



HIPAA NOTICE
Health Insurance Portability and Accountability Act
NOTICE OF PRIVACY INFORMATION PRACTICES

BISHOP GADSDEN

This HIPAA Notice describes how Protected Health Information (hereafter referred to as PHI) about you may be used and disclosed and how you may obtain access to this information.

Please review it carefully and acknowledge receipt by completing and returning the HIPAA Authorization Form.

A. Purpose of the HIPAA Notice:

Bishop Gadsden, is committed to preserving the privacy and confidentiality of the protected health information, PHI, of our residents which is created and/or maintained as a normal part of residency at Bishop Gadsden. State and federal laws and regulations require us to implement specific policies and procedures to safeguard the privacy of your protected health information. This HIPAA Notice will provide you with information regarding our privacy practices and applies to all of your PHI created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. This HIPAA Notice describes the ways in which we may use or disclose your PHI as well as your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this HIPAA Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this HIPAA Notice and to make the revised or changed HIPAA Notice effective for PHI we already have about you as well as any information we receive in the future. You will receive any updates to this HIPAA notice in a timely manner and we will post a copy of the current HIPAA Notice in a public location in our facility.

The privacy practices described in this HIPAA Notice apply to:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facility;
2. All employees and associated service providers who have access to any of your PHI at our facility; and
3. Any member of a volunteer group which is allowed to help you while receiving services at our facility.

The individuals identified above may share your PHI with each other for purposes of treatment, payment, and health care, as further described in the HIPAA Notice.



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B. Uses and Disclosures of the PHI for Treatment, Payment, and Health Care Operations.

We may use or disclose your protected health information in one of following ways:

- (1) For purposes of treatment, payment or health care operations
- (2) Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
- (3) Pursuant to your verbal agreement (for use in our organization directory or to discuss your health condition with family or friends who are involved in your care);
- (4) As permitted by law
- (5) As required by law

1. Treatment, Payment, and Health Care Operations. The following section describes different ways that we may use and disclose your PHI for purposes of treatment, provider information, and health care. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of the following purposes.

a. Treatment: It may be necessary that we use your PHI to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care.

For Example, if it is determined that you are in need of emergency medical services, it will be necessary to disclose your PHI to service personnel and medical facilities in order to ensure the best course of treatment and care.

b. Payment: We may use or disclose your protected health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our organization.

For Example, we may need to give information to your health plan regarding the services you received from our organization so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

c. Health Care Operations: We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of Bishop Gadsden.

For Example, we may use your PHI to evaluate the performance of staff in caring for residents. We also may use your PHI to evaluate whether certain treatments or services offered by Bishop Gadsden are effective. We also may disclose your health



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information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

C. Uses and Disclosures of PHI in Special Situations.

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in Section F of this Notice.

- 1. Appointment Reminders:** We may use or disclose your PHI for purposes of contacting you to remind you of a health care appointment.
- 2. Treatment Alternatives & Health-Related Products and Services:** We may use or disclose your health information for purposes of discussing with you treatment alternatives or health related products or services that may be of interest to you.

For example, if you are a resident receiving rehabilitation care for purposes of a post-surgical hip replacement, we may talk with you about a gait training program to improve your walking and balance.

- 3. Resident Directory:** We may use or disclose certain limited PHI about you in the resident directory. Your name, residence address, phone number, e-mail address, and photograph may be used in the resident directory. Your religious affiliation may be given to a member of the clergy.
- 4. Family Members and Friends:** We may disclose your PHI to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures.

For example, we will share information about you with your spouse or other family member after giving you an opportunity to agree or object.

We also may disclose your PHI to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care.

For example, if your medical condition prevents you from either agreeing or objecting to disclosures made to your family or friends, we may share information with the family member or friend who visits you, but we will share only that information which relates to his/her involvement in your specific care.

- 5. The GAB and other internally produced publications:** We may use or disclose a limited amount of your PHI for the purpose of sharing general information such as



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community relocations, birthdays (no year of birth), and other information for the use of sharing community news and general information.

- 6. Fundraising Activities:** We may use or disclose a limited amount of your PHI for purposes of contacting you to seek charitable donations. The information we use or disclose will be limited to your name, address, and telephone number.

D. Other Permitted or Required Uses and Disclosures of PHI.

There are certain instances in which we may be required or permitted by law to use or disclose your PHI without your permission. In all instances, only the necessary and specifically required information will be disclosed. These instances are as follows:

- 1. As Required by Law:** We may disclose your health information when required by federal, state, or local law to do so.

