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# Prisma Health–Upstate Notice of Privacy Practices

*This Notice describes how medical information about you may be used and released and how you can get this information.*

**Please read it carefully.**



Prisma Health–Upstate makes every effort to keep your health information private. Each time you visit a Prisma Health–Upstate facility (doctor’s office, clinic, hospital or outpatient center), a record is made. This health or medical record often includes your symptoms, exams and tests, diagnoses, treatment, and care plan. We need this record to give you high-quality care and to meet legal requirements.

This *Notice of Privacy Practices* (hereafter referred to as Notice) applies to all health records produced at Prisma Health–Upstate, including those received from other providers. It outlines how we may use and give out information about you for treatment, payment or healthcare operations, and other purposes granted or required by law. It also describes your rights to get and control your record, and legal requirements we have on its use and release.

This Notice applies to all Prisma Health–Upstate sites, including offices of physicians employed by Prisma Health–Upstate, and to all physicians and other healthcare providers who deliver healthcare services at any Prisma Health–Upstate site (please see below for participating facilities\*). It does not apply to care you receive from physicians or other healthcare providers at their private offices (unless the physician or other healthcare provider is employed by Prisma Health–Upstate) or at any non-Prisma Health–Upstate site.

We also participate in Prisma Health Upstate Network (formerly MyHealth First Network): We may share your records with physicians and other healthcare providers who are members of the Prisma Health Upstate Network. Members of the Prisma Health Upstate Network are operationally or clinically integrated and may participate jointly in utilization review, quality assessment and improvement, or payment activities. If you would like a list of members in the Prisma Health Upstate Network, please go to [www.PHUpstateNetwork.org/directory](http://www.PHUpstateNetwork.org/directory).

## **Availability of your health information to providers outside Prisma Health–Upstate**

Your medical records at Prisma Health–Upstate are maintained in an electronic medical record system called Epic. Your health information may be available to other healthcare providers who also use Epic. For example, if you are in an accident in another state and are taken to an emergency room, that facility may access your record through Epic’s Care Everywhere to learn about your allergies and important medical history. If you do not want your electronic medical record to be available to non-Prisma Health–Upstate providers in this way, you may request to opt out in MyChart or contact the Prisma Health–Upstate Health Information Management department, and request to “opt out of Care Everywhere.”

We also share a common medical record with certain unaffiliated healthcare providers in the Upstate through Epic’s Community Connect. Community Connect may improve your patient care experience by providing other healthcare facilities with your complete medical history. All Community Connect users are guided by the same privacy and security standards as Prisma Health–Upstate. A complete list of these Community Connect participants is available at [www.PrismaHealth.org/CommunityConnect](http://www.PrismaHealth.org/CommunityConnect).

*\*Prisma Health–Upstate participating facilities include, but are not limited to, all Prisma Health–Upstate hospitals, surgery centers, clinics, laboratories, pharmacies, Lila Doyle, Cottingham Hospice House and Prisma Health–University Medical Group. For a complete list, please visit [www.ghs.org/locations](http://www.ghs.org/locations).*

## **The law requires Prisma Health–Upstate to do the following:**

- Maintain the privacy of your health information
- Describe our legal duties and privacy obligations related to your health information
- Abide by the terms of the current *Notice of Privacy Practices*
- Notify you if there is a breach of your unsecured personal health information (PHI)
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notify you if we are unable to agree to a requested restriction

We reserve the right to change the practices and terms of this Notice, and the changes will be effective for the information we already have about you as well as any information we receive in the future. The Notice will list the effective date in the top right-hand corner of the first page. Each time you register at or are admitted to Prisma Health–Upstate as an inpatient or outpatient, you may have a copy of the Notice. We will post it in our facilities and on our website. You may also call our Privacy Office at **864-797-7755** for a copy or download a PDF version of this document at [www.ghs.org/privacypractices](http://www.ghs.org/privacypractices).

## **Routine uses and disclosures of your health record**

The following sections describe how we use and release medical information. Each section explains what we mean and gives a few examples. (Note: These examples are not all-inclusive.)

### **Treatment**

We use medical information about you to provide, coordinate and manage your treatment or services. We may give this information to doctors, nurses, specialists, technicians, students of affiliated healthcare programs, volunteers or other team members who care for you. Such people may share information about you to coordinate your needs, such as lab work or prescription drugs.

