

# NOTICE OF PRIVACY PRACTICES

HIPAA 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.**

SCDA and SCDA Member Benefits Group (the Association) and its employees are dedicated to maintaining the privacy of your personal health information (“PHI”), as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning Protected Health Information, or PHI, which is information that identifies you and that relates to your physical or mental health condition. We are required to follow the privacy practices described below while this Notice is in effect.

A. **Permitted Disclosures of PHI.** We may disclose your PHI for the following reasons:

1. **Treatment.** We may disclose your PHI to a physician or other health care provider providing treatment to you. For example, we may disclose medical information about you to physicians, nurses, technicians or personnel who are involved with the administration of your care.

2. **Payment.** We may disclose your PHI to bill and collect payment. The bill may contain information that identifies you, your diagnosis and procedures and supplies used. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.

3. **Health Care Business Operations.** We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, evaluating performance, and other business operations. For example, we may use your PHI to evaluate the performance of the services we provide. We may also provide your PHI to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us.

4. **Family and Friends.** We will not disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you notify us to authorize disclosure.

5. **Required by Law.** We may disclose your PHI for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a subpoena discovery request or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.

6. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.

7. **Research.** We will not disclose your PHI for research purposes.

8. **Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.

9. **Specialized Government Activities.** If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.

10. **Disaster Relief.** Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

B. **Disclosures Requiring Written Authorization.**

1. **Not Otherwise Permitted.** In any other situation not described in Section A above, we may not disclose your PHI without your written authorization.

2. **Psychotherapy Notes.** We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operations activities.

3. **Marketing and Sale of PHI.** We must receive your written authorization in advance for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

C. **Your Rights.**

1. **Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.

2. **Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record. You must make a written request for access to the Privacy/Compliance Officer at the address listed at the end of this Notice.

3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.

4. **Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your records. We may deny your request to amend if (a) we did not create the PHI, (b) is not information that we maintain, (c) is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI is accurate and complete.

5. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment or health care operations

purposes) during the 6 years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to the Privacy/Compliance Officer at the address listed at the end of this Notice.

6. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. To make changes from current practices, you must make a written request, specifying how and where we may contact you, to the Privacy/Compliance Officer at the address listed at the end of this Notice.

7. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.

D. **Changes to this Notice.** We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI, your rights or our duties, we will revise and distribute this Notice.

E. **Acknowledgment of Receipt of Notice.** We may ask you to sign an acknowledgment that you received this Notice.

F. **Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to you PHI, you may complain to us by contacting the Privacy/Compliance Officer at the address and phone number at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

Mark Brown  
SCDA Member Benefits Group, Inc.  
120 Stonemark Lane  
Columbia, South Carolina 29210

This notice is effective September 23, 2013