For example, we are required by the Department of Health and Human Services (DHHS) to disclose your PHI in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.

- 2. Public Health Activities:** We may disclose your PHI to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
- 3. Health Oversight Activities:** We may disclose your PHI to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulation.
- 4. Judicial or Administrative Proceedings:** We may disclose your PHI to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your PHI pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (a) notify you of the request for disclosure or (b) obtain an order protecting your PHI.
- 5. Insurance Providers:** We may disclose your PHI to our insurance providers and/or carriers (such as Property and Casualty Insurance, Workers' Compensation, etc.) in the case of a claim involving you which arises out of any incident on our property involving an illness or injury.



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6. **Law Enforcement Official:** We may disclose your PHI in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
7. **Coroners, Medical Examiners, or Funeral Directors:** We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your PHI to a funeral director for the purpose of carrying out his/her necessary activities.
8. **Organ Procurement Organizations or Tissue Banks:** If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
9. **Research:** We may use or disclose general health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose health information for research purposes until the particular research project for which health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose general health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your PHI that is done for the purpose of identifying qualified participants will be conducted onsite. We will ask for your specific permission to use or disclose your PHI if the researcher will have access to your name, address or other identifying information.
10. **To Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI when necessary to prevent a serious threat to the health or safety of you or other individuals.
11. **Military and Veterans:** If you are a member of the armed forces, we may use or disclose your PHI as required by military command authorities.
12. **National Security and Intelligence Activities:** We may use or disclose your PHI to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
13. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your PHI to the correctional institution or to the law enforcement official as may be necessary (a) for the institution to provide you with health care; (b) to protect the health or safety of you or another person; or (c) for the safety and security of the correctional institution.



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E. Uses and Disclosures Pursuant to Your Written Authorization.

Except for the purposes identified above in Sections B through D, we will not use or disclose your PHI for any other purposes unless we have your specific written authorization. **(Complete, detach, and return the last page of this notice for the purpose of written Acknowledgement Authorization for Release of Information).** You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization. In the following circumstances, we will always require an authorization from you:

- 1. Psychotherapy Notes:** In most circumstances when we use or disclose psychotherapy notes made by a mental health professional to document or analyze a conversation in a counseling session we will require an authorization.
- 2. Marketing Communication:** Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service will require an authorization.
- 3. Sale of Protected Health Information:** Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment will require an authorization.
- 4. Other Uses or Disclosures:** Other uses or disclosures of protected health information that are not described in this notice will require an authorization.

F. Your Rights Regarding Your Protected Health Information (PHI).

You have the following rights regarding your PHI. You may exercise each of these rights, **by written request**. You will be charged for the reasonable cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from the Director of Human Resources (Bishop Gadsden's designated Privacy Officer).

- 1. Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
- 2. Right to Amend:** You have the right to request an amendment of your PHI that is maintained by or for Bishop Gadsden and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, or the person or entity that created the information is no longer available to make the amendment; (b) is not part of the



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information that is kept by or for Bishop Gadsden; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.

- 3. Right to an Accounting of Disclosures:** You have the right to request an accounting of the disclosures of your PHI made by us. This accounting will not include disclosures of PHI that we made for purposes of treatment, provider information or health care operations or pursuant to a written authorization that you have signed.
- 4. Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, provider information, or health care operation. You also have the right to request a limit on the PHI we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.

For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

- 5. Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health care in a certain way or at a certain location.

For example, you can ask that we only contact you by mail.

- 6. Right to be Notified of a Breach.** You have the right to be notified if we improperly permit acquisition, access, use or disclose protected health information about you in a harmful manner, we are required to send, and you have a right to receive a notice from us informing you about the circumstances involved.
- 7. Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this HIPAA Notice. You may ask us to give you an additional or up-to-date copy of this HIPAA Notice at any time. All requests for copies of this HIPAA Notice will be completed in a reasonable time and delivered via inter-community mail or the U.S. Postal Service. You can also access this notice on our website at: www.bishopgadsden.org.

G. Questions or Complaints

If you have any questions regarding this HIPAA Notice or wish to receive additional information about our privacy practices, please contact our Corporate Compliance Officer at 843-406-6300 or through our Confidential Compliance Hotline at 1-800-211-2713. If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint with our facility, contact our Corporate Compliance Officer, Katie Jayne at One Bishop Gadsden Way, Charleston, SC 29412. All complaints must be submitted in writing. You will not be penalized for filing a complaint.