

Ways in Which We May Use & Disclose Your Protected Health Information

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided examples where necessary, but these examples are not meant to be exhaustive. All of the ways we are permitted to use and disclose your health information fall within one of these categories:

Treatment. We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We will also disclose your health information to another physician whom we have requested to be involved in your care. For example, we would disclose your health information to a specialist to whom we have referred you for a diagnosis or to help in your treatment.

Payment. We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example, we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Health Care Operations. We will use and disclose your protected health information to support the business activities of our practice. For example, we may use medical information about you to review and evaluate our treatment and services, or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, transcription, or other services for our practice.

Appointment Reminders. We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.



You May File a Complaint About Our Privacy Practices

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. **We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with the health department, you may take your complaint to the department or you may mail it to:

Advanced Therapy Solutions
Attn: Heather Brown
2500 Winchester Place, Suite 100
Spartanburg, SC 29301

To file your complaint with the federal government, you may send your complaint to:

Roosevelt Brown, Regional Manager
Office for Civil Rights
US Department of Health & Human Services
Atlanta Federal Center
Suite 3B70, 61 Forsyth Street SW
Atlanta, GA 30303-2867

Notice of Privacy Practices



2500 Winchester Place, Suite 100
Spartanburg, S.C. 29301
(864) 574-7282 • Fax (864) 574-7664

303 East Wood Street
Spartanburg, S.C. 29303
(864) 560-4300 • Fax (864) 573-6863

89 Sonia Drive, Suite A
Greer, S.C. 29650
(864) 989-0031 • Fax (864) 989-0037

4501 Old Spartanburg Road, Suite 15
Taylors, S.C. 29687
(864) 244-3476 • Fax (864) 244-3475

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.

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

Your Health Information Rights

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

Inspect and Copy. You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer, Attn: Heather Brown, Advanced Therapy Solutions Inc., 2500 Winchester Place, Suite 100, Spartanburg, SC 29301. You may mail your request, or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

Request Amendment. You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.

- The information is not part of the designated record set kept by this practice or if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions. You have the right to request a restriction of how we use or disclose your medical information for treatment, payment or health care operations. For example, you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our practice manager.

We are not required to agree to your request if we feel that it is in your best interest to use or disclose that information. If we do agree, we will comply with your request except for emergency treatment.

An Accounting of Disclosures. You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years (our legal obligation to retain information).

Your first request for a list of disclosures within a 12-month period will be free of charge. If you request an additional list within 12 months of the first request, we may charge you for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Alternative Method of Contact. You have the right to request that we contact you at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address.

We will agree to any reasonable request for alternative methods of contacting you. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an *Alternative Contact Request Form*. These forms are available from our Privacy Officer.

Other Ways in Which We May Use & Disclose Your Protected Health Information

Treatment Alternatives. We will use and disclose your protected health information to tell you about or recommend possible alternative treatments or options that may be of interest to you.

Others Involved in Your Care. We will use and disclose your protected health information to a family member, relative, close friend, or any other person you identify that is involved in your medical care or payment for care.

Research. We will use and disclose your protected health information to researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required By Law. We will use and disclose your protected health information when required to by federal, state or local law.

To Avert a Serious Threat to Public Health or Safety. We will use and disclose your protected health information to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Worker's Compensation. We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Inmates. We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official, to allow the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.