

Please Review This Notice Carefully.

This Notice Describes how medical information about you may be used and discussed by Pickens County Emergency Management and how to obtain access to this information.

We care about your privacy

Your Privacy is a high priority for us and it will be treated with the highest degree of confidentiality. In order for us to be able to provide you with health services, we need collect certain information from you. However, we want to emphasize that we are committed to maintaining the privacy of this information in accordance with the law. All individuals with access to Protected Health Information (PHI) about our customers are required to follow this policy.

Statement of our duties under HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to maintain the privacy of your PHI and provide you with this notice of our privacy practices and legal duties. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make any new revisions applicable to the entire PHI that we maintain about you. If we make a material revision to this notice, we will provide you with a revised upon your request.

Statement of your rights under HIPAA

You have the right to know how we may use or disclose your PHI. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your PHI that we are permitted or required to make by law without your permission. For all other uses and disclosures, we must first obtain your permission. In addition, you have the following rights so long as you request them in writing. All written requests can be sent to the HIPAA Privacy Contact listed at the end of this notice.

- **Restrictions.** The right to request that we place additional restrictions on our uses and disclosures of your PHI (beyond what the law requires), but we are not obligated to agree to any such additional restrictions.
- **Access, inspect, and copy.** The right to access, inspect, and copy the PHI pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. We have the right to charge a reasonable fee for our cost of providing this information for you.
- **Accounting of disclosures.** The right to receive an accounting of the disclosures of your PHI that we make except for; (1) disclosures related to your health care treatment, our healthcare payment functions or other healthcare operations; (2) disclosures to you; (3) Disclosures for national security purposes; (4) disclosures to correctional institutions or law enforcement officials; (5) disclosures made prior to April 14, 2003; (6) disclosures made more than six years prior to your request for this accounting. We have the right to charge a reasonable, cost-based fee for providing this accounting to you if you make a request more than once in each calendar year.
- **Confidential communications.** The right to request that you receive communications of PHI in a confidential manner. For example, you may request that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or locations where you wish to be contacted.
- **File a complaint.** You have the right to complain about misuse of PHI. You may complain either directly to Pickens County Emergency Management or to the secretary of the U.S. Department of Health and Human Services (address at the end of this notice) if you believe that your rights with respect to our protection of your PHI have been violated. To file a complaint with us, you may submit

a complaint in writing to Pickens County Emergency Management at the address listed at the end of this notice. The complaint should include as many details as possible. You will not be retaliated against in any way for filing a complaint.

Personal representative

You may exercise your rights through a personal representative who will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of this authority would consist of a power of attorney for health care purposes, a court order appointment of the person as conservator or guardian, or an individual who is the parent of a minor child.

Disclosures of PHI without your permission

- **Treatment.** We may use or disclose your PHI, as needed, in order to treat you. We may also use or disclose you PHI to other facilities/health-care personnel that are, or may be, involved in your continued treatment. This disclosure may be by radio, by phone, by fax, in person, or in writing
- **Payment functions.** We may use and disclose your PHI to carry out activities relating to reimbursement for our services (i.e. to our billing company, other staff members, finance dept, insurance companies).
- **Healthcare operations.** We may also use or disclose your PHI to carry out certain quality improvement activities. This would include: quality assurance programs, training programs, disclosures to Dept of Health and Environmental Control (DHEC), assessing future expansion needs, grievance procedures.
- **Uses permitted/requires by law.** We may also use or disclose your PHI for purposes permitted or required by federal, state, or local law.

Disclosures of PHI without your permission (continued)

- **Uses permitted/required by lawsuits and similar proceedings.** We may also use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. For example, we would be required to disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Uses permitted/required by law enforcement.** We may also use or disclose your PHI in response to a request by a law enforcement official under the following circumstances:
 1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 2. Concerning a death we believe might have resulted from criminal conduct.
 3. Regarding criminal conduct at our offices.
 4. In response to a warrant, summons court order, subpoena or similar legal process.

5. To identify/locate a suspect, material witness, fugitive, or missing person.
6. In an emergency, to report a crime (including the location or victim(s) of the crime or the description, identity, or location of the perpetrator)

Disclosures in which we will allow you an opportunity to object:

- To family members, friends, or others known to you that are involved in your case. We will give you an opportunity to object prior to this use or disclosure (unless you are unable to object due to your condition).

Disclosures of PHI requiring permission

Any other uses or disclosures of your PHI will be made only with your written authorization. This authorization may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Contact information

Pickens County Emergency Management
Privacy Official
1509 Walhalla Hwy.
Pickens, SC 29671

(864) 898-5945 Phone
(864) 898-5797 Fax
FAnthony@co.pickens.sc.us e-mail

Office for Civil Rights
U.S. Dept of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

(404) 562-7886 Phone
(404) 562-7881 Fax
(404) 331-2867 TDD

Pickens County Emergency Management/EMS

1509 Walhalla Hwy.
Pickens, SC 29671

Billing Office 864-898-5726
Privacy Official 864-898-5945



HIPAA Privacy Notice

Effective April 14, 2003