

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.

This Notice describes the privacy practices of Tuomey Healthcare System and the physicians who provide services to patients at this hospital as participants in an organized health care arrangement.
Protected Health Information

Under federal law, your health information is protected and confidential. Protected health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use Your Protected Health Information

We use your health information for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission. Under limited circumstances, we may disclose information to notify or locate your relatives or to assist disaster relief agencies.

Examples of Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of our treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who may provide treatment to you, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. This includes: eligibility or coverage for benefits, billing, claims, collection activities, review of services provided, utilization review, and disclosures to consumer reporting agencies. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to:

- Conduct quality assessment and improvement activities;
- Review the competence or qualification of health care professionals, evaluate practitioner performance, conduct training programs for students, trainees, practitioners or non-health care professionals;

- Conduct accreditation, certification, licensure, and credentialing activities;
 - Conduct activities related to the creation, renewal, or replacement of a contract of health insurance;
 - Conduct or arrange for medical review, legal, and auditing functions;
 - Provide for business planning and development;
 - Provide for business management and administration.
- For example we may use or disclose your information for hospital accreditation purposes.
- Facility Directory**

Unless you notify us that you object, we will use your name, location in our facility and in general condition for directory purposes. This information may be disclosed to people who ask for you by name.

Special Uses

We may use your information to contact you for appointment reminders. We may also contact you for information about treatment alternatives or other related benefits and services that may be of interest to you.

Other Uses and Disclosures Permitted Without Your Authorization

- *Required by Law:* We may be required by law to disclose information about gunshot wounds, suspected abuse or neglect, injuries and events.
- *Public Health Activities:* As required by law, we may disclose vital statistics, diseases, information about recalls of dangerous products, and similar information to public health authorities.
- *Health Oversight:* We may be required to disclose information to assist in investigations and audits of government programs, and similar activities.
- *Judicial and Administrative Proceedings:* We may disclose information in response to an appropriate subpoena or court order.

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You have the right to obtain a paper copy of this Notice upon request.
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- **Law Enforcement Purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.
- **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- **Serious Threat to Health or Safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Special Government Functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- **Research:** We may use or disclose information for approved medical research.
- **Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.
- **Fundraising:** We may use or disclose your demographic information and the dates on which your health care was provided to contact you to raise funds for the hospital.

In any other situation, we will ask for your authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your protected health information. Please contact the person listed below to exercise these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your protected health information. We are not required to agree to such restrictions.

Confidential Communications: You may request that we communicate with you confidentially; for example, asking us to send notices to a special address.

Inspect and Obtain Copies: In most cases, you have the right to obtain a copy of your protected health information. There will be a charge for the copies.

Amend Information: If you believe that your protected health information is incorrect, or if information is missing, you have the right to request that we amend the existing information.

Accounting of Disclosures: You may request disclosures of your protected health information for treatment, payment, or health care operations from the Medical Record Department.

Our Legal Duty

We are required by law to protect and maintain your protected health information, to provide you with information about our legal duties and privacy practices regarding your protected health information, and to abide by the Notice currently in effect.

Changes in Privacy Practices

We reserve the right to change the terms of this Notice to make the new Notice effective for all the protected health information we maintain. Before we make a significant change in our privacy practices, we will change this Notice. You may request a copy of our new Notice. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. We will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:
 Privacy Official
 Tuomey Healthcare System
 129 N. Washington St.
 Sumter, SC 29150
 778-9500

Effective Date: The effective date of this Notice is 2003.