HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

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 complaint with the office listed below. 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 health care in a confidential and private environment.

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 Clinic Operations Manager (843) 266-9800, or contact in writing:

Barrier Islands Free Medical Clinic
Clinic Operations Manager
3263 Maybank Highway, Suite 1-B
Johns Island, SC 29455

You also may send a written complaint to the Office of Civil Rights. The address will be provided at your request.

EFFECTIVE DATE OF THIS NOTICE:
October 1, 2011
Understanding Your Protected Health Information (PHI):
Each time you visit Barrier Islands Free Medical Clinic (BIFMC), 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 healthcare to you.

HOW BIFMC MAY USE AND RELEASE YOUR PHI.
The following uses do NOT require your authorization, except when required by SC law:

1. **For treatment.** We may use or disclose your PHI for purposes of treatment to Physicians, Nurses and other professionals who are involved in your care.
2. **To obtain eligibility.** We may use PHI to obtain necessary documentation to establish eligibility for our services.
3. **For health care operations.** We may use or disclose your PHI for our health care operations. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **To individuals responsible for your care.** Unless you object, we may disclose your PHI to a family member or friend who is involved in your medical care.
5. **When Required by Law.** We will use and disclose your PHI when required by federal, state or local law.
6. **For public health activities.** We report to public health authorities, as required by law, information regarding births, deaths, various diseases, reactions to medications and medical products.
7. **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 or neglect are suspected.
8. **For 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.
9. **Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
10. **Law enforcement or national security purposes.**
11. **Uses and disclosures about patients who have died.** We provide coroners, medical examiners and funeral directors necessary information related to an individual’s death.
12. **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 lessen such harm.
13. **For workers compensation purposes.** We may release your PHI to comply with workers compensation laws.
14. **Marketing.** We may send you information on the latest treatment, support groups and other resources affecting your health.
15. **Fundraising.** We may use your PHI to communicate with you regarding fund raising activities for BIFMC.
16. **Appointment reminders and health-related benefits and services.** We may contact you with a reminder that you have an appointment.
17. **Psychotherapy Notes:** Your prior written authorization is required to release your PHI for psychotherapy notes.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.
Although your health record is the physical property of BIFMC, the information belongs to you, and you have the following rights with respect to your PHI:

A. **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 our use, disclosure or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse; and (4) expiration date.

B. **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 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.

C. **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 our request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are