

South Carolina Department of Social Services
NOTICE OF HIPAA 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
Effective Date: April 14, 2003

OUR COMMITMENT REGARDING PROTECTED HEALTH INFORMATION

We understand that medical information (**protected health information or PHI**) about you and your health is personal. We are committed to protecting health information (**PHI**) about you. We gather various types of information about you from many sources and create a record of the care, treatment, and services you receive. This record, and the information it contains, helps us to plan the most appropriate course of treatment for you.

This Notice of HIPAA Privacy Practices describes the ways in which we may use and disclose PHI about you. By disclose, we mean, providing or sharing that PHI with others who may be involved in your care or treatment. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. By law, DSS is required to:

- Make sure that medical information (PHI) that identifies you is kept private;
- Give you this notice of our privacy practices with respect to PHI;
- Follow the terms of the notice that is currently in effect.

This Notice of HIPAA Privacy Practices and the terms therein became effective **April 14, 2003**. We reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that we maintain. We will notify you of any changes, by:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request; and,
- Posting the revised notice on our web site. <http://www.dss.state.sc.us>

DSS employees are prohibited from requiring individuals to waive their rights under the privacy rule as a condition of treatment, payment, enrollment or benefit eligibility.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU
FOR TREATMENT, PAYMENT AND OPERATIONS**

The following categories describe different ways that we use and disclose medical and health information (PHI) about you in order to provide treatment, obtain payment for that treatment, and operate our business efficiently. In each category of uses or disclosures, we will give an explanation of the category and give examples. Not every possible use or disclosure in a category will be listed. Most uses and disclosures in the three (3) following categories do not require authorization from you:

For Treatment: We may use and disclose PHI about you to provide, coordinate, and manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may disclose medical information about you to doctors, technicians, therapists, who are involved in taking care of you and providing services. In addition, we may use and disclose PHI about you when referring you to another health care provider. We may also disclose medical information about you to persons other than health care professionals who may be involved in your treatment or care, such as family members, clergy or others we use to provide services that are also a part of your care.

For Payment: We may use and disclose PHI about you in order to bill and obtain payment for the treatment and services provided to you. Within DSS, we may use medical information about you to arrange for payment, such as preparing bills.

For Healthcare Operations: We may use and disclose PHI about you in performing a variety of business activities that we call “health care operations.” We may need to disclose information to outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. The process of reviewing and resolving grievances within our agency may require use and disclosure of private health information, as well as working with others, such as lawyers or other providers who assist us to comply with this notice and other applicable laws.

USE AND DISCLOSURES IN SPECIAL SITUATIONS

We may use or disclose protected health information about you, provided you are informed in advance of the use or disclosure and you have the opportunity to agree to or prohibit or restrict the use or disclosure, according to the requirements of the Privacy Rule. In some cases, we may inform you orally and obtain your oral agreement or objection to a use or disclosure.

We may also use and/or disclose protected health information (PHI) about you in a number of circumstances in which you do not have to give authorization or otherwise have an opportunity to agree or object. We can use or disclose PHI about you without your authorization when there is an emergency or when we are required by law to use or disclose information.

DISCLOSURES/USES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Required by Law: We will use or disclose PHI about you when we are required to do so by federal, state or local law, or judicial or administrative proceedings. There are many state and federal laws that require us to use and disclose medical and health information. For example, state law requires us to report certain types of wounds and other injuries to the police and to report known or suspected child abuse or neglect, or abuse, neglect or exploitation of a vulnerable adult. We will comply with those state laws and with all other applicable laws.

Public Health Activities: We may use or release PHI about you for public health activities. These activities generally include, but are not limited to, activities related to preventing, investigating, or controlling disease, injury, or disability; to report births and deaths; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence.

Child Abuse and Neglect: We may use or disclose PHI about you in order to report any incidence or allegation of child abuse and neglect, as required by state law. We are further required to cooperate with law enforcement and other officials by providing any information needed to investigate such reports.

Abuse, Neglect or Domestic Violence: We may disclose PHI about you to an authorized government authority or may use PHI about you if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence. We are required by law to report any incidence or allegation of abuse or neglect and to provide any information needed to investigate such cases and/or to protect an individual from harm.

Health Oversight Activities: We may use or disclose PHI about you to a health oversight agency for activities authorized by law. An oversight agency is responsible for overseeing the health care system of certain government programs. These oversight activities may include audits, investigations of fraud, inspections of day care and nursing facilities, and licensure of health facilities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws for those entities subject to civil rights laws.

