Rights Regarding Your Medical Information

In most cases, you have the right to look at or receive a copy of your medical information that we use to make decisions about your care with a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if we did not create the information, if it is not a part of the medical information that we maintain, or if we determine that the record is accurate. You may appeal, in writing, our decision not to amend a record. You have the right to a list of those instances where we have disclosed medical information about you other than for treatment, payment, health care operations or where you specifically authorized a disclosure when you submit a written request. The request must state the time period desired for the accounting, which must be less than a six-year period starting after September 15, 2008. You may receive the list in paper or electronic form. The first disclosure list request in a 12 month period is free; other requests will be charged according to S.C. Law. We will inform you of the cost before you incur any costs. If this notice was sent to you electronically, you have the right to a paper copy of this notice. You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

Other Uses of Medical Information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

You may request in writing that we not use or disclose medical information about you for treatment, payment, or healthcare operations unless required by S.C. Law. However, you will be responsible for the bill.

You have a right to amend your PHI. We will consider your request, but are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Officer as listed at the end of this notice.

Complaints

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made about access to your records, you may contact our Privacy/ Corporate Responsibility Officer at 864-288-2006. You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Southside Medical Center
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Greenville, SC 29615