

## **Marion Regional Healthcare System Privacy Notice**

Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact our Privacy Officer at 431-2070.

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you 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.

### **How Marion Regional Healthcare System (MRHS) May Use or Disclose Your Health Information**

Federal law requires MRHS to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. MRHS must abide by the terms and conditions of this Privacy

Notice. NOTE: MRHS may revise this Privacy Notice from time to time.

### **Who Will Follow This Notice**

This notice describes our MRHS's practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other MRHS personnel.

Marion County Medical Center, Mullins Nursing Center, Marion Medical Group, Marion Pediatrics, Pee Dee Pediatrics, all of these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or hospital operations purposes described in this notice.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and 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
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- 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 others may access your health information
- Make more informed decisions when authorizing disclosure to others.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to 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.

#### **"Treatment"**

Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may disclose medical information about you to doctors, nurses, technicians, students, or other hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

Other types of treatment could include consulting with or referring your case to another healthcare provider or such health conditions

as HIV status, a diagnosis of AIDS or other communicable diseases that are subject to public health reporting requirements.

### **"Payment"**

A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **"Healthcare Operations"**

We may use and disclose medical information about you for MRHS operations. These uses and disclosures are necessary to run the MRHS and make sure that all of our patients receive quality care. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your case and others like it to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the MRHS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, student observers and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals, etc. to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

"Healthcare operations" could also include activities such as audits of the process of billing you or a third party for healthcare services MRHS provides to you.

### **Organized Healthcare Arrangement (OHCA)**

As you may receive care from more than one healthcare provider, the Medical Staff and the MRHS are designated as an organized healthcare arrangement. This allows for information to be shared with other entities and doctors who are involved in your care. For the purpose of performance improvement, case management, training, accreditation, credentialing and etc., information may be shared with these individuals.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **Marketing**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Fund Raising**

We may use medical information about you to contact you as part of a fund-raising effort to raise money for the MRHS and its operations. We may disclose medical information to a foundation related to the MRHS so that the foundation may contact you in raising money for the system. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want the MRHS to contact you for fundraising efforts, you must notify the Privacy Officer in writing.

### **Uses or Disclosures MRHS May Make Without Your Consent or Authorization**

In addition to treatment, payment and healthcare operations, and unless this Privacy Notice recites a more stringent restriction, the

law permits or requires MRHS to use or disclose individually identifiable health information without your written consent or authorization to:

- Comply with public health reporting and notification requirements. We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacements.
- Report abuse, neglect or domestic violence, as required by law.
- To report birth and deaths.
- Submit information to health oversight agencies for oversight activities, such as audits, authorized by law.
- Respond to a final order or subpoena of a court or administrative tribunal,
- Assist law enforcement personnel, as required by law, or to fulfill law enforcement request for certain limited information for the purpose of identifying or locating a suspect, witness, or victim in an investigation, or to report a potential crime.
- Assist a coroner, medical examiner or funeral director, consistent with applicable laws to carry out their duties.
- Assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation,
- Further research, provided that MRHS complies with federal requirements.
- Avert a serious and imminent threat to public health safety
- Assist with government activities related to the military, veterans, or national security.
- Comply with workers' compensation or similar laws,
- Allow individuals responsible for your care to assist you in the event of your incapacity or an emergency, and
- As otherwise required by law

### **Directory**

Unless you notify us that you object, we will use your name, location in the facility, general condition (e.g., fair, stable, etc.) and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for your name. Your religious affiliation may be given to a member of the clergy, such as a priest

or rabbi, even if they don't ask for you by name. This is so your family and clergy can visit you in the hospital and generally know how you are doing.

### **Correctional Institution**

Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals and for the safety and security of the correctional institution.

### **Notification**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

### **Individuals Involved in Your Care or Payment for Your Care Communication with Family**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, 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.

### **More Stringent Protection for Your Health Information**

In certain cases, South Carolina law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following:

If you are a patient with an HIV or Hepatitis B infection, your attending physician may inform a lay healthcare giver who is or soon will be providing healthcare to you regarding your HIV or Hepatitis B infection. However, your physician must notify you before and after the disclosure is made and must provide you with the name of the person to whom the physician will disclose this information.

With respect to your prescription drug information, MRHS will not transfer or receive your information without your written release, except when the transfer or receipt involves:

- The lawful transmission of a prescription drug order in accordance with all state and federal laws pertaining to the practice of pharmacy
- Information necessary to effect the recall of a defective drug or device or other information necessary to protect the health and welfare of an individual or the public generally;
- Other state or federal laws, court order, or subpoena, or regulations including, but not limited to, accreditation or licensure requirements that mandate release or transfer of information;
- Information that an institutional review board uses to monitor clinical research;
- Information which does not identify you by name, or that is encoded in a manner that information identifying you by name or address is not generally obtainable, and that MRHS uses for epidemiological studies, research, statistical analysis, medical outcomes, or pharmacoeconomic research
- Information that MRHS may reveal to a party who, on your behalf, obtains a dispensed prescription from a pharmacy. When you receive this Privacy Notice and sign a privacy notice acknowledgement, you are agreeing that a practitioner may disclose your confidential information for purposes of payment, treatment or healthcare operations. If the practitioner discloses information for any purpose other than payment, treatment or healthcare operations, you must sign a different permission form.

