.

FOR PUBLIC HEALTH ACTIVITIES: We may disclose your medical information for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your medical information, if directed by the public health authority, to any other government agency that is collaborating with the public health authority.

AS REQUIRED BY THE FOOD AND DRUG ADMINISTRATION: We may disclose your medical information to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, or to track products. To enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

FOR COMMUNICABLE DISEASE EXPOSURE: We may disclose your medical information, if authorized by law, to a person who may be exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

TO YOUR EMPLOYER: We may disclose your medical information concerning work related injury or illness to your employer, if you are covered under your employers policy. This is in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work related injury, in accordance with law.

FOR ABUSE OR NEGLECT: WE may disclose your medical information to a government agency that is authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence as may be required or permitted by South Carolina and/or federal law.

FOR HEALTH OVERSIGHT: We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs (such as Medicare and Medicaid), other government regulatory programs and civil rights laws.

IN LEGAL PROCEEDINGS: We may disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena or other lawful request.

FOR LAWFUL ENFORCEMENT: We may also disclose your medical information, so long as all legal requirements are met, for law enforcement purposes. Examples of these law enforcement purposes include (1) information requests for identification and location purposes, (2) pertaining to victims of crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the Practice, and (5) in an medical emergency where it is likely that a crime has occurred.

TO MEDICAL EXAMINERS, FUNERAL DIRECTORS, AND FOR ORGAN DONATION: We may disclose your medical information to a medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties authorized by law. We may also disclose medical information to funeral director in order to permit the funeral director to carry out his or her

duties. We may disclose such information, for organ donation, in reasonable anticipation of death. Your medical information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

FOR RESEARCH: We may disclose your medical information to researchers when their research protocol complies with federal and state law.

DUE TO CRIMINAL ACTIVITY: Consistent with applicable federal and state laws, we may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

FOR MILITARY ACTIVITY AND NATIONAL SECURITY: When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of determination by the Department of Veteran Affairs of your eligibility for benefits; (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

FOR APPOINTMENT REMINDERS: We may use or disclose your medical/demographic information to contact you to remind you of or to reschedule your appointment, by mail or by telephone. Our message will include the name of our practice or the name of our physician as well as the date and time for your appointment or reminder that an appointment needs to be scheduled.

FOR MAILING PRESCRIPTIONS: We may use or disclose your medical information for the purpose of mailing prescriptions to you or your mail-in prescription plan.

For example, we may mail or fax your prescriptions to your requested pharmacy.

TO PROVIDE YOU WITH TREATMENT ALTERNATIVES: We may use or disclose your medical information to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. For example, we may contact several home health agencies, hospice or respiratory therapy provider to discuss services they provide when we have a patient who needs these services.

TO OUR BUSINESS ASSOCIATES: We will share your medical information with a third party "business associates" that perform various activities. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information. We will have a written agreement with that business associate that contains terms that will protect the privacy of your medical information. Our medical practice has a billing and transcription service in place at this time. A written agreement between our office and these companies will prohibit them from using your medical information in any manner than what we allow.

OTHERS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your medical or payment information that directly relates to that person's involvement in your health care or payment for your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your medical information to notify a family member or any other person that is responsible for your care of your location and general health conditions. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.

FOR WORKERS COMPENSATION: We may disclose your medical information as authorized to comply with workers compensation laws and other similar legally established programs.

REGARDING INMATES: We may use or disclose your medical information to a correctional facility if you are an inmate and your physician created or received your medical information in the course of providing care to you.

FOR REQUIRED USES AND DISCLOSURES: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.

5. **YOUR RIGHTS**

FOLLOWING IS A STATEMENT OF YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION AND A BRIEF DESCRIPTION OF HOW YOU MAY EXERCISE YOUR RIGHTS.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR MEDICAL INFORMATION: You may inspect and obtain a copy of your medical information that we maintain. The information may contain medical and billing records and any other records that we use for making decisions about you. The fee schedule for providing copies of your records is available from our Privacy Officer. However, under Federal law, you may not inspect a copy of the following records: psychotherapy notes, information compiled related to a civil, criminal, or administrative action; and medical circumstances. We may deny your request to inspect your medical information under certain circumstances. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your records.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR MEDICAL INFORMATION. This means you may ask us not to use

or disclose any part of your medical information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your medical information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to your request. IF we agree to the requested restriction, we may not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restriction you wish to request with your physician. Please request all restrictions in writing to our Privacy Officer.

YOU HAVE THE RIGHT TO REQUEST THAT WE ACCOMMODATE YOU IN COMMUNICATING CONFIDENTIAL INFORMATION. We will accommodate reasonable requests, but we may condition this accommodation by asking you for information as to how payment will be handled.



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~DISCLOSURES TO FAMILY MEMBERS AND FRIENDS~

I, _____ authorize Lowcountry Lung and Critical Care, P.A. to disclose/discuss my private information relating to my health or for payment of healthcare services to those listed below, if needed. I understand that only information relevant to my current treatment will be disclosed. I have agreed that Lowcountry Lung and Critical Care, P.A. may disclose health care information to:
(PLEASE INITIAL ALL THAT APPLY)

IN PERSON

BY PHONE

_____	_____	Name_____
_____	_____	Name_____
_____	_____	Name_____

Other:

RELATIONSHIP

NAME:

INITIAL

_____	_____	_____
_____	_____	_____

PATIENT SIGNATURE:_____

DATE:_____