### Notice of Privacy Practices

(Effective February 14, 2010)

## This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

## Please read it carefully.

The South Carolina Commission for the Blind (SCCB) is required by Law to protect the privacy of your Protected Health Information (PHI). PHI is information identifying you and about your health care or payment for your care. We are required by Law to provide you with this notice of our legal duties and privacy practices concerning your PHI.

By federal and state law, we must follow the terms of this Notice and only use/disclose PHI as described in this notice. We reserve the right to change or amend this Notice of Privacy Practices. Any revision to this notice will be posted in our waiting areas at all times as well as on our website: [www.sccb.state.sc.us](http://www.sccb.state.sc.us). A copy of our current notice can be obtained at any time by contacting one of our district offices and requesting that a copy be mailed to you. You can also request a copy during your next office visit.

### How we Use /Disclose Your PHI

SCCB may need to gather, use and share your PHI. This information may identify you by name, address, date of birth, social security number, photo, etc., and may include your diagnosis or type of treatment and payment information. We may share your information with other SCCB staff who are involved in your Treatment, Payment or Health Care Operations.

### Specific Use/Disclosure about You for Treatment, Payment and

### Health Care Operations

**Treatment**: We may share management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

**Payment:**  We may use and disclose your PHI to bill and receive payment for treatment. We may also share your PHI with providers regarding your treatment to determine if your insurer will pay for your treatment. We may also use or disclose your PHI to a third party in order to received payment.

**Health Care Operations:** We may use and disclose your PHI to determine which services you need. We may share your PHI for operations of other agencies to assist in their health care operations.

### Disclosures that Do Not Require Your Authorization

**Required By Law:** Our offices will use and disclose your PHI when required by federal, state, or local law.

**Public Health Activities:** We may disclose your PHI to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to appropriate government authorities regarding victims of abuse, neglect or domestic violence.

**Serious Threat to Health or Safety:** We may disclose PHI that is believed to be necessary to prevent or lessen a serious and imminent threat to a person or the public when disclosure is made to someone we believe can prevent or lessen the threat. We may also disclose PHI to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

**Coroners, Medical Examiners, Funeral Directors and Organ Donation:**  We may disclose your information to funeral directors, coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions by law. We may also disclose PHI to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

**National Security and Protection for the President:** We may disclose PHI that is needed to conduct intelligence and national security activities that are authorized by the law.

**Military and VA:** We may disclose your PHI if you are a member of the armed forces and if required by appropriate authorities.

**Judicial and Administrative Proceedings:** We may disclose PHI in a judicial or administrative proceeding if the request for the information is through a court or administrative tribunal. We may also disclose PHI in response to a subpoena or other lawful process. In such instances, you will be notified regarding the request.

**Law Enforcement:** We may disclose your PHI to law enforcement officials for law enforcement purposes under the following circumstances: 1) As required by law (including court orders, court– ordered warrants, and subpoenas) and administrative requests; 2) To identify or locate a suspect, fugitive, material witness, or missing persons; 3) In response to a law enforcement official’s request for information about a victim or suspected victim of crime; 4) To alert law enforcement of a person’s death; 5) When a covered entity believes that PHI is evidence of a crime that occurred on its premises; and 6) By a covered health care provider in a medical emergency not occurring on its premises when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime, crime victim(s) and the perpetrator of the crime.

**Research:** We may disclose your PHI under certain circumstance for research purposes.

**Workers’ Compensation:** We may disclose your PHI as authorized by and to comply with workers’ compensation laws and other similar programs providing work benefits for work-related injuries or illnesses.

### Your Rights

**Right to a Paper Copy of this Notice**: You have the right to receive a paper copy of this notice at any time. You may request a copy of this notice from one of our local offices.

**Right to Request Restrictions:** You have the right to restrict use or disclosure of protected health information for treatment, payment or health care operations. You also have the right to request a limit on the medical information disclosed about you to someone who is involved in your care or payment for your care like a family member or friend. However, we are under no obligation to agree with this request. If we agree, we will comply with restrictions with the exception to provide medical emergency treatment or situations which do not require an authorization as described previously. You may request restrictions in writing.

**Right to Request Confidential Communications/Notifications:** You have the right to request how and where we communicate with you. For example, you may request that we communicate with you via telephone other than your home telephone number or in writing other than your home address. You may submit a written request for this information to the South Carolina Commission for the Blind.

**Right to Inspect and Copy:**  You have the right to inspect and receive a copy of your PHI maintained by SCCB. You do not have the right to access the following: psychotherapy notes, information compiled for legal proceedings, research PHI or PHI given to SCCB under the promise of confidentiality if likely to reveal the source. We may charge a fee for the cost of copying and mailing your PHI to you. Requests for PHI must be submitted in writing to the South Carolina Commission for the Blind. However, we may deny your request. In such instances, we will send you a written notification regarding the denial. You may request a review of our denial.

**Right to Request Amendment:** You have the right to have inaccurate or incomplete information amended. You must submit this request in writing and provide us with a reason to support your request for amendment. If your request is denied, we will provide you with a written notification as to the reason for the denial.

**Right to an Accounting Disclosure:** You have the right to an accounting of use and disclosure of your protected health information. This will not include health information released to provide treatment, payment, or health care operations; national security or intelligence purposes; to law enforcement or correctional institutions under certain circumstances; and any disclosure made prior to April 14, 2003. You must submit your request in writing for a time period no more than six years prior to the date of your request.

**Right to File a Complaint:** If you have questions about this Notice of Privacy Practices or if you would like to make a complaint, contact the following: *Privacy Officer, South Carolina Commission for the Blind, P.O. Box 2467, Columbia, SC 29202, phone 803-898-8731.* You may also make a complaint to the *Secretary of the Department of Health and Human Services (HHS) by calling 1-877-696-6775. If you believe your privacy rights have been violated, you may contact the Office of Civil Rights, Medical Privacy*. Regardless of how you make a complaint, there will be no retaliation and you will still receive services at SCCB.