Notice of Privacy Practices

Our Pledge to Protect Your Medical Information
Southeastern Med Community Hospital is committed to your privacy. We respect the need for medical information to be shared only with those who need it in order to provide care for you. This Notice of Privacy Practices explains how we protect your medical information, what information we may collect and use, and how we share your information. It also describes your rights and protections and your responsibilities. If you have any questions about this Notice, please contact the Privacy Officer at 704-345-2777. Effective 8/1/2013

Lawsuits and Disputes
In the event of a lawsuit, subpoena, discovery request or other legal process, persons who are involved in the lawsuit may be asked to disclose your health information. If we are required to disclose your medical information, we will use reasonable efforts to obtain a protective order to prevent disclosure of sensitive information. In the event that we cannot obtain a protective order, we will inform you as soon as possible and in any event before disclosure except in limited circumstances when we are not able to obtain the protective order.

Your Rights Regarding Medical Information About You
You have the right to request and receive a copy of the medical information that may be used to make decisions about you. This includes medical and billing records but does not include psychotherapy notes. You must submit your request in writing to the Privacy Officer. It may take 30 days for us to respond to your request for a copy of your medical information. You will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request if it is not reasonable to provide the information.

National Security and Intelligence Activities
We may release your medical information in authorized federal agencies for intelligence, counterintelligence, and other national security activities authorized by law.

Protections for the President and Others
We may release your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign dignitaries 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 your medical information to the correctional institution or law enforcement official. This release will be necessary for the institution to provide you with health care, to protect your health and safety of the health and safety of others or for the safety and security of the correctional institution.

Right to Amend
If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. To request an amendment, you must submit your request in writing to the Privacy Officer. It may take 30 days for us to respond to your request for an amendment.

Right to an Accounting or Disclosure
You have the right to request an accounting of disclosures of your medical information made by us after April 1, 2003. You may submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003 and should indicate what form you want the list in, such as, on paper, electronic media, etc. The first list you request within a 12-month period will be free and we may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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Right to Request Restrictions
You have the right to request a restriction or limitation of your medical information use or disclosure about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose to a family member or friend who is involved in your care or the person or entity that created the information. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request and, if we do not agree, we will provide you with the reason for our denial. If we do agree, we will comply with your request unless the information is required by law to be used or disclosed.

Right to Restrict Release of Information for Certain Purposes
You have the right to request that the disclosure of information in your health plan be restricted for services for which you have paid in full.

Right to Request Confidential Communications
You have the right to request confidential communications by contacting the Privacy Officer. You may request that we contact you by telephone or mail.

Right to Breach Notification
You have the right to be notified of any breach of your unsecured health care information.

This Notice of Privacy Practices is effective August 1, 2013, based on the privacy practices originally implemented April 1, 2003 and updated November 12, 2012. We must follow the privacy practices described in this Notice; however, the right to change our practices at any time and apply changes retroactively.