#### ***Examples of how your health record might be used for treatment reasons:***

- A doctor treating your broken leg may need to know if you have diabetes, which slows healing. Also, the doctor may need to tell the dietitian that you have diabetes so as to arrange special meals for you.
- We may send your record to specialists your doctors here may want to consult.
- Your record may be sent to a doctor to whom you have been referred.
- We would share your record with a facility you are being transferred to or one that you are considering transfer to once you leave Prisma Health–Upstate.
- We may use and release your health record to provide material on treatment options.

### **Payment**

We use and release health information so that treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party.

### ***Examples of how your health record might be used for payment purposes:***

- We may call your health plan for pre-approval of a service to determine whether your treatment will be covered.
- We may give your health plan details about your care, so it will pay us or reimburse you. For example, if you have a broken leg, we may need to give your health plan(s) information about your condition and supplies used.
- We may use and disclose your health information to other providers so that they may bill and collect payment for treatment and services they provided to you.
- We may share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care, and to consumer-reporting agencies (for instance, credit bureaus).

### **Healthcare operations**

We may use and release your record to support our business functions (such as administrative, financial and legal activities). These uses and disclosures are needed to run the hospital, support treatment and payment, and help patients receive high-quality care. Activities may include measuring quality, reviewing employee performance and training students.

### ***Examples of how your health record might be used for healthcare operations:***

- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and other patients
- Evaluating the skills, qualifications and performance of healthcare providers taking care of you
- Providing training programs for students, trainees, healthcare provide non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills

### **Facility directory**

We may include certain facts about you in our directory while you are a patient at a Prisma Health–Upstate hospital, clinic or doctor’s office. These facts may include your name, location, general condition (such as fair or stable) and religious affiliation. They also may be shared with those who ask for you by name (except for religious affiliation). Your affiliation may be given to clergy members – even if they don’t ask for you by name – so family members, friends and clergy can visit you or know how you are doing. However, if you do not want your information listed in the hospital directory, please notify Registration when you arrive or call the facility’s Admitting Office.

### **People involved in your care or payment for your care**

We may share your health information with a family member, friend, or other person you identify or is involved in your care or payment for details about you relating to that person’s involvement in your care. However, Prisma Health–Upstate respects your right to choose not to have your information shared. If you cannot physically or mentally agree or object to a disclosure, we may supply information where necessary. We may also share facts with someone helping in a disaster relief effort so that family can know of your condition, status and location.

## **Business associates**

Business associates of Prisma Health–Upstate provide some services related to treatment, payment and business operations. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we have asked them to do. We have a written agreement that requires associates to protect your health information in the course of performing their job.

## **Photographs, video and audio recordings**

We may take photographs, video and/or audio recordings during the course of your treatment. These photographs and recordings will only be used for treatment, payment and healthcare operations unless you provide us written authorization permitting other use.

## **Email and text messaging**

To help coordinate your care, you may receive email and text messages that include reminders for scheduling and scheduled appointments, recommended tests, and other information to help you manage your health. These messages may come from your provider, Prisma Health or from our partners who are helping manage your care.

Such email notices and text messages are unencrypted and are, therefore, considered unsecure communications. As a result, they will not include information specific to your clinical information. However, they may include information that would be of interest to you because of your health condition.

When we send text messages, we will never transmit your full name or address in the text message. You may opt out of our text messages by notifying a Prisma Health–Upstate team member, responding to the “Opt Out” in the text message or choosing your communication preferences in our MyChart patient portal.

## **Special uses and disclosures of your health record**

### **Emergencies**

We may use or release your health information during emergencies.

### **Research**

Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, use health information about you in preparing to conduct a research project, for example, to look for patients with specific needs.

### **Fundraising**

Prisma Health–Upstate is a not-for-profit health organization that relies on generous support from patients and families to continue vital healthcare, research and education operations. You have the right to elect not to receive fundraising communications. Please call us at **864-797-7749** (Office of Philanthropy) if you wish to have your name removed from the list to receive fundraising requests supporting Prisma Health–Upstate in the future. Your decision not to receive fundraising communications will have no impact on your ability to receive healthcare services at any Prisma Health–Upstate facility.

## **Workers' compensation**

We may release information about you to comply with workers' compensation laws or similar programs.

