



GHS NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and released and how you can get this information.

Please read it carefully.



GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

The Greenville Hospital System (GHS) makes every effort to keep your health information private. Each time you visit a GHS facility (doctor's office, clinic, hospital, or outpatient center), a record is made. This health or medical record often includes your symptoms, exams and tests, diagnoses, treatment, and care plan. We need this record to give you high-quality care and to meet legal requirements.

This *Notice of Privacy Practices* applies to all health records produced at GHS, including those received from other providers. It outlines how we may use and give out information about you for treatment, payment, or healthcare operations, and other purposes granted or required by law. It also describes your rights to get and control your record, and legal requirements we have on its use and release.

This Notice applies to all GHS sites including offices of physicians employed by GHS and to all physicians and other healthcare providers who provide you with healthcare services at any GHS site. It does not apply to care you receive from physicians or other healthcare providers at their private offices (unless the physician or other healthcare provider is employed by GHS) or at any non-GHS site.

The law requires GHS to do the following:

- Keep your health record private
- Describe our legal duties and privacy obligations related to your health information
- Follow the current *Notice of Privacy Practices*

We reserve the right to change the practices and terms of this Notice, and the changes will be effective for the information we already have about you as well as any information we receive in the future. The Notice will list the start date in the top right-hand corner of the first page.

Each time you register at or are admitted to GHS as an inpatient or outpatient, you may have a copy of this Notice. We will post it in our facilities and on our Web site (ghs.org). You may also call our Privacy Office at **864-797-7755** for a copy.

Routine Uses and Disclosures of Your Health Record

The following sections describe how we use and release medical information. Each section explains what we mean and gives a few examples. *(Note: These examples are not all-inclusive.)*

Treatment

We use medical information about you to provide, coordinate, and manage your treatment or services. We may give this information to doctors, nurses, technicians, students of affiliated healthcare programs, volunteers, or other staff who care for you. Various units may share information about you to coordinate your needs, such as lab work or drugs.

We may give details about you to people who are involved in your care, such as a specialist, spouse, or friend. GHS medical personnel and employees, using their best judgment, may release to a relative, close friend, or other person information about your health related to that person's involvement in your care.

Here is how your health record might be used for treatment reasons:

- A doctor treating your broken leg may need to know if you have diabetes, which slows healing. Also, the doctor may need to tell the dietitian that you have diabetes to arrange for special meals.
- We may send your record to specialists your doctors here may want to consult.
- Your record may be sent to a doctor to whom you have been referred.
- We would share your record with a facility you are being transferred to or one that you are considering transfer to once you leave GHS.
- You may plan for a friend to pick you up after surgery. A GHS representative may believe it is in your best interest to tell your friend what drug you must take that night and what will speed your recovery at home.
- We may use and release your health record to provide material on treatment options.

Payment

We use and release health information so that treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party.

Here is how your health record might be used for payment purposes:

- We may call your health plan for pre-approval of a service.
- We may give your health plan details about your surgery, so it will pay us or reimburse you.
- If someone else is responsible for your payment, we may contact that person.

Healthcare Operations

We may use and release your record to support our business functions (i.e., administrative, financial, and legal activities). These uses and disclosures are needed to run the hospital, support treatment and payment, and help patients receive high-quality care. Activities may include measuring quality, reviewing employee performance, and training students.

Here is how your health record might be used for business operations:

- We may call to confirm your appointment.
- We may ask you to list your name and your doctor's name when you arrive for a visit. We may also call you by name in a waiting area.
- We may use health information to review our treatment and services.
- We may combine information on many GHS patients to decide what services to offer.
- We may give information to doctors, nurses, technicians, students, and other staff for review and learning purposes.
- We may combine our records with those from other hospitals to compare how we are doing and where we can improve.

Facility Directory

Unless you object in writing, we include certain facts about you in our directory while you are a patient at a GHS hospital, clinic, or doctor's office. These facts may include your name, location, general condition (e.g., fair, stable), and religious affiliation. They may also be shared with those who ask for you by name (except for religious affiliation). Your affiliation may be given to clergy members, even if they don't ask for you by name. This is so family members, friends, and clergy can visit you or know how you are doing.

People Involved in Your Care or Payment for Your Care

Unless you object, we may tell a family member, friend, or other person you identify or that we have a reasonable basis to believe is involved in your medical care, details about you that relate to that person's involvement in your care. If you cannot physically or mentally agree or object to a disclosure, we may supply information as needed. We may also give information to someone who pays for your care. Finally, we may share facts with someone helping in a disaster relief effort so that family can know of your condition, status, and location.

Business Associates

Business associates of GHS provide some services related to treatment, payment, and business operations. Examples include some physician services in the Emergency Department and in Radiology, certain lab tests, medical supplies, transcription, medical record storage, and some aspects of billing. We have a written agreement that requires associates to protect your record in the course of performing their job.

Special Uses and Disclosures of Your Health Record

Emergencies

We may use or release your health information during emergencies.

Language Barriers

We may use or release your record if we try to get your consent but cannot because of major communication barriers and the doctor or staff decides that you intend to consent to use or release such information.

Research

GHS may share information about you with researchers starting a project to help them find patients with specific needs (the information will not leave GHS). GHS may release your record for research approved by the GHS Institutional Review Committee (IRC). The IRC reviews proposals and protocols to ensure privacy.

Fund-raising Events

We may use your name, address, and dates that you received treatment for GHS-supported fund-raising events. Any fund-raising material sent to you will include information telling you what to do to keep from receiving any future communications.

Workers' Compensation

We may release information about you to comply with workers' compensation laws or similar programs.

Legal Proceedings

We may release health information about you for the following reasons:

- Court or administrative order
- Subpoena, discovery request, or other lawful process

Legal Requirements

We will give out medical information about you when required to do so by federal, state, or local law.

