

## Continuum of Care

# NOTICE OF PRIVACY PRACTICES

*Updated: April 15, 2016*

*Effective Date: April 14, 2003*

**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.**

### OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

The Continuum of Care (COC) is committed to protecting the privacy of your health information. We access and/or create information about the health care and services that you receive in order to coordinate/plan for treatment services; train service providers; monitor service delivery and comply with legal requirements.

This Notice explains how we may use or release your health information, our obligations related to the use and release of your health information, and your rights regarding your health information. We are required by law to make sure that health information that identifies you is kept private, to give you this Notice of our legal duties and privacy practices with respect to your health information, and to follow the terms of our current Notice.

This Notice applies to all of the records of your care generated and/or collected by COC, whether made by COC or another health care provider. The practices described in this Notice will be followed by all COC offices, any member of a volunteer group we allow to help you while you are working with the COC, and all employees, staff and other COC personnel. This notice does not replace the SC State Law on disclosure of information found in the SC Children's Code, Section 20-7-555.

### HOW COC USES AND RELEASES HEALTH INFORMATION

The following categories describe different ways COC uses and releases health information.

- **For Treatment.** We use your health information to coordinate and plan treatment services for you. We may release your health information to caregivers such as doctors, counselors, psychologists, psychiatrists, social workers, members of the Child and Family Team (staff from other community agencies working with you) or COC personnel. For example, a doctor treating you may need information about your symptoms in order to prescribe appropriate medications. Different divisions or departments of COC also may share health information about you in order to coordinate your different needs, such as prescriptions, and referrals for services to public and private community agencies. We also may release information to persons outside of COC who assist in your care such as family members, clergy whom you have designated, or other healthcare providers.
- **For Payment.** We may use and release your health information to bill and collect payment for your treatment and services from an insurance company or a third party. For example, COC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or COC. We may also tell your health plan about a treatment/service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment/service. Finally, COC may need to explain to your insurer your need for health care and the services that will be provided to you.
- **For Health Care Operations.** We may use and release your health information for health care operations necessary to provide quality care to all COC youth. Health care operations include, but are not limited to, quality assessment and improvement activities, training programs, business management, and general

administrative functions. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific youth are. For example, we may use your health information to review treatment and services and to evaluate the performance of our staff in working with you. We may combine health information about many COC youth to decide what additional services we should offer, what services are not needed, and whether certain new treatments/services are effective. We may also disclose information to doctors, psychologists, psychiatrists, students, and other personnel for review and learning purposes. We may also combine the health information we have with information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer.

- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care in the community.
- **Treatment Alternatives and Health-Related Benefits and Services.** We may use and release your health information to tell you about or recommend possible treatment options or alternatives, or health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your healthcare. We may also give information to someone who helps pay for your care. We may also tell your family or treatment team members your condition and reveal to them that you are working with the COC.
- **Research.** The COC may, under very select circumstances, use your health information for research. Before the COC discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The COC will ask your permission if any researcher will be granted access to your individually identifiable health information.
- **As Required By Law.** We will release health information about you when we are required to do so by federal or state law.
- **To Avert a Serious Threat to Health or Safety.** We will use and release health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### **USE AND RELEASES OF YOUR INFORMATION IN SPECIAL SITUATIONS**

- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We will release your health information for public health activities such as the following: to prevent or control disease, injury or disability; to report vital events such as births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a youth has been the victim of abuse, neglect or domestic violence (we will only release information for this reason if you agree to the release or if we are required or authorized to make the release by law.)
- **Health Oversight Activities.** We may release your health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may release your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we have made an effort to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We will release health information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official if the release is necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- **We will not use or release your health information for purposes of marketing or fund-raising activities.**

### **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights regarding the health information COC has about you:

- **Right to Inspect and Copy.** You have the right to request to see and receive a copy of your health information, including your medical, billing or health care payment information. This does not include psychotherapy notes or information needed for civil, criminal or administrative proceedings. This also does not include documents from other agencies or entities marked by that agency or entity as “confidential.” To see or obtain a copy of your health information, send a written request to the Privacy Officer named on the first page of this Notice. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. In limited cases, we may deny your request. If your request is denied, you may request a review of the denial. Another licensed health care professional chosen by COC will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the reviewer’s decision.
- **Right to Amend.** If you believe your health information is incorrect or incomplete, you may ask us to amend the information by sending a request in writing to the Privacy Officer, stating the reason you believe your information should be amended. We may deny your request if you ask us to amend information that was not created by us; is not part of the health information kept by or for COC; is not part of the information you would be permitted to inspect and copy; or your health information is accurate and complete. You have the right to request an amendment for as long as COC keeps the information.

- **Right to an Accounting of Releases.** You have the right to request a list of the releases we have made of your health information. This list will not include health information released to provide treatment to you, obtain payment for services, or for administrative or operational purposes; releases for national security purposes; releases to correctional or other law enforcement facilities; releases authorized by you; releases to persons involved in your health care; and releases made prior to April 14, 2003. You must submit your request in writing to the Privacy Officer, stating a time period that may not go back further than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, by paper or electronically). The first list you request within a 12- month period will be free. We may charge you for the cost of providing additional lists. If so, we will notify you of the cost and you may withdraw or modify your request before any costs are charged to you.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may ask that we not use or disclose information about your placement history. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your child's school. We are not required to agree to your request if such a request hinders the COC's ability to provide effective care coordination to you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this notice at any time by contacting the Privacy Officer named in this Notice. You may obtain a copy of this notice at our web site.

### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We may make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all COC offices. The notice will contain the effective date on the first page, in the top right-hand corner.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the COC Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with COC, submit your complaint in writing to the Privacy Officer at the address listed on the first page of this Notice. All complaints must be submitted in writing.

**You will not be penalized or retaliated against for filing a complaint.**

### **OTHER USES OF HEALTH INFORMATION**

This Notice describes and gives some examples of the permitted ways your health information may be used or released. We will ask for your written permission before we use or release your health information for purposes not covered in this Notice or required by law. If you provide us written permission to use or release information, you can change your mind and remove your permission at any time by notifying the Privacy Officer in writing. If you remove your permission, we will no longer use or release the information for that purpose. However, we will not be able to take back any release that we made with your permission, and we are required to retain our records of the care that we provided to you.

**If you have any questions about this Notice of Privacy Practices, please contact:**

**COC Privacy Officer  
Office of Continuum of Care  
1205 Pendleton Street,  
Room 372  
Columbia, SC 29201  
(803) 734-4500**