Judicial and Administrative Proceedings: We may disclose PHI about you in response to a court order or administrative tribunal. For example, we would disclose your medical information to a court if a judge orders us to do so. We may disclose medical information in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release PHI about you if asked to do so by a law enforcement official for specific law enforcement purposes. Release of information may be required: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime; about a death we believe may be the result of criminal conduct; and in emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime. We may release PHI about you in order to report a crime on the premises of DSS.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

Workers' Compensation: We may disclose PHI about you in order to comply with workers' compensation laws.

Research: Under certain circumstances, DSS may use and disclose your PHI for research purposes, provided that a privacy board has approved an alternative or waiver of your individual authorization.

Serious Threats to Health or Safety: We may disclose PHI about you if we believe in good faith the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the general public. The information may also be disclosed to law enforcement to identify or apprehend an individual who has participated in a violent crime that we reasonably believe may have caused serious physical harm to the victim; or an individual who has escaped from a correctional institution.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs PHI about you to determine whether you are eligible for certain benefits.

Authorizations: In some instances, we may wish to use or disclose PHI about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose your PHI and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose PHI about you, you may later revoke (or cancel) your authorization in writing. If you would like to revoke your authorization, you may write us a letter revoking your authorization and complete an Authorization Revocation form. An Authorization Revocation form is available from your local Department of Social Services office. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action or as permitted by law.

YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU

You have several rights with respect to **protected health information (PHI)** we maintain about you:

Right to A Copy of This Notice: You have a right to have a paper copy of our Notice of HIPAA Privacy Practices at any time. You may request a copy from the receptionist at any DSS office or from your caseworker. In addition, a summary of the current notice will always be posted in the waiting area of all our local offices.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your PHI maintained by DSS. You do not have the right to inspect and copy psychotherapy notes, and information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceedings. To inspect or obtain a copy of your PHI, you must complete the DSS Form 4004, Request to Access of Protected Health Information, and forward the form to the local privacy liaison. Copies of the form are available from the local DSS office. We may charge a fee for the costs of copying, mailing, and other supplies associated with your request. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not allow you access and describing any rights you may have to request a review of our denial. A licensed healthcare professional chosen by DSS will review your request and the DSS denial of your request. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: You have the right to request that we make amendments to your PHI when it is contained in certain records kept by DSS. To request an amendment, your request must be in writing and must explain the reasons for the amendment. You must complete the DSS Form 4005, Request for Amendment of Protected Health Information, which is available from the local DSS office. We may deny your request if you ask us to amend information that: was not created by us, (unless the person who created the information is no longer available to amend the information); is not part of the records used to make decisions about you; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. We will notify you in writing if your request is denied and the reasons for the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you named who have received PHI about you and who need the amendment.

Right to Request Restrictions on Use and Disclosure: You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or under certain situations which do not require an authorization as described previously. To request restrictions, you must complete the DSS Form 4001, Request for Privacy Protection of Protected Health Information, and forward this form to the local privacy liaison. Copies of this form are available from the local DSS office.

Right to Request Confidential Communications: You have the right to request how and where we communicate with you about your health information. For example, you may request that we contact you at your work address or a phone number different than your home phone. To request confidential communications, you must make your request in writing by completing the DSS Form 4002, Request for Confidential Communication, which is available from the local DSS office. We will accommodate your request, if it is reasonable.

Right to Accounting of Disclosures: You have the right to request a list of the disclosures or releases we have made of your PHI. This list will not include health information released to provide treatment to you, for billing and collection of payment for your treatment or for administrative or operational purposes; disclosures for national security purposes; disclosures to correctional institutions or law enforcement officials under certain circumstances; and any disclosures made prior to April 14, 2003. You must submit your request for an accounting of disclosures in writing and state a time period that may not be longer than six (6) years prior to your request and may not include dates before April 14, 2003.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint within 180 days of the date you knew or should have known of the alleged violation, with the DSS State Privacy Officer or with the local DSS office, or with the U.S. Department of Health and Human Services. To file a complaint, submit DSS Form 4009, Privacy Practices Complaint Form, and forward the form to the DSS State Privacy Officer. Or, you may write to the Secretary of the U.S. Department of Health and Human Services.

DSS State Privacy Officer
Office of Civil Rights
S.C. Department of Social Services
P.O. Box 1520
Columbia, SC 29202

U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, GA 30303-8909

You will not be penalized or retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our web site: www.dss.sc.gov. The notice will contain on the first page the effective date. In addition, each time you receive services that are covered by HIPAA privacy practices, we will offer you a copy of the current notice in effect.

For more information or if you have any questions, contact the DSS State Privacy Officer at (803) 898-8080 if you are in the local area, or if you are outside the local area at (toll free) 1-800-311-7220.