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**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

As of April 14, 2003, the federal government requires us to disclose our privacy policies to all patients (HIPPA 04/14/03).

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 protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our physician private practice ("Practice" or "office") and its staff. A copy of our current notice will always be available in our office