



Southeast Medical Center / 3365 Skyway Drive, Suite 100 / Auburn, AL 36830
Office: (334) 539-1770 / Fax: (334) 539-1775 / www.southeastmedcenter.com

HIPAA NOTICE OF PRIVACY PRACTICE

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

SOUTHEAST MEDICAL CENTER (SEMC) is required to maintain the privacy of your **PROTECTED HEALTH INFORMATION (PHI)** and to provide to you with notice of our legal duties and privacy practices with respect to your PHI. We will not use, release or disclose your health information except as described in this notice of privacy practices (privacy notice or notice) unless specifically authorized by you in writing. We are also required by law to notify you following a breach of unsecured PHI. In providing professional medical services to you, we will create, maintain, and store your PHI.

WHAT INFORMATION IS PROTECTED

We are committed to protecting the privacy of health information, we gather about you while providing health related services. Some examples of PHI are information about your health condition; information about your health care services you have received or may receive in the future; information about your health care benefits under an insurance plan; geographic information; demographic information; unique numbers that identify you; and other types of information that may identify who you are.

EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS: The following categories may describe the ways that we may use, release, and disclose your health information for treatment, payment, and health care operations **without the need** for a signed authorization from you.

Treatment: We will use your PHI in the provision and coordination of your health care. For

example, we may disclose all or any portion of your medical record information as part of your care and continued treatment to your attending physician and other health care providers who have a legitimate need for such information.

Family/Friends: SEMC may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care, and we may also tell your family or friends of your condition and that you are at SEMC. We will give you the opportunity to agree or object to these disclosures.

Payment: SEMC may use and disclose your PHI during routine health care operations. These operations may include quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities, management and administration of the SEMC, and educational purposes.

Appointment Reminders: SEMC may use and disclose PHI to contact you as a reminder that you have an appointment for treatment, medical care, or follow-up at SEMC, and may leave a message for you at the number that SEMC has listed for you.

The Practice may also use and disclose your PHI without your authorization for the following purposes.

Health Related Business, Services and Treatment alternatives – your medical information may be used or disclosed to tell you of health related benefits or services provided by SEMC that may be of interest to you and your particular medical condition.

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Regulatory Agencies – your medical information may be disclosed to a health oversight agency for activities authorized by law including, but not limited to, licensure, certification, audits, investigations, and inspections.

Law Enforcement/Litigation – your medical information may be disclosed to a law enforcement official for law enforcement purposes and required by law or in response to a valid subpoena or court order.

Public Health- your medical information may be disclosed to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Serious Threat to Health or Safety - your medical information may be used or disclosed to reduce or prevent a serious threat to your health or safety or the health and safety of another individual or the public.

Military/Veterans/National Security- your medical information may be disclosed, as required by military command authorities, if you are a member of the armed forces. In addition, SEMC may disclose your information to federal officials for intelligence and national security activities

authorized by law.

Required by Law- your medical information may be used or disclosed when required to do so by law.

Coroners, Medical Examiners, Funeral Directors – your medical information may be disclosed to a coroner, medical examiner, or to a funeral director as necessary to carry out their duties.

Research- your medical information may be used or disclosed for research purposes in certain limited circumstances.

Workers Compensation – your medical information may be used or disclosed to release medical information about you for worker compensation or similar programs as required under Alabama law.

YOUR AUTHORIZATION IS NEEDED FOR OTHER USES AND DISCLOSURE

We will not use or disclose your health information for any other purpose not described in this notice unless you give us written authorization to do so. A signed authorization is necessary for most uses and disclosures related to psychotherapy notes (or where appropriate). Uses and disclosures of PHI for marketing purposes and disclosure that constitute a sell of PHI also require an authorization. If you give us authorization to use or disclose your health information for a purpose that is not described in this notice, then you may revoke it in writing at any time. Your revocation will be effective for all your health care that we maintain, unless we have taken action in reliance on your authorization.

YOUR INDIVIDUAL RIGHTS

You have the following rights concerning your medical information. Please note to exercise any of the privacy rights described below, you **must** complete a written request and send it to the Southeast Medical Center Privacy officer.

You have the right to:

1. Request that SEMC communicate to you about your health and related issues in a particular manor or at certain locations.
2. Inspect and copy your health record as provided by the HIPAA Privacy Rule in 45 C.F.R. § 164.524.
3. Obtain an accounting of the use or disclosure of your health information as provided in 45 C.F.R. § 164.528.
4. Request restriction on certain usage and disclosure of your medical information. SEMC may not agree to honor your request for restrictions. We are not required to agree to your request for restriction, and in some cases the restriction that you request may not be permitted under law. If we do agree to your request to restrict the use and disclosure of health information, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Please note that we must agree to your request to restrict disclosure of health information to a health plan if (a) the request is for the purpose of caring out payment or health care

- operations and is not otherwise required by law; and (b) the information pertains solely to a health care item or service for which you have already paid us in full.
5. Receive a paper copy of this privacy notice, upon request.
 6. Revoke any authorization allowing SEMC to use or disclose your medical information except to the extent that action has already been taken by SEMC; and
 7. Amend your health record as provided in 45 C.F.R. § 164.526.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions and would like addition information or if you believe your privacy rights have been violated, please contact our Privacy officer at:

Southeast Medical Center
3365 Skyway Drive, Suite 100
Auburn, AL 36830
(334) 539-1770

All complaints must be submitted in writing. There will be no retaliation for filing a complaint or expressing a concern. You may also file a complaint with the Region IV, Office of Civil Rights, Department of Health and Human Services, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth St SW., Atlanta, GA 30303-8909. Voice Phone (800) 368-1019, Fax (404) 562-7881, TDD (800) 537-7697 or via <http://www.hhs.gov/privacy/hipaa/complaints/index.html>.

CHANGES TO THIS NOTICE: SEMC reserves the right to change the terms of this Privacy Notice and to make the new notice effective for all individually identifiable health information that it maintains.

EFFECTIVE DATE: The effective date of the Privacy Notice is **OCTOBER 2014**.