

CLEMSON RURAL HEALTH

NOTICE OF HEALTH INFORMATION 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.

Understanding Your Health Record / Information

Each time you visit a hospital, physician or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examinations, test results, diagnoses, treatment, and a plan for future care or treatment.

This information, often referred to as your health or medical record, serves as the following:

- A basis for planning your care and treatment;
- A means of communication among the many health professionals who contribute to your care;
- A legal document describing the care you received;
- A means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning and marketing (We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you);
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

An understanding of what is in your record and how your health information is used helps you to do the following:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your health information;
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information in the record belongs to you. Federal Law provides you the following rights:

- To request a restriction on certain uses and disclosures of your information. CRH is not required to agree to a restriction, except in limited circumstances, such as for psychotherapy notes or information gathered for judicial proceedings;
- To obtain a paper copy of this notice upon request, even if you earlier agreed to receive this notice electronically;
- To inspect and obtain a copy of your health records;
- To amend your health record if you believe it is incorrect or incomplete. CRH is not required; however, to amend your health information, and if your request is denied, CRH will provide you with information about our denial and how you can disagree with our denial;
- To obtain an accounting of disclosures of your health information. In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, and why the disclosure was made. The list will not include disclosures made for the purposes of treatment, payment, health care operation, our directory, national security, law enforcement/corrections, certain health oversight activities, and disclosures authorized by you. The first accounting in any 12 month period is provided without charge. We may charge for subsequent requests;

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- To receive communications of protected health information from CRH by alternate means or at alternative locations. CRH must accommodate reasonable requests;
- To authorize use or disclosure of any of your protected health information by using the *Authorization for Release of Information* form;
- To revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

CRH agrees to all of the following:

- To maintain the privacy of your health information as required by law;
- To provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- To abide by the terms of this notice;
- To notify you if we are unable to agree to a requested restriction;
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on the CRH website (www.clemson.edu/wellness).

We will not use or disclose your health information without your written authorization, except as described in this notice.

Uses and/or Disclosures for Treatment, Payment, and Health Care Operations Without Your Written Authorization

The following areas describe the ways CRH may use or disclose your health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed; however, all the ways CRH is permitted to use and disclose information will fall within one of these areas.

We will use and disclose your health information for treatment. We will use and disclose your personal health information to provide, coordinate, or manage your health care and any related services. We will also disclose personal health information to other health care providers for coordination of treatment. For example, information about you may be given to a health care provider to whom you have been referred in order to ensure that the provider has the necessary information to diagnose or treat you. In addition, we may disclose information about you from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of the CRH health care provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

We will use and disclose your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and the supplies used.

We will use and disclose your health information for regular health care operations. As an academic nursing center, we support the mission (teaching, research, and service) of Clemson University. Students and faculty are an integral part of our daily operations. We may use or disclose, as needed, your personal health information

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in order to support the operations of CRH. These activities include, but are not limited to program evaluation, and quality improvement activities such as client satisfaction surveys, employee review activities, training of health professions students, licensing, and conducting or arranging for other business activities. For example, in order to evaluate our programs and services, we collect information about the number of clients we've treated, types of services, treatment outcomes, client satisfaction, etc. We review this information regularly. We report summary information to grantors or contractors who are providing support for our programs. For example, we provide information about the number of women who have received clinical breast exams and mammograms and how many of the exams were normal or abnormal. We do not reveal your personal identity nor is it linked to any of the summary data reported. As an academic nursing center, our faculty members are often invited to speak at professional conferences and to present summary information about our programs and services. Again, we do not reveal your personal identity nor is it linked to any of the summary data reported. We may disclose your personal health information to health professions students who see patients at CRH. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your health care provider is ready to see you. We may use or disclose your personal information, as necessary, to contact you to remind you of your appointment and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We will send your health information to any of the Health Information Exchanges(HIEs) that your other providers participate in. An HIE is a secure electronic system that helps healthcare providers and entities (such as health plans and insurers) manage care and treat patients. We will send your health information to the Epic Care Everywhere HIE and other HIEs in which we take part. Information about your past medical care and current medical conditions and medicines is available not only to us but also to non-Clemson University Health healthcare providers in the HIE. You have the right to opt out of the HIE. However, even if you do, some of your health information will remain available to certain healthcare entities as permitted by law.

Other Uses and Disclosures of Your Health Information Made Without Your Authorization

To business associates: There may be some services provided in our organization through contract with business associates. Examples may include radiology, certain laboratory tests, and software vendors. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

To those involved with your care or payment of your care: If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility or your health status. You have a right to object to such disclosures, unless you are unable to function or if there is an emergency. We may allow you to agree or disagree orally to such release, unless there is an emergency.

For research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

To the Food and Drug Administration (FDA): We may disclose to the FDA health 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 replacement.

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For Workers Compensation: We may disclose health 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.

For public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. CRH may also disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

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

As required by law: We may disclose health information for law enforcement purposes, as required by law, or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a complaint in writing with the CRH Administrative Coordinator. There will be no retaliation for filing a complaint.

If you would like to act upon any of your health information rights, as provided herein, have any questions or would like additional information, please contact the CRH Privacy and Security Officer at (864) 656-3076.

Effective Date: January 31, 2003