

SPRINGBROOK BEHAVIORAL HEALTH SYSTEM

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

We are required by law to keep your health information private and provide you with a copy of this Notice. We are also required by law to follow the terms of this Notice as long as it is in effect. If you have any questions about this Notice, please contact our Privacy Officer at (864) 834-8013, One Havenwood Lane, Travelers Rest, South Carolina 29690.

Who Will Follow This Notice?

SpringBrook Behavioral Health System provides health care to patients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- Treating health care professionals and others who enter information into the medical record we maintain about you.
- Our employees, medical staff, students and volunteers at this location.
- Any business associate with whom we share health information.

Our Pledge Regarding Medical Information

This Notice applies to all of the records relating to your care maintained by SpringBrook, regardless of whether such records are generated or received and/or whether they were created by SpringBrook or your own doctor. However, please note that your doctor may have separate policies and/or notices about the use and disclosure of health information that is maintained in his or her private medical office.

This notice will tell you about the ways in which we may use and disclose medication information about you and describe your rights and our obligations.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

What Health Information Is Protected

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- Information indicating that you are a patient at the hospital or receiving treatment or other health-related services from our hospital.
- Information about your health condition (such as your diagnosis);
- Demographic information (such as your name, address, insurance status)
- Unique number that may identify you (such as your social security number, your phone number, or your medical record number); and
- Other types of information that may identify who you are.

How We May Use and Disclose Health Information About You

1. **Treatment, Payment, and Business Operations:** On admission, you sign a general authorization to allow us to use and disclose the following health information about you to:

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, therapists, medical students, or other personnel who are involved in taking care of you. For example, your physician will order a medical history and physical examination be done on you by a consultant physician or your physician may want to consult with a physician at another hospital to help determine how to treat you. We may also disclose medical information about you to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose information about you to people outside SpringBrook who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care. Information may also be shared with another doctor to whom you have been referred after discharge for further care.

Payment: We may use and disclose medical information about you so that the treatment and service you receive may be billed to and payment may be. For example, we may need to provide your insurance company with information about you in order to obtain reimbursement after we have treated you. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment.

Health Care Operations: We may use and disclose medical information about you for operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, and other clinical staff and medical students for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to assess how we are doing and see where improvement can be made in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning specific patients identity.

Outcome Follow-up: Contact you to determine your health status post-discharge.

Individuals Involved in Your Care or Payment for Your Care:

We may disclose to a family member, other relative, a close personal friend of yours, or any other person identified by you, the health information directly relevant to such person's involvement with your care or payment related to your health care. 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.

Business Associates: We may provide health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may provide your health information to our contract pharmacy to provide you with medication, or to the hospital attorney who provides professional advice to us about how to comply with the law.

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

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.

2. Special Situations

Organ and Tissue Donation: 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.

Workers' Compensation: We may release medical information about you for the workers' compensation program.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To report victims of potential abuse or neglect or domestic violence to state agencies;
- To report reactions to medications or problems with products
- To prevent or control disease, injury or disability;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- To report deaths.

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 court order or your/legal guardian's written authorization. Efforts will be made to tell you about the request or to obtain an order protecting the information requested.

Law enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order or other legal process
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under restricted circumstances;
- About a death that may be the result of criminal conduct;
- About criminal conduct that occurred in the hospital;
- In emergency circumstances to report a crime.

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

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.

Military Command Authorities: If you are a member of the armed forces, we may release medical information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain on you:

Right to Inspect and Copy: You have the right to inspect and request copies of medical information that may be used to make decisions about your care. Usually, this information includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of the Health Information Management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to 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 notify you of the outcomes of this review and will comply.

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 the organization.

To request an amendment, your request must be made in writing and submitted to the Director of the Health Information Management, SpringBrook Behavioral Health System, One Havenwood Lane, Travelers Rest, South Carolina 29690. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which would be permitted to inspect and copy;
- Is accurate and complete; or
- For other reasons provided by State law.

If we deny your request for amendment, we will notify you and provide reasons for the denial.

Right to an Accounting of Disclosures: You have the right to request a list of disclosures (also called an accounting of disclosures) we made of medical information about you.

An accounting of disclosures does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by);
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures made before April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of the Health Information Management. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

We will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

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 of your care, like a family member or friend. For example, you could ask that we not use or disclose information about your diagnosis.

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. 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 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.

To request confidential communications, you must make your request in writing to the Director of Health Information Management. 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 a Paper Copy of This Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes to This Notice: We reserve the right to change this notice. We reserve the right to make the revised 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 in appropriate areas and on our website (springbrookbehavioral.com). In addition, each time you are admitted for treatment, we will offer you a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with SpringBrook by contacting the Privacy Officer at 864-834-8013 or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.