## **Legal proceedings**

We may release health information about you for the following reasons:

- Court or administrative order
- Subpoena, discovery request or other lawful process

## **Legal requirements**

We will give out medical information about you when required to do so by federal, state or local law.

## **Serious threat to health or safety**

We may use and release information about you to prevent a serious threat to your health and safety or the health and safety of others.

## **Health oversight activities**

We may supply information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities help the government oversee healthcare systems, benefit programs and civil rights laws.

## **Public health risks**

We may release information about you to local, state or federal public health agencies (such as the Food and Drug Administration and the Department of Health and Environmental Control) for reasons such as the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report adverse events, product defects or problems, or drug reactions
- To note product recalls
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading one

## **To avert a serious threat to health or safety and to report abuse**

We may disclose your health information to a government agent if we believe you have been the victim of abuse, neglect or domestic violence. We also may disclose your information where necessary to protect your health and safety or the health and safety of the public or another person. Disclosures are made only to those people able to help prevent or reduce the threat.

## **Sensitive information**

Certain types of personal or medical information may be used or disclosed to the individuals described in this Notice, including (but not limited to):

- Information about genetic testing, such as lab tests of DNA or chromosomes, conducted to discover diseases or illnesses of which you are not showing symptoms at the time of the test and that arise solely as a result of defects or abnormalities in genetic material.

- Information showing (1) whether you have been diagnosed as having AIDS, (2) whether you have been or are currently being treated for AIDS, (3) whether you have been infected with HIV, (4) whether you have submitted to an HIV test, (5) whether an HIV test has produced a positive or negative result, (6) whether you have sought and received counseling regarding AIDS and (7) whether you have been determined to be a person at risk of being infected with AIDS.
- Information about suspicion of, diagnosis for, or treatment of mental illness or developmental disability.
- Information about communicable, venereal, infectious and/or sexually transmitted diseases (HIV/AIDs, hepatitis, syphilis, tuberculosis, chancroid, gonorrhea, etc.).
- Information about pregnancy, prevention of pregnancy (including birth control), childbirth or abortions.
- Information about diagnosis, treatment, detoxification, or rehabilitation for alcohol or drug use or abuse.

### **Coroners, funeral directors and organ donors**

We may release information to coroners or medical examiners to identify a deceased person, find cause of death, or carry out duties as required by law. We may also give information to funeral directors to meet their duties and may share such information in the reasonable anticipation of death. We may supply your health record to organ donor groups as approved by you or consistent with the law.

### **Military, veterans and national security**

If you are a member of the armed forces, we may release information about you as required by military authorities. We may also share information about foreign military personnel to the appropriate foreign military authority. We may give information about you to federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### **Law enforcement**

We may release your health information to a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar legal process
- To identify or locate a suspect, fugitive, witness or missing person
- To provide information about the victim of a crime if, under certain cases, we cannot get the person's agreement or as required by law
- In case of a death we believe may be the result of criminal conduct
- In response to criminal conduct at the hospital
- In an emergency to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

### **Inmates**

If you are an inmate of a correctional institution or in custody of a law enforcement official, we may release medical information about you to that facility or person.

### **Telemedicine**

Healthcare services may be provided via telemedicine, which means an image, video recording and/or audio of you may be used to allow healthcare providers at different locations to see you on a computer screen or view your medical records. Telemedicine



may be used for diagnosis, therapy, follow-up and/or education, and may include: your medical records, medical images, live two-way audio and video, output data from medical devices, and sound and video files. Electronic systems used will incorporate network and software security protocols to help protect the confidentiality and integrity of your identity and imaging data.

## **Your health information rights**

### **Review and copy**

You have the right to review and request a copy of your health record in either an electronic or paper form. This information may include medical and billing records but, under federal law, excludes psychotherapy notes (access to psychotherapy notes is restricted to the treatment team only).

To request electronic access to your records, please request access to your patient portal during the registration process at any Prisma Health–Upstate facility. You may also request consideration of other electronic means by contacting the Health Information Management Department of Prisma Health–Upstate using the listed at the end of this Notice.

To request a paper copy of your health record, write to the Health Information Management Department of Prisma Health–Upstate at the address listed at the end of this Notice. There may be a fee for costs involving copying, mailing and related supplies. We will respond to you within 30 days of receiving your written request if your record has been maintained in our facility. If your record has been maintained in a secure off-campus location, we will respond within 45 days.

