

If you have any questions or concerns,  
please contact us at:



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Summerville, SC 29485

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# 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.

Effective Date April 14, 2003



It is the intent of this Notice of Privacy Practices (“Notice”) to inform individuals and patients of their privacy rights regarding uses and disclosures of their protected health information as required or permitted under applicable law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). South Carolina Sleep Medicine (SCSM) uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of SCSM. Protected health information is information about a patient that may be used to identify them, such as name, address, or social security number.

### **Statement of Use and Disclosure:**

For Treatment. SCSM may use your health information to provide you with medical treatment or services.

*Example:* Information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment. SCSM may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive.

*Example:* A bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

Appointments. SCSM may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required by law. SCSM may use and disclose information about you as required by law. For example, SCSM may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties;
- To provide the health department upon request, access necessary for its investigations.

### **SCSM is required by law to:**

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.

### **Patient Authorization:**

- SCSM will not disclose a patient’s health information, other than disclosures previously mentioned, without a signed authorization.
- A signed authorization permits all disclosures separate from disclosures made for treatment, payment, or health care operations. A patient may revoke the authorization in writing at any time. The moment the authorization is revoked all future disclosures will stop; however, any disclosures already made in reliance of the signed authorization may not be undone.

### **Statement of Individual Rights:**

- A patient may request restrictions on specific uses and disclosures of health information; however, SCSM is not required to agree to a requested restriction.
- A patient has the right to request confidential communications of your health information by alternative means or at alternative locations, such as sending mail to an address other than your home. SCSM will attempt to honor all reasonable requests.
- A patient has the right to inspect and receive a copy of their health record; if patient requests a copy; SCSM will charge \$.025 for each page.

- A patient has the right to request that their health record be amended if it is believed that information in the record is incorrect or missing. However, SCSM has the right to refuse that request under certain circumstances.
- A patient has the right to receive an accounting of disclosures made of their health information.