

# NOTICE OF PRIVACY PRACTICES



## **THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**The Therapy Place, Inc.** provides health care to our patients in partnership with physicians, health care providers, and other professionals and organizations in an organized health care arrangement (hereinafter referred to as **we, our, or us**). This is a joint notice of our information privacy practices. The policies in this notice will be followed by:

- ♦ any health care profession who participates in an organized health care arrangement with us to assist in providing treatment to you. These professionals may include, but are not limited to physicians, allied health professionals, and other licensed health care professionals;
- ♦ all departments and units of our organization, including clinics, outpatient services, and
- ♦ our employees, staff, and volunteers, including regional support offices and affiliates.

### **Our pledge to you:**

We understand that medical information about you is important and personal, and we are committed to protecting it. Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. This notice applies to the records of your care at The Therapy Place whether created by facility staff or your personal physician. Other health care providers providing treatment to you may have different policies or notices regarding their use and disclosure of medical information about you maintained in their own offices or clinics.

### **We will:**

- ♦ keep medical information about you private, as provided by law
- ♦ provide or make available, as applicable, this notice of our legal duties and privacy practices with respect to medical information about you
- ♦ follow the terms of the notice that is currently in effect.

### **How we may use the disclosed medical information about you:**

- ♦ We will share medical information about you for the purposes of treatment (such as sending medical information about you to your physician or to a specialist as part of a referral); to obtain payment for treatment (such as submitting information that identifies you and your diagnosis to a payer or Medicaid); and to support health care operations (such as using information about you to assess the quality of care we have provided, utilization, and patient satisfaction review).
- ♦ We may use health information about you without your prior authorization for several other reasons. Subject to applicable law, we may give out medical information about you to other entities to carry out their duties for (a) public health purposes, (b) abuse, neglect or reporting domestic violence, (c) health oversight audits or inspections, (d) research studies, (e) Worker's Compensation purposes, and emergencies.
- ♦ We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- ♦ We also may contact you for appointment reminders or to tell you about or recommend possible treatment options, alternatives, health-related benefits, or services that may be of interest to you, or to support fundraising efforts.
- ♦ We may disclose medical information about you to a friend or family member who is involved in your medical care, to others whom you designate as involved in your medical care, or to disaster relief authorities so that you family can be notified of your location and condition.

**Other uses of medical information:**

In any other situation not covered by this notice where we may wish to use or disclose medical information about you, we will ask for your written authorization. You can later revoke your authorization by notifying us in writing.

**Your rights regarding medical information about you:**

In most cases, when you submit a written request, you have the right to look at or get a copy of medical information that we use to make decisions about your care. We will provide you a form that you can complete to make the request. If you request copies of the information, however, we may charge a fee for copying costs, mailing, or other related supplies. If we deny your request to review or obtain a copy of said medical information, you may submit a written request for a review of that decision.

If you believe that information in our records about you is incorrect, or if important information is missing, you have the right to request that we amend the records by submitting a request in writing, including your reason for requesting the amendment. We will provide you a form that you can complete to make the request. We may deny your request to amend a record if the information was not created by us, or if we determine the record is complete and accurate. If we deny your request to amend the record information, you may submit a written request to review that denial.

You have the right to make a written request to us for a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations, or where you specifically authorized a disclosure. Your request must state the time period desired for the accounting, which must be less than a 6-year period starting after January 1, 2011. You may receive the list in paper or electronic form.

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, or by notifying us in writing of the specific way or location for us to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but our processes may not be able to accommodate it and we are not legally required to agree to your request. We will inform you of our decision on your request.

All written requests or requests for review of denials should be submitted to our Facility Privacy Office listed below:

Privacy Officer  
The Therapy Place  
3620 Covenant Road  
Columbia, SC 29204

**Complaints**

If you are concerned that your privacy rights may have been violated, or you disagree with the decision we made about access to your records, you may contact our Director at (803) 787-3033. Finally, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Facility Privacy Office can provide you with the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

**Version effective September 2019**