We may deny your request to inspect and copy in certain cases. If we deny your request, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. Another licensed healthcare professional chosen by Prisma Health–Upstate will examine your request. The reviewer will not be the person who denied your request. Prisma Health–Upstate will comply with the outcome of the review.

### **Amend**

If you believe that information we have about you is incorrect or incomplete, you may ask us to modify or add to the information. You have the right to request a change or addition for as long as the record is kept by Prisma Health–Upstate.

Request your change in writing to the Health Information Management Office. You must give a reason that supports your request. To obtain a form to amend, please contact the Health Information Management Office (contact information appears at the end of this Notice).

We may deny your request if it is not in writing or does not include a reason to support the request. We also may deny a request to modify a medical record in these cases:

- The current information is accurate and complete.
- It is not part of the medical information kept by or for Prisma Health.
- It is not part of what you would be allowed to view and copy.
- It was not created by us.

If we deny this request, you have the right to file a statement of disagreement. We may then prepare a rebuttal. We will give you a copy of the rebuttal and maintain your request to modify in your medical record.

## **Accounting of disclosures**

You have the right to request an “accounting of disclosures” (a list of disclosures made about you for reasons other than treatment, payment, healthcare operations or national security). We are required to respond to your request within 60 days.

We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our healthcare operations
- Occurring as a byproduct of permitted uses and disclosures
- Made to or requested by you or that you authorized
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes
- Allowed by law when the use and/or disclosure relate to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations
- As part of a limited set of information that does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. Request this list in writing to the Health Information Management Department at the appropriate address listed at the end of this Notice. Your request must state a period of time, which may not be longer than six years before the date of your request.

The first list you request within a 12-month period will be free. Additional lists may involve a charge. We will notify you of the cost, and you may cancel or adjust your request before any fees are incurred.

## **Request restrictions**

You have the right to request that we limit information we use or give out about you for treatment, payment or healthcare operations. You also have the right to request a limit on what we release to someone involved in your care or payment for your care, such as a family member. For example, you could ask that we not use or give out information to your family about a surgery that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the material is needed for emergency treatment. Requests for restrictions should be sent to the facility’s Health Information Management department found at the back of this Notice. We will respond to your request in writing within 30 days.

You have the right to request that we not disclose to your health plan health information or services for which you paid out of pocket before the performance of those services.

## **Request confidential communications**

You have the right to request that we interact with you about medical matters in a certain way or place. For example, you can ask that we contact you only by mail or at work.

To request confidential communications, notify a Prisma Health–Upstate team member during admission or registration. You may also communicate your request in our MyChart patient portal. You must indicate how or where you wish to be contacted. We will try to meet all reasonable requests.

## **Electronic copy of this notice**

In addition to a paper copy of this notice, you may download a PDF version of this document at [www.ghs.org/privacypractices](http://www.ghs.org/privacypractices).

## **Complaints**

If you believe your privacy has been violated, you may file a complaint with Prisma Health–Upstate, with the Secretary of the Department of Health and Human Services or with the South Carolina Department of Health and Environmental Control (DHEC).

To file a complaint with Prisma Health–Upstate, call our Privacy Office at **864-797-7755** or Patient & Family Relations at **864-455-7975**. To file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, send a letter to 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201; call **1-800-368-1019**, TDD **1-800-537-7697**; or visit [www.hhs.gov/hipaa/filing-a-complaint](http://www.hhs.gov/hipaa/filing-a-complaint).

To file a complaint with DHEC, send a letter to 2600 Bull St., Columbia, SC 29201; call **1-803-898-3316**; or go to [adacomplaints@dhec.sc.gov](mailto:adacomplaints@dhec.sc.gov).

## **Other uses**

Other uses and disclosures of medical information not covered by this Notice or relevant laws will be made only with your written consent. If you allow us to use or release health information about you, you may cancel that consent, in writing, at any time. If you revoke it, we will no longer use or release information for the reasons covered by your written consent. (Note: We cannot take back disclosures already made with your consent.)

***To request a copy of, review of, or amendment to your health record, please write to:***

### **Prisma Health–Upstate Health Information Management**

Medical Records Department  
255 Enterprise Blvd., Ste. 120  
Greenville, SC 29615