If you are a resident at a community long term care facility, the long term care facility will not make available your resident record to anyone without your permission or consent. Under the SC Code of Laws, specifically the Adult Healthcare Consent Act (Section 44-66-10), if you are unable to consent, your designated Healthcare Decision Maker may consent on your behalf. Exception: The long term care facility may disclose your confidential information for purposes of payment, treatment or healthcare operations. If the long-term care facility discloses information for any purpose other than payment, treatment or healthcare operations, you must sign a different permission form. However, please note that a community

long term care facility may reveal the information without your written consent if both South Carolina law and the Health Insurance Portability and Accountability Act of 1996 allow disclosure of this information.

If you provide confidential information to a psychologist, the psychologist will not reveal that information to anyone without your informed written permission. Exception: The psychologist may disclose your confidential information for purposes of payment, treatment or healthcare operations. If the psychologist discloses information for any purpose other than payment, treatment or healthcare operations, you must sign a different permission form. However, please note that a psychologist may reveal the information without your written consent if the law requires the psychologist to do so or if disclosure is necessary to protect against a clear and imminent danger to you or others.

If you provide confidential information to a chiropractor, the chiropractor will not reveal that information to anyone without your permission. Exception: The chiropractor may reveal your confidential information for purposes of payment, treatment or healthcare operations. If the chiropractor reveals information for any purpose other than payment, treatment or healthcare operations, you must sign a different permission form. However, please note that a chiropractor may reveal the information without your written consent if the law requires a chiropractor to do so or if revelation is necessary to protect the welfare of you or the community.

If you are a patient of a psychologist, professional counselor, marriage and family therapist, psycho-educational specialist, licensed master social worker, licensed independent social worker, or a registered nurse who meets with requirements of a clinical nurse specialist and who works in the field of mental health, South Carolina laws requires these professionals to limit their uses and disclosures of the information to the amount of information and recipients necessary to accomplish the purpose of the disclosure.

For patients receiving neonatal testing to detect inborn metabolic errors and hemoglobinopathies, MRHS may release information about such testing only to the parents and/or legal guardian of the

child, the child's physician and the child (when 18 years of age or older).

Note: References in this Privacy Notice to healthcare professionals include only those professionals that MRHS employs or has implemented an OCHA..

**No Other Uses or Disclosures Without Your Written Authorization**  
MRHS will not make any other uses and disclosures of your individually identifiable health information without your written authorization. Your authorization may be revoked at any time if you provide notice to MRHS.

### **Your Health Information Rights**

Federal and state law protects your rights to keep your individually identifiable health information private. You may request restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, healthcare operations; however, the law does not require MRHS to agree to the requested restrictions. You may also request that you receive communications from MRHS regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the MRHS Privacy Officer. MRHS reserves the right to condition your request on the receipt of information regarding how you desire MRHS to handle payment and/or on the availability of an alternative address or method of contact that you may request.

You generally have the right to inspect and obtain a copy of any individually identifiable health information in your medical record, or, under certain circumstances, your attending physician may provide you with only a summary of your medical record. However, if you are a patient of a chiropractor, you have the right to access your patient record and x-rays on an unqualified basis. You also have the right to amend the health information that you inspect, unless MRHS did not create such information or unless MRHS determines that your medical record is accurate and complete in its existing form. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. 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. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless 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 MRHS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

You have the right to request and receive an accounting of disclosures of your individually identifiable health information MRHS has made in the six (6) years prior to the request date, or during the period between the request date and the date that federal law required MRHS to comply with federal privacy regulations, whichever is more recent. Such an accounting will not include disclosures made to carry out treatment, payment or healthcare operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, or to inform you of the content of your medical records. If you would like more information on how to exercise these rights, please contact MRHS Privacy Officer at (843) 431-2070.

### **MRHS Responsibilities**

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

**For More Information Or To Report a Problem**

If you have questions and would like additional information, you may contact the Privacy Officer at (843) 431-2070. If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Changes To This Notice**

MRHS reserves the right to change the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. We will post a copy of the current notice in the hospital. The notice will contain on the first page, the effective date. If MRHS amends this Privacy Notice, you will be offered a revised copy at your next visit to MRHS, or upon request. The revised Privacy Notice will also be available on this website.