



HEALTH CARE PARTNERS OF SC, INC.

123 E. Broadway St.
Johnsonville, SC 29555
843-386-3573
Fax: 877-322-0181

243 Singleton Ridge Rd.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

1608 N. Main St.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

145 Palmetto Pointe Rd.
Marion, SC 29571
843-423-2400
Fax: 877-322-0181

HIPAA PRIVACY INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health Care Partners of South Carolina, Inc. is required, by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

TREATMENT

We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment or health care operations.

PAYMENT

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

WORKERS' COMPENSATION

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

EMERGENCIES

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

PUBLIC HEALTH

As required by law, we may disclose your health information to public health authorities for the purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose your health information in the course of any administrative or judicial proceeding.

LAW ENFORCEMENT

We may disclose your health information to a law enforcement official, complying with a court order, subpoena or as prescribed by law, for purposes such as identifying or locating a suspect, fugitive, material witness or missing person.

DECEASED PERSONS

We may disclose your health information to coroners or medical examiners.

PUBLIC SAFETY

It may be necessary to disclose your health information, as required by law, to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

SPECIALIZED GOVERNMENT AGENCIES

We may disclose your health information for military national security, prisoner and government benefits purposes.

MARKETING

We may contact you for marketing purposes or fund raising purposes.

CHANGE OF OWNERSHIP

In the event that Health Care Partners of South Carolina, Inc. is sold or merged with a not her organization, your health h information/record will become the property of the new owner.

YOUR HEALTH INFORMATION RIGHTS

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised however, Health Care Partners of South Carolina, Inc. is not required to agree to the restriction that you request.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have the right to request that Health Care Partners of South Carolina, Inc. amend your protected health information. Please be advised, however, that Health Care Partners of South Carolina, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by Health Care Partners of South Carolina, Inc.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Health Care Partners of South Carolina, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Health Care Partners of South Carolina, Inc. is required by law to comply with this Notice.

Health Care Partners of South Carolina, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Health Care Partners of South Carolina, Inc. by calling this office at 843-248-4700. If Health Care Partners of South Carolina, Inc. is not available, you may make an appointment for a personal conference in person or by telephone within two (2) working days.

COMPLAINTS

Complaints about your Privacy rights, or how Health Care Partners of South Carolina, Inc. has handled your health information should be directed to Health Care Partners of South Carolina, Inc. by calling this office at 843-248-4700. If Health Care Partners of South Carolina, Inc. is not available, you may make an appointment for a personal conference in person or by telephone within two (2) working days. If you are not satisfied with the manner in which this office handles your complaints, you may submit a formal complaint to:

DHHS, Office of Civil Rights 200 Independence Avenue, S.W. Room 509F HHH Building Washington, DC 20201

This notice is effective as of March 3, 2016.