

# PALMETTO ADULT AND CHILDREN'S UROLOGY, P.A.

## 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 purpose of this Notice of Privacy Practices to inform individuals and patients that their Protected Health Information remains confidential. The Privacy Rights and Practices of Palmetto Adult and Children's Urology were established as required by Section 164.520 of the Health Insurance Portability and Accountability Act of 1996. These guidelines describe how protected health information may be used and disclosed during treatment, payment and healthcare operations.

### **Treatment:**

Your protected health information (PHI) may be used by physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**For example:** Results of laboratory tests and procedures will be available in your medical record to all health care professionals who may provide treatment or who may be consulted by staff members.

### **Payment:**

We may use and disclose your health information to obtain payment for services we provide you.

**For example:** When approval is needed for you to go through a hospital stay or procedure, your protected health information may be given to the insurance company.

### **Healthcare Operations:**

Your protected health information may be used as necessary to support the business activities of your physician's practice. These activities include but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging other business activities.

**For example:** We may disclose your protected health information when using a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician.

The following are examples of agencies or facilities to whom your personal health information may be released for the purposes of treatment, payment and healthcare operations:

- Health Insurance Providers
- Surgical Facilities
- Physician Intern Training
- Hospitals
- Pharmacies
- Laboratory Testing Facilities
- Physician Consults
- Physical Therapies

Other disclosures permitted or required by law:

- Public Health Activities
- Health Inspection Agencies
- Law Enforcement Purposes
- Workers' Compensation
- Specialized Government Functions (Military or Veteran's Activities)
- Reporting Abuse, Neglect or Domestic Violence
- Judicial Proceedings
- Disclosures about Decedents (Coroner/Funeral Director)
- Avert Serious Threat to Public Health or Safety

*The release of healthcare information to any other source is prohibited without the written authorization of the patient or guardian.*

As a patient or guardian, you have the right to:

- Request restrictions on certain uses and disclosures of your healthcare information
- Inspect and request changes to your medical records
- Obtain a copy of your medical record (**There will be a charge of \$1.00 per page up to a maximum of \$15.00 for a copy of your records**)
- Find the disclosures of your medical records that have been made
- Receive confidential communications
- Ask questions about the Privacy Policy
- File a complaint with Palmetto Adult and Children's Urology or the Secretary of Health and Human Services without the fear of any reprisals, if you believe your privacy rights have been violated.

*Revised 5/2011*

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Authorized Methods of Communication

At times, we need to communicate with you or with people that you choose regarding your health care. Therefore, you authorize Palmetto Adult and Children's Urology to communicate information regarding your health care and/or billing with:

Spouse \_\_\_\_\_

Family Member \_\_\_\_\_

Friend \_\_\_\_\_

I GIVE PERMISSION FOR PALMETTO ADULT AND CHILDREN'S UROLOGY TO USE THE PHONE NUMBERS THAT I HAVE PROVIDED FOR THE PURPOSE OF CONTACTING ME AND FOR LEAVING A MESSAGE.

Palmetto Adult and Children's Urology is required to abide by the terms outlined in this notice. However, Palmetto Adult and Children's Urology reserves the right to change the terms of this Privacy Notice and make the new provisions effective for all protected health information that we maintain. Any revisions of this notice will be posted and distributed during office appointments.

If you have any questions regarding permitted uses or disclosures of your protected health information or if you have questions regarding the Notice of Privacy Practices, please contact the Office Manager at (843) 797-6600.

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices for the above named practice.

Patient Name \_\_\_\_\_  
(Print)

Birth Date \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\* Copy of the Notice of Privacy Practices available upon request \*\*

Chart Number \_\_\_\_\_