

Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. You have the right to restrict certain information from being sent to your health plan where you have paid in full out of pocket. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members or friends.

We are not required to agree to your request unless you have paid in full the cost for services or items; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to:

BJHCHS, Inc.

Attn: Julia Williams, Privacy Officer

P.O. Box 357

Ridgeland, SC 29936

843-987-7400

Your request must describe in a clear and concise fashion:

- The information you wish restricted
- Whether you are requesting to limit our practice's use, disclosure or both
- To whom you want the limits to apply

Confidential Communications

You have the right to request that our organization communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home rather than work. In order to request a type of confidential communication, you must make a written request to the previously stated address. You must specify the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical information, either paper or electronic, that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the previously stated address in order to inspect and/or obtain a copy of your medical information. Our Agency may charge a fee for the costs of copying, mailing, labor and supplies associated with your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us.

Amendment

You may ask us to amend your medical information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our Agency. To request an amendment, your request must be made in writing and submitted to the previously stated address. Our organization will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is:

- Accurate and complete
- Not part of the medical information kept by or for the Agency
- Not part of the medical information which you would not be permitted to inspect or copy
- Not created by our organization, unless the individual or entity that created the information is available to amend the information

Accounting of Disclosures

You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures our organization has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to the previous stated address.

All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

Breach of Information

You will be notified concerning any breach of your information unless through risk assessment it is determined that there is a low probability that your information was compromised.

Right to a Paper Copy of this Notice

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. In order to obtain a paper copy of this notice, contact the previous stated address.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, you must submit your request in writing to the previous stated address.

- You will not be penalized for filing a complaint.
- All complaints will be investigated.
- No retaliation will occur

Right to Provide an Authorization for Other Uses and Disclosures

Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your information. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.

Our responsibilities to you:

- To abide by the terms of this notice to protect your medical information
- To maintain the privacy of your medical information
- To provide you with this notice of our legal duties and privacy practices
- To notify you if we are unable to agree to a requested restriction

We reserve the right to change the terms of this notice. New or revised provisions and practices will be provided to you by mail or at your next scheduled appointment.

Effective date of this notice: April 3, 2003

Revised date: September 17, 2013

CENTERS • BEAUFORT COUNTY • JASPER COUNTY • HAMPTON COUNTY

**BEAUFORT JASPER
HAMPTON**



**COMPREHENSIVE
HEALTH SERVICE, INC**

Privacy Notice

Chelsea Medical Center
721 Okatie Highway 170
Ridgeland, SC 29936
Telephone: (843) 987-7400
Fax: (843) 987-7484

Hampton Medical Center
200 Elm Street
Hampton, SC 29924
Telephone: (803) 943-2233
Fax: (803) 943-0268

Port Royal Medical Center
1320 South Ribaut Road
Beaufort, SC 29935
Telephone: (843) 986-0900
Fax: (843) 986-0566

Sheldon Medical Center
211 Paige Point Road
Sheldon, SC 29942
Telephone: (843) 846-8026
Fax: (843) 846-8312

St. Helena Island
6315 Jonathan Francis Sr. Rd
St. Helena, SC 29920
Telephone: (843) 838-2086
Fax: (843) 838-3906

Hardeeville Medical Center
8 Stiney Road
Hardeeville, SC 29927
Telephone: (843) 784-2181
Fax: (843) 784-6112

Estill Medical Center
454 2nd Street
Estill, SC 29918
Telephone: (803) 625-2548
Fax: (803) 625-2801

Ridgeland Medical Center
1520 Grays Highway
Ridgeland, SC 29936
Telephone: (843) 726-3979
Fax: (843) 726-4287

PRIVACY NOTICE

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

Beaufort Jasper Hampton Comprehensive Health Services, Inc. (BJHCHS, Inc.) uses your health information for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the property of BJHCHS, Inc.'s. We are dedicated to maintaining your privacy and your medical record information.

