

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This notice describes the practices of and applies to InterMedical Hospital of SC, Inc. including:

- Any healthcare professional authorized to enter information into your medical record on behalf of these entities
- All departments and units of these facilities involved in treatment, payment, and healthcare operations authorized for access to Protected Health Information
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff, students, and trainees working for these entities

This notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Ensure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record typically contains your symptoms, medical history, examination, test results, diagnoses, treatment, and a plan for future care or treatment.

This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing



- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why about those who may access your health information
- Make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

This describes different ways that we are permitted to use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in caring for you at the hospital or outside the hospital. Different departments of the hospital also may share medical information about you in order to coordinate the different services/treatments you need, such as prescriptions, laboratory work, and x-rays. We may also disclose medical information about you to people who may be involved in maintaining your health or well being during your hospital stay and after discharge, such as family members, friends, home health services, support agencies, clergy, or others who provide services that are necessary for your well-being.

For Payment. We may use and disclose your medical information so that the treatment and services you receive at the hospital may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also give information to someone who helps pay for your care.

For Healthcare Operations. We may use and disclose your medical information for hospital operations. Hospital operations are activities that are necessary to run the hospital and to make sure that all of our patients receive quality care. We may combine medical information about many hospital patients for purposes of making decisions about what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. When we do this, information that identifies you may be removed from this set of medical information so others may use it to study healthcare



and healthcare delivery without learning who the specific patients are. If ownership of the hospital changes as a result of sale, transfer, merger or consolidation, your medical information would be disclosed to the new entity, if that entity was to follow the same privacy policies.

Other Examples of Healthcare Operations

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. If you do not want us to contact you with appointment reminders, you must send a written notice to our Privacy Officer (see contact information below).

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or health-related benefits that may be of interest to you.

Fund-Raising Activities. We may use your demographic information to contact you in an effort to raise money for the hospital and its operations. We would use and release only your contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you as part of its fund-raising efforts, you must send a written notice to our Privacy Officer (see contact information below).

Hospital Directory. We may include certain limited information about you in the hospital directory while you are an inpatient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your name may be given to a member of the clergy, even if he or she does not ask for you by name. If you do not want to be listed in the hospital directory please contact your nurse, our admissions department, or our Privacy Officer.

In disaster situations, those involving multiple casualties, we may release general information, such as: "The hospital is treating four individuals from the accident."

Research. We may disclose information to researchers when an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

As Required By Law. We will disclose your medical information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.



Special Situations. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Organ and Tissue Donation. If you are a potential organ donor, we may release medical information to organ procurement organizations, or eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

Workers' Compensation. We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose, when requested, your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report abuse and/or neglect of a child, elder or disabled person
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Health Oversight Activities. We may, when requested, disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order. Under certain circumstances, we may also disclose your medical information in response to a subpoena or other lawful process, but we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, or if you or a court have provided written authorization.

Law Enforcement. We may release your medical information if asked to do so by a law enforcement official, if permitted by law:

- In response to a court order, subpoena, warrant, summons, or similar process;



- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors or designees as necessary to carry out their duties.

National Security and Intelligence Activities. If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law.

Protective Services for the President and Others. We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations, if permitted by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official under certain circumstances, if permitted by law. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF YOUR MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Obtain a Copy. You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. This information includes medical and billing records but does not include psychotherapy notes.

To inspect or obtain a copy of the information about you, you must submit your request in writing to our Privacy Office (contact information below). To inspect or obtain a copy of your physician's office records, please contact your physician's office directly. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you think that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the hospital. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. No part of the original documentation in the medical record can be destroyed.

To request an amendment of your hospital record, your request must be made in writing and submitted to our Privacy Officer (see contact information below). To request an amendment of your physician office record, contact your physician's office directly. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

Was not created by us, or where the person or entity that created the information is no longer available to make the amendment;

- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to Request an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures or releases we made of your information for which your authorization was not obtained. The list will not include releases made for purposes of treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (see contact information below). Your request must state a time period, which may not be longer than six years ago and may not include dates before (date). Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions on your hospital records, you must make your request in writing to our Privacy Officer (see contact information below). To request restrictions on your physician office records, contact your physician's office directly. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our internal use, our disclosure to an outside party, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (see contact information below). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Privacy Officer.



You may also obtain a copy of this notice at our Web site:
www.intermedicalhospital.com

Filing a Privacy Complaint

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer (see contact information below) or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contacting Our Privacy Officer

To request any of the above privacy rights or to for answers to questions about this Privacy Notice, contact our Privacy Officer:

Privacy Officer – 803-296-3126
InterMedical Hospital of SC, Inc.
P.O. Box 11069
Columbia, SC 29211

Omnibus Final Rule – March 26, 2013

Final modifications to the HIPAA Privacy, Security, and Enforcement rules mandated by the health Information Technology for economic and Clinical Health (HITECH) Act, are as follows:

- You have the right to be notified of a data breach: impermissible use/disclosure of (unsecured) PHI presumed to require notification, unless Covered Entity or Business Associate (CE/BA) can demonstrate low probability that PHI has been compromised based on risk assessment of at least: nature & extent of PHI involved; who received/accessed the information; potential that PHI was actually acquired or viewed; extent to which risk to the data has been mitigated.
- You have the right to ask for a copy of your electronic medical record in an electronic form.
- You have the right to opt out of fundraising communications from InterMedical Hospital (IMH) and IMH cannot sell your health information without your permission.
- Certain uses of your medical data, such as use of patient information in marketing, require prior disclosure and your authorization. Uses and disclosures not described in the notice will be made only with your authorization.
- If you pay in cash in full (out of pocket) for your treatment, you can instruct IMH not to share information about your treatment with your health plan.
- GINA – provides that genetic information is PHI and prohibits the use or disclosure of genetic information for underwriting purposes by all health plans, except long-term care plans. Terms and definitions track regulations prohibiting discrimination in health coverage based on genetic information.
- Business Associates now include the business Associate subcontractors. The subcontractor has the same liability as the Business Associate does.



- Sale of PHI: Covered Entities (CE) are prohibited from disclosing PHI (without individual authorization) in exchange for remuneration. If authorization is obtained it must state that disclosure will result in remuneration.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will prominently post copies of the current notice in the hospital. The notice will contain the effective date on the first page, in the top right corner. In addition, each time you register or are admitted to the hospital for treatment or healthcare services as an inpatient or outpatient, a copy of the notice currently in effect will be available to you.

Acknowledgment
Of
Notice of Privacy

I acknowledge that I have received a copy of InterMedical Hospital of SC, Inc.'s "Notice of Privcay".

Name (print): _____ Date: _____