



NOTICE OF PRIVACY PRACTICES

Dear Patient:

Welcome to Self Regional Healthcare. We wanted you to know that we are required by federal law to give you the following document. It is called a Notice of Privacy Practices. We are also required to have you sign our consent form because it contains written acknowledgement that you have received this document. We realize that the document is long so we have provided an index of this notice, which describes how we use and disclose medical information and how you can get access to this information. Please read carefully.

Thank you again for being our patient. Please do not hesitate to contact us if you have any questions.

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Effective Date: April 14, 2003

SELF REGIONAL HEALTHCARE

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 IT CAREFULLY

WHO WILL FOLLOW THIS NOTICE:

This notice describes Self Regional Healthcare's privacy practices and that of its employees, volunteers, medical staff, health care students and other hospital personnel.

This Notice covers the activities of Self Regional Healthcare, including its main hospital operations and all related or affiliated sites and facilities. Each of these is a part of Self Regional Healthcare and may share medical information.

Self Regional Healthcare and its medical staff members have formed an organized healthcare arrangement and as such they will share your medical information with each other as necessary to carry out treatment, payment and health care operations relating to the organized health care arrangement. Members of the medical staff join in the use of this Notice when providing patient care at Self Regional Healthcare.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

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

We are required by law to: (a) make sure that medical information that identifies you is kept private; (b) give you this notice of our legal duties and privacy practices with respect to medical information about you; and (c) follow the terms of our Notice of Privacy Practices as in effect from time to time.

Your Authorization. Except as outlined below, we will not use or disclose your personal medical information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent we have taken any action in reliance on the authorization.

For Treatment. We will use your medical information for treatment. We may disclose medical information about you to physicians, nurses, technicians, medical students or other personnel who are involved in your care. Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment deemed best for you. Your physicians will document in your record their expectations. Members of your healthcare team will record the actions they took and their observations. In that way, your physicians will know how you are responding to treatment. We will also provide your physicians and/or subsequent healthcare providers with copies of various reports that should assist them in treating you once you are discharged from Self Regional Healthcare.

For Payment. We will use and disclose your medical information as necessary for the purpose of obtaining payment of the health care professionals and facilities that have treated you or provided services to you. For example: A bill may be sent to you or a third-party payer, such as an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, and supplies used.

For Health Care Operations. We will use and disclose your medical information as necessary, and as permitted by law, for our healthcare operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal medical information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal medical information to another healthcare facility, healthcare professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Business Associates. There are some services provided in our organization through contracts with outside persons or organizations. Examples include physician services in the emergency care center and radiology, certain laboratory tests, auditing, billing, consulting, legal and copying of medical records. When these services are contracted, we may disclose your medical information to our business associates so that they can perform the jobs we have asked them to perform. We contractually require the business associate to appropriately safeguard the privacy of your medical information.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care or as notification of test results.

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, of your location, and general condition.

Individuals Involved in Your Care or Payment of Your Care. With your approval, we may release medical information about you to a designated friend or family member who is involved in your medical care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal medical information with such individuals without your specific approval. 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.

Directory. Unless you notify us that you object, we will use your name, location in the facility, general condition, 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 you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. Unless you notify us that you object, your name may be posted on the outside wall of your room.

Research. We may disclose information to researchers when an institutional review board approves their research proposal after review of the proposal and the protocols used to assure the privacy of the medical information provided to them.

FDA. We may disclose to the Food and Drug Administration medical 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.

Funeral Directors, Coroners, Medical Examiners. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary for them to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Health Products/Services Information. We may use your medical information to tell you about or recommend possible treatment options or alternatives and to inform you of health-related products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information. .

Fundraising. We may contact you as part of a fund-raising effort. We may disclose medical information to our Foundation so that the Foundation may contact you in raising money for the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify Craig White, Vice President, Self Regional Healthcare Foundation, 1325 Spring Street, Greenwood, SC 29646 in writing.

Focus Groups. We may use medical information about you to contact you in a effort to invite you to participate in discussions that would improve the operations of the hospital.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

Abuse and Neglect. We may release your medical information as required by law if we suspect child abuse or neglect; we may also release your medical information as required by law if we believe you to be a victim of abuse, neglect or domestic violence.

Workers Compensation: We may disclose medical information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process to someone else involved in the dispute, once we receive satisfactory assurances from the person requesting the information that reasonable efforts have been made by that person to ensure that you have been given notice of the request and you have not objected to the request within the time allowed by law to raise objections.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to report wounds and injuries and crimes as required by law; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim or a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at

the hospital; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Correctional Institutions. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof medical information necessary for your health and the health and safety of other individuals.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This does not include psychotherapy notes. To inspect and copy medical information, you must submit your request in writing to the Director of Health Information Management, Health Information Management Department, Self Regional Hospital, 1325 Spring Street, Greenwood, SC 29646. If you request a copy of the information, we will charge a fee for the copying, mailing or other expenses associated with your request.

We may deny your request to inspect and copy your entire medical record in certain very limited circumstances. Instead, in certain limited circumstances, we may provide you with only a summary of your record. If you are denied access to any of your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management, Health Information Management Department, Self Regional Hospital, 1325

Spring Street, Greenwood, SC 29646. In addition, you must provide a reason that supports your request.

We are not obligated to make all requested amendments but will give each request careful consideration. We may deny your request for an amendment if it is not in writing, not signed by you or your representative 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: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not a part of the medical information kept by or for us; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures made by us of your medical information after April 13, 2003. To request this list or accounting of disclosures, you must submit your request in writing to the Director of Health Information Management, Health Information Management Department, Self Regional Hospital, 1325 Spring Street, Greenwood, SC 29646. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2003. The first list you request within a 12-month period will be free. For additional lists requested by you within the same 12-month period, we will charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer, Self Regional Healthcare, 1325 Spring Street, Greenwood, SC 29646. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Director of Health Information Management, Health Information Management Department, Self Regional Hospital, 1325 Spring Street, Greenwood, SC 29646. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact the Director of Health Information Management, Health Information Management Department, Self Regional Hospital, 1325 Spring Street, Greenwood, SC 29646.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all of our facilities or locations. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, we will offer you a copy of the notice at the time of registration, and will indicate in our files that you have been offered the notice. Should the notice be revised, we will offer you a copy of the revised notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact Craig White, HIPAA Privacy Officer (864)725-5046, Self Regional Hospital, 1325 Spring Street, Greenwood, SC 29646. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

CONTACT

For further information or if you have any questions about this notice, please contact Craig White, HIPAA Privacy Officer (864)725-5046, Self Regional Hospital, 1325 Spring Street, Greenwood, SC 29646.