



115 E Montgomery Street
Gaffney, SC 29340
864-597-9493

NOTICE OF PRIVACY PRACTICES

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

I. OUR RESPONSIBILITY

The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain when we provide your care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we may maintain related to your care.

The notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain;
- Follow the terms of our Notice currently in effect.

II. CONTACT INFORMATION

After reviewing this notice, if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the following person:

Office Manager, PO BOX 170581 Spartanburg, SC 29301

Phone: (864)-597-9493 Fax: (864)-206-4563

III. USES AND DISCLOSURES OF INFORMATION

Under federal law, we are permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations, but we would like to obtain your personal health information. The staff in this office also share health information with each other, as necessary to carry out treatment, payment, or health care operations. There may be instances where information is disclosed to a state agency for cohesion of care.

IV. OTHER USES AND DISCLOSURES

In addition to uses and disclosures related to treatment, payment and health care operations, we may use and disclose your personal information without authorization for the following purposes:

A. Abuse, Neglect, Domestic Violence or Court Order

As required or permitted by law, we may disclose health information about you to a state or federal agency to report suspected abuse to self or others, neglect, domestic violence, court order. If such a report is optional, we will use our professional judgment in deciding whether to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.

B. Appointment Reminders and Other Health Services

We may use or disclose your health information to remind you about appointments or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you, such as case management or care coordination.

C. Business Associates

We may share health information about you with business associates who are performing services on our behalf. For example, we may contract with a company to service and maintain our computer systems. Our business associates are obligated to safeguard your health information. We will share with our business associates only the minimum amount of personal health information necessary for them to assist us.

D. Communicable Diseases

To the extent authorized by law, we may disclose information to a person who may have been exposed to a communicable disease or who otherwise would be a risk of spreading a disease or condition.

E. Communications with Family and Friends

With your consent we may disclose information about you to persons who are involved in your care, such as family members, relatives, or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are unavailable because, for example you are incapacitated or because of some other emergency circumstance, we will use our professional judgement to determine what is in your best interest regarding any such disclosure.

F. Coroners, Medical examiners, and Funeral Directors

We may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining cause of death. We may also disclose health information to funeral directors to enable them to carry out their duties.

G. Disaster Relief

We may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts.

If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, we will use our professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

H. Judicial or Administrative Proceedings

We may disclose health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations.

I. Law Enforcement

We may disclose health information about you to a law enforcement official for certain law enforcement purposes. For example, we may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness, or make a report concerning a crime or suspected criminal conduct.

J. Minors

If you are an unemancipated minor, there are circumstances in which we disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal and ethical responsibilities.

Parents

If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, we may disclose health information about your child to you. In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's written authorization.

K. Personal Representative

If you are an adult or emancipated minor, we may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

L. Public Safety

Consistent with our legal and ethical obligations, we may disclose health information about you based on good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.

M. Required by Law

We may disclose health information about you as required by federal, state, or other applicable law.

N. Workers' Compensation

We may disclose health information about you for purposes related to workers' compensation, as required and authorized by law.

Any other use or Disclosure-Authorization Required

Before using or disclosing your personal health information for any other purpose not identified above, we will obtain your written authorization. Unless action has already been taken in reliance on the authorization, you have a right to revoke such authorization by submitting your request in writing to us (see section III above for contact information).

V. YOUR HEALTH INFORMATION RIGHTS

Under the law, you have certain rights regarding the health information that we collect and maintain about you. This includes the right to:

- Request that we restrict certain uses and disclosures of your health information, we are not, however, required to agree to a requested restriction.
- Request that we communicate with you by alternative means, such as making records available for pick-up, or mailing them to you at an alternative address, such as a P.O. Box. We will accommodate reasonable request for such confidential communications.
- Request to review, or receive a copy of, the health information about you that is maintained in our files and the files of our business associates (if applicable). If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that we amend the health information about you that is maintained in our files and the files of our business associates (if applicable). Your request must explain why you believe our records about you are incorrect, or otherwise require amendment. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of our disclosures of your health information. This list, known as an "accounting" of disclosures, will not include certain disclosures, such as those made for treatment,

payment, or health care operations. Your request should indicate the period of time in which you are interested (for example, “from May 1, 2018 to June 1, 2018”. We will be unable to provide you an accounting for any disclosures made before January 1, 2012 or for a period of longer than six years. Please note there will be a fee associated at your cost. Please see the Office Manager for more information.

- Request a paper copy of this notice.

In order to exercise any of your rights described above, you must submit your request in writing to our contact person (see section III above for her information). If you have questions about your rights, please speak with our contact person (see section III above for her information), available in person or by phone, during normal office hours.

VI. TO REQUEST INFORMATION OR FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to our contact person (see section III above). You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S Department of Health and Human Services, 200 Independence Avenue, S. W., Room 509F, HHH Building, Washington, D.C. 20201; by calling 1-800-368-1019; or by sending an email to OCRprivacy@hhs.gov. We cannot, and will not, make you wave your right to file a complaint as a condition of receiving care from us, or penalize you for filling a complaint.

VII. REVISIONS TO THIS NOTICE

We reserve the right to amend the terms of this Notice. If the Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in the Notice, we will promptly distribute the revised Notice, post it in the waiting area(s) of our office, and make copies available to our patients and others, (and post it on our website).

VIII. EFFECTIVE DATE OF THIS NOTICE

September 3, 2019

Client: _____ Date: _____

Therapist: _____ Date: _____