How We May or May Not Use or Disclose Your Health Information For Treatment: BJHCHS, Inc. may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse or other person providing health services to you, will discuss information in your chart that is related to your treatment. These communications are for health care providers to coordinate and manage your health care. The provider may speak with another doctor, specialist, pharmacist, hospital or health care organization to help manage and coordinate your care. Healthcare providers will also record actions taken by them in the course of your care and note your progress.

For Payment: We may use and disclose your health information to others for purposes of receiving payment for providing your care. For example, a bill may be sent to you or a third-party payer, such as an insurance company. The information on the bill may contain information that identifies you, your diagnosis and treatment or supplies used in the course of treatment. We may call your insurance company to verify eligibility, billing, claims, pre-certification and other activities. You may request that we not disclose certain information to your health plan where you have paid in full for the health service or item.

For Healthcare Operations: We may use and disclose healthcare information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others to:

- Review the competency of our staff
- Assess the quality of care and outcomes in your cases and similar cases
- Conduct business planning and development to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the health care we provide
- Resolve complaints or concerns you may have regarding your care

For Appointments: We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. We may write or call you for these purposes.

Involvement in Care: We may disclose information about you to a family member, close personal friend or other person you identify if specifically needed, or that person's

involvement with your care or payment related to your health care.

For Marketing: We will not use or disclose information for marketing purposes or sell your information. We may write to you concerning health related products or services that might be of interest to you.

For Fundraising: If we contact you concerning fundraising you have the right to opt out of further communications.

As Required by Law: We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

Lawsuits and Similar Proceedings

We may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process.

Abuse, Neglect and Domestic Violence:

We may disclose your medical information to a government authority regarding possible abuse, neglect or domestic violence if we believe you are a victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or, if we were to inform your personal representative, is otherwise not in your best interest.

Law Enforcement

We may disclose your medical information to assist law enforcement officials in their duties in response to a warrant, summons, court order, subpoena, or similar legal process such as:

Identifying or locating a suspect, material witness, fugitive or missing person

Regarding criminal conduct at our offices

Concerning a death we believe might have resulted from criminal conduct

In an emergency if you are a victim of a crime

Regarding a crime victim

Any criminal investigation where you consent to release of medical information

Public Health:

Your public health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability or for other health oversight activities pursuant to law.

We may disclose your medical information for public health activities pursuant to law, including generally:

- To prevent or control disease, injury or disability
- To report child abuse or neglect
- To notify a person regarding potential risk for spreading communicable disease
- To notify a person regarding potential risk for spreading or contracting a disease or condition
- To report reactions to drugs or problems with products or devices
- To notify individuals that a product or device they may be using has been recalled
- To notify appropriate Agency (ies) and Authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we

will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information;

- To notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance

Psychotherapy: We will not disclose most information about any psychotherapy notes.

Decedents

Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. Your information will not be disclosed for 50 years following your death.

Organ/Tissue Donation

Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes. Where you have properly provided by will or otherwise designated authorization form.

Research

We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and you have signed an authorization.

Emergency

Your health information may be released to other healthcare Providers in the event you need emergency care.

Health and Safety

Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Student Disclosures

We may disclose proof children's immunizations to the schools. Adults and emancipated minors will need to agree either orally or in written form for theirs to be released.

Serious Threats to Health or Safety

We may use and disclose your medical information based on a reasonable belief that the information was necessary to prevent or lessen a serious and imminent threat to health or safety of an individual or of the public. The information would be released to a person or persons reasonably able to prevent or lessen the threat, in emergency circumstances.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the Armed Services that may require use or disclosure of your health information, as prescribed by law.

Specialized Government Functions

We may disclose your medical information if you are a member of U.S. military (including victims) if required by the appropriate military command pursuant to legal process or court order.

Workers' Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation

Workers' Compensation

We may release your medical information to comply with Worker's Compensation and similar programs that provide benefits for work-related illnesses or injuries pursuant to legal process.