



630 Chestnut Rd. Myrtle Beach, SC. 29572
3997 Meeting St. Suite B Loris, SC 29569

Office: 843-945-1452 **Fax:** 843-945-1489

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.

PHI identifies you and health care provided to you or payment for your health care, or information about your past, present, or future medical condition. This Notice explains our legal duties and privacy practices concerning your PHI. We must follow the terms of this Notice and use/disclose PHI only as described in this Notice. We may change the terms of this Notice and make the new Notice effective for all DMH PHI. You may get a copy by contacting the office where you were or are receiving services.

Unless permitted in this Notice, we cannot use/share your PHI unless you sign an Authorization. You may cancel an Authorization in writing and we will no longer use/share PHI for that purpose. However, we cannot take back any use/release made with your Authorization and we must keep records of your Treatment. Uses/Disclosures of Your PHI for Which You May Request a Restriction (see "Privacy Rights" below)

Treatment: We may use/share your PHI needed for your DMH and other providers' Treatment or care (your diagnosis, medications, treatment plan, etc.), including PHI needed for case management, consultation and referral with/to other Treatment or care providers.

Payment: We may use/share PHI (Treatment dates or types) to bill/be paid for Treatment (insurance/Medicaid/Medicare or other payer). We may also share PHI with payers before we provide Treatment to get their approval, or find out if the type of Treatment is covered.

Operations: We may use/share PHI for our Operations, for example, sharing PHI between our offices to determine what services you need. We may sometimes share PHI for Operations of agencies and organizations with health care accrediting or licensing authority.

General Notification: We may share with your caregiver, family, close friend, or a person whom you identify: your name, location where you are receiving Treatment and your general condition.

Persons Involved in Treatment/Payment: We may share PHI with your caregiver, family, close friend, or other person involved in your Treatment or Payment as needed for your Treatment or Payment.

Keep You Informed: We may phone and/or mail you reminders for appointments, need for our services, Treatment information, health care benefits or related services and satisfaction surveys.

Uses/Disclosures of Your PHI Without a Right to Request a Restriction:

- Public Health and Health Oversight



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- Court Ordered Treatment/Evaluation or Emergency Admission
- By Law

Privacy Rights Right to a Paper Copy of this Notice:

You have the right to request a paper copy of this Notice at any time by contacting the Privacy Officer.

Right to Request Restrictions: You have the right to request in writing restrictions on our use/sharing of your PHI for Treatment, Payment or Operations. You may request that PHI not be shared with others (such as your spouse). Although we are not required to agree to a request, we will accommodate reasonable requests if practical and if it will not compromise Treatment.

Right to Request Confidential Communications/Notification: You have the right to request in writing how you want us to communicate with you by indicating how/where you are to be contacted, e.g., only at work or by regular mail. We will accommodate reasonable requests if practical and if it will not compromise your Treatment.

Right to Inspect and Copy: You have the right to ask in writing to see and receive a copy (including an electronic copy if the PHI is maintained in electronic form) with applicable charges apply for copying, retrieval, postage, etc. of your PHI in a Designated Record Set. We will usually provide copies within 30 days of request. If you agree, instead of providing copies, we may provide a written summary of PHI requested (charging you the agreed upon preparation cost). If we deny a request, we will do so in writing giving our reasons and you may have the right to have that decision reviewed.

Right to Request Amendment: If you believe your PHI is incorrect or incomplete, you may ask in writing that we amend it, stating why the PHI is inaccurate or incomplete. Normally we will respond in writing within 60 days of your request. We may deny your request if the PHI was not created by DMH, is not part of the Designated Record Set you may see and copy, or if it is accurate and complete. If so, we will let you know in writing giving our reasons. You may file a written disagreement and we may provide you with a written reply.

Right to an Accounting of Disclosures: Accounting does not include disclosures made: for Treatment, Payment or Operations; for general notification; to you or your caregiver; made by Authorization; for national security or intelligence; to correctional facilities/law enforcement holding custody; or to health oversight/law enforcement if it would impede those activities. We will normally provide an accounting within 60 days of request. The first list within a 12 month period will be free. We will charge you for any subsequent list within the 12 month period.

Right to File a Complaint: You have the right to file a written complaint with the Privacy Officer and/or HHS as described on the first page.



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge receipt of notice of privacy practices, which explains my rights and the limits on ways my provider may use or disclose personal health information to provide service.

Client Name

Client Signature

If signed by other than client, indicate relationship

DATE