Serious Threat to Health or Safety

We may use and release information about you to prevent a serious threat to your health and safety or the health and safety of others.

Health Oversight Activities

We may supply information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities help the government oversee healthcare systems, benefit programs, and civil rights laws.

Public Health Risks

We may release information about you to local, state, or federal public health agencies (such as the Food and Drug Administration and the Department of Health and Environmental Control) for reasons such as the following:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report adverse events, product defects or problems, or drug reactions
- To note product recalls
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading one
- To alert a government agent if we believe a patient is the victim of abuse, neglect, or domestic violence

Coroners, Funeral Directors, and Organ Donors

We may release information to coroners or medical examiners to identify a deceased person, find cause of death, or carry out duties as required by law. We may also give information to funeral directors to meet their duties and may share such information in the reasonable anticipation of death. We may supply your health record to organ donor groups as approved by you or consistent with the law.

Military, Veterans, and National Security

If you are a member of the armed forces, we may release information about you as required by military authorities. We may also share information about foreign military personnel to the appropriate foreign military authority. We may give information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Law Enforcement

We may release your health information to a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar legal process
- To identify or locate a suspect, fugitive, witness, or missing person
- To provide information about the victim of a crime if, under certain cases, we cannot get the person's agreement or as required by law
- In case of a death we believe may be the result of criminal conduct
- In response to criminal conduct at the hospital
- In an emergency to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime

Inmates

If you are an inmate of a correctional institution or in custody of a law enforcement official, we may release medical information about you to that facility or person.

Your Health Information Rights

Review and Copy

You have the right to review and request a copy of your health record (this information often includes medical and billing records but, under federal law, excludes psychotherapy notes).

To do so, write to Medical Information at the appropriate address listed on the back page of this Notice. There may be a fee for costs involving copying, mailing, and related supplies.

We may deny your request to inspect and copy in certain cases. Then you may request a review. Another licensed healthcare professional chosen by GHS will examine your request. The reviewer will not be the person who denied your request. GHS will comply with the outcome of the review.

Amend

If you believe that information we have about you is incorrect or incomplete, you may ask us to modify or add to the information. You have the right to request a change or addition for as long as the record is kept by GHS.

Request your change in writing to Medical Information at the appropriate address listed on the back page of this Notice. You must give a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny a request to modify a medical record in these cases:

- The current information is accurate and complete.
- It is not part of the medical information kept by or for GHS.
- It is not part of what you would be allowed to view and copy.
- It was not created by us.

If we deny this request, you have the right to file a statement of disagreement. We may then prepare a rebuttal. We will give you a copy of the rebuttal.

Accounting of Disclosures

You have the right to request an “accounting of disclosures” (a list of disclosures made about you for reasons other than treatment, payment, GHS operations, or national security).

Request this list in writing to Medical Information at the appropriate address listed on the back page of this Notice. Your request must state a period of time, which may not be longer than six years or prior to the date of your request.

The first list you request within a 12-month period will be free. Additional lists may involve a charge. We will notify you of the cost, and you may cancel or adjust your request before any fees are incurred.

Request Restrictions

You have the right to request that we limit information we use or give out about you for treatment, payment, or healthcare operations. You also have the right to request a limit on what we release to someone involved in your care or payment for your care, such as a family member. For example, you could ask that we not use or give out information about a surgery that you had to your family.

We are not required to agree to your request. If we do agree, we will comply with your request unless the material is needed for emergency treatment. To request restrictions, submit a Restriction of Information Agreement Form to an employee at your GHS point of admission or registration. Note (1) what you want to limit; (2) if you want to limit use, release, or both; and (3) to whom the limits should apply, for example, disclosures to your family.

Request Confidential Communications

You have the right to request that we interact with you about medical matters in a certain way or place. For example, you can ask that we contact you only by mail or at work.

To request confidential communications, submit a Restriction of Information Agreement Form to an employee at your GHS point of admission or registration. We will try to meet all reasonable requests. You must note how or where you wish to be contacted.

Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time. For a paper copy, call your GHS point of admission or the Privacy Office at **864-797-7755**. You may also get a copy from our Web site, **ghs.org**.

Complaints

If you believe your privacy has been violated, you may file a complaint with GHS or with the Secretary of the Department of Health and Human Services. To file a complaint with GHS, call our Privacy Office at [864-797-7755](tel:864-797-7755) or Service Excellence Department at [864-455-7975](tel:864-455-7975).

Other Uses

Other uses and disclosures of medical information not covered by this Notice or relevant laws will be made only with your written consent. If you allow us to use or release health information about you, you may cancel that consent, in writing, at any time. If you revoke it, we will no longer use or release information for the reasons covered by your written consent. Note: We cannot take back disclosures already made with your consent.

Medical Information Addresses

Cross Creek Surgery Center
9 Doctors Drive
Greenville, SC 29605

Greer Memorial Hospital
830 S. Buncombe Road
Greer, SC 29650

Greenville Memorial Hospital
701 Grove Road
Greenville, SC 29605

Hillcrest Memorial Hospital
729 S.E. Main Street
Simpsonville, SC 29681

Medical Center Clinics
701 Grove Road
Greenville, SC 29605

Marshall I. Pickens Hospital–Behavioral Health
701 Grove Road
Greenville, SC 29605

North Greenville Hospital–Long Term Acute Care
807 N. Main Street
Travelers Rest, SC 29690

Patewood Memorial Hospital
175 Patewood Drive
Greenville, SC 29615

Roger C. Peace Hospital–Rehabilitation
701 Grove Road
Greenville, SC 29605

The Cottages at Brushy Creek
101 Cottage Creek Circle
Greer, SC 29650



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