

MILLBROOK INTERNAL MEDICINE, LLC
9570 Two Notch Road, Suite 7
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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.

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights.

If you have any questions about this notice or would like further information, please contact Dr. Eric Marler at 803-865-6070.

Requirement For Written Authorization. We will generally obtain your written authorization before using your health information or sharing it with others outside our Practice. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with a written authorization, you may revoke that authorization at any time, except to the extent that we have already relied on it. To revoke an authorization, please contact a member of our staff.

Exceptions To Requirement: There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exception For Treatment, Payment, and Business Operations.** We are allowed to use and disclose your health information without your consent to treat your condition, collect payment for that treatment, or run our Practice's normal business operations.
- **Exception For Disclosure To Friends And family Involved In Your Care.** We will ask you if you have any objection to including information about you in our patient directory or sharing information about your health with your friends and family involved in your care. More information about this exception is provided below.
- **Exception In Emergencies Or Public Need.** We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials who are authorized to investigate and control the spread of diseases. Additional examples of potential exceptions are detailed below.

- **Exception If Information Does Not Identify You.** We may use or disclose your health information if we have removed any information that might reveal who you are.

How To Access Your Health Information. You generally have the right to inspect and copy your health information. Details about this are provided below.

How To Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete. A description of this right is included below.

How To Keep Tract Of The ways Your Health Information Has Been Shared With Others. You have the right to receive a list from us which provides information about when and how we have disclosed your health information to outside persons or organizations. The list will identify non-routine disclosers of your information, but routine disclosers will not be included. The list will not include disclosures you have authorized.

How To Request Additional Privacy Protections. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

How To Request more Confidential Communications. You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests.

How To Learn About Special Protections For HIV, Substance Abuse, And Mental Health Information. Special privacy protections apply to HIV-related information, substance abuse information, and mental health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected.

How To Obtain A Copy Of Revised Notices. We may change our privacy practices from time to time. If so, we will revise this notice so you have an accurate summary of our practices. You will be able to obtain a copy of this revised notice by calling our office or requesting one at the time of your next visit.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Dr. Marler at this address or by calling 803-865-6070.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health related services. Some examples of protected health information are:

- Information about your health condition (such as diseases you may have).
- Information about health care services you may have received or may receive in the future.
- Information about your health care benefits under an insurance plan.

- Geographic information (such as where you live or work).
- Demographic information (such as race, gender, or marital status).
- Unique numbers that may identify you (social security, telephone, or driver's license numbers).
- Other types of information that may identify you.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment, and Normal Business Operations. *We are allowed to use and disclose your health information without your consent to treat your condition, collect payment for that treatment, or run our Practice's normal business operations. Your health information may also be shared with hospitals and health care providers so they may jointly perform certain payment activities and business operations along with our Practice.*

Treatment. We may share your health information with doctors or nurses within our Practice who are involved with taking care of you, and they may in turn use that information to diagnose or treat you. A doctor in our Practice may share your health information with another doctor within our Practice, or with another doctor at another health care institution to determine how to diagnose or treat you. A doctor in our Practice may also share information with another doctor to whom you have been referred for further health care.

Payment. We may use your health information or share it with others so that we obtain payment for your health care services. This includes such actions as sharing information with your health insurance company to determine coverage or to obtain necessary pre-approval before providing you with treatment.

Business Operations. We may use your health information or share it with others in order to conduct our normal business operations. We may also share you information with another company that performs business services for us, such as billing. If so, we will have a written contract with them protecting the privacy of your health information.

Appointment Reminders. We may use your health information when we contact you with a reminder that you have an appointment for treatment or services.

2. Friends and Family. *We may use your health information in our patient directory, or share it with your friends and family involved in your health care without your written authorization. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency. We will follow your wishes unless the law requires us to do otherwise.*

Friends And Family Involved In Your Care. We may use your health information in our patient directory, or share it with your friends and family involved in your health care or payment for that care without your written authorization. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency. We will follow your wishes unless the law requires us to do otherwise. We may also notify a family member, personal representative, or another person responsible for your care or general condition or about the unfortunate event of your death. In some instances, we may need to share this information with a disaster relief organization that will help us notify these people.

