

denied access to PHI, you may request that the denial be reviewed.

- D. **The Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.** This list may not include uses such as those made for treatment or healthcare operations, directly to you or your family as described above in this Notice of Privacy Practices. This list also may not include uses for which a signed authorization has been received or disclosures made before the effective date of this notice.
- E. **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. You must provide your request and the reason for your request in writing. We may deny your request in writing if the PHI is correct and complete if it originated in another facility's record.
- F. **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, please contact the Clinic during normal business hours. Our phone number is 843-266-9800.
- G. **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 will stop any future release of your health information except as allowed by law.

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
3226 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



Barrier Islands Free Medical Clinic, Inc.
3226 Maybank Highway, Suite A-1
Johns Island, South Carolina 29455
Phone: 843-266-9800 • Fax: 843-266-9801



Barrier Islands Free Medical Clinic

Notice of Privacy Practices

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

YOU MAY WISH TO SHARE A COPY OF THIS NOTICE WITH YOUR FAMILY MEMBERS, FRIENDS, ETC. WHO ARE ACTIVELY INVOLVED IN YOUR HEALTH CARE.

CHANGES TO THIS NOTICE:

We reserve the right to change our privacy practices and to make any such changes applicable to the PHI we obtain about you before the change. You may obtain a paper copy of the current notice by contacting BIFMC at the contact information provided at the end of this notice.

Tel: 843-266-9800

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 health care 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 Depart-

ment 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