

HIPAA NOTICE OF PRIVACY PRACTICES

The Hickey Wellness Center
30 New Orleans Road
Hilton Head, SC 29928
843-842-9960

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE READ CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and to others as required by law.

Treatment

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health care information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred so that the physician has the necessary information to diagnose or treat you.

Payment

Your protected health information will be used as needed to obtain payment for your health care services provided to you. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to obtain approval for hospital admission.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: when required by law; for issues of public health issues, communicable diseases, health oversight, abuse or neglect; as required for Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors, and organ donation; in cases involving research, criminal activity, military activity and national security, workers' compensation, inmates; and other required uses and disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time in writing, except to the extent that your physician or physician's practice has to take action that relies on the use or disclosure indicated in the authorization.