3. Emergencies Or Public Need. *We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization, consent, or any other type of permission before disclosing or using your information for these reasons.*

Communication Barriers. We may use your health information or share it with others if we are unable to obtain your consent because of substantial communication barriers, and believe you would want us to treat you if you could communicate with us.

As Required By Law. We may use your health information or share it with others if we are required by law to do so. We will also notify you of these uses if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities.

Victims Of Abuse, Neglect, Or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. We will attempt to obtain your permission before releasing this information, but we may be required or Authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility.

Product Monitoring, Repair And Recall. We may disclose your health information to a person or company that is required by the Food And Drug Administration to (1) report or tract product defects or problems; (2) repair, replace or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Law Suits And Disputes. We may disclose your health information if we are ordered to do so by a court that is handling a law suit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders, subpoenas, or laws that we are required to follow.
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing persons.
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest.

- If we suspect your death resulted from criminal conduct.
- If it is necessary to report a crime that occurred on our property.

To Avert A serious Threat To Health or Safety. We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health and safety of others or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to others (unless you admitted the fact while in counseling), or if we determine that you escaped from lawful custody.

National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the armed forces, we may disclose your health information to appropriate military command authorities for activities they deem necessary carrying out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or are detained by a law enforcement officer, we may disclose your health information to prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place you are confined.

Worker's Compensation. We may disclose your health information for Worker's Compensation or similar programs that provide benefits for work related injuries.

Coroners, Medical Examiners, Or Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure research without your authorization poses minimal risk to your privacy. Under no circumstances would we allow researchers to use your name or identity publicly. We may also release your health information without your permission to people who are preparing a future research project, so long as any information identifying you does not leave our offices.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION.

You have the following rights to access and control your health information.

- 1. Right To Inspect And Copy Records.** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information. This includes medical and billing records. To inspect or obtain a copy of your records, please submit your request in writing to Dr. Eric Marler. If you request this information, we may charge a fee for the costs of copying, mailing, or other supplies to fulfill your request.
- 2. Right To Amend Records.** If you believe the health information about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, please write Dr. Eric Marler at this address. Your request should include the reasons you believe we should make the amendment. We will ordinarily respond to your request within 60 days. If we deny all or part of your request, we will provide written notification explaining our reasons for doing so, as well as your options should you disagree with our reasons.
- 3. Right Of An Accounting Of Disclosures.** You have the right to request an accounting of disclosures, which is a list of information about how we have shared your information with others. The list will not include:
 - Disclosures made to you.
 - Disclosures you authorized.
 - Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations.
 - Disclosures made from the patient directory.
 - Disclosures made to your friends and family involved with your care.
 - Disclosures made to federal officials for national security or intelligence activities.
 - Disclosures about inmates or detainees to correctional institutions or law enforcement officers.
 - Disclosures made before April 14, 2003.

To request this list, please write to Dr. Marler. Your request must state a time period for the disclosures you want us to include. You have the right to one list within every 12 month period free.

- 4. Right To Request Additional Privacy protections.** You have the right to request that we further restrict the way we use or disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request we limit how we disclose information about you to family or friends involved in your care. Your request should include (1) what information you want to limit, (2) whether you want us to limit how we use the information, (3) and to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the requested restriction may not be permitted under law. If we do agree, however, we are bound by our

agreement unless the information is required for emergency treatment or to comply with the law. You have the right to revoke the restriction at a later date. We also have the right to revoke the restriction as long as we notify you before doing so. In some instances, we may need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications. You have the right to request that we communicate with you about your medical matters in a more confidential way, such as communicating with you at your home and not at your work. To request more confidential communications, please write Dr. Eric Marler at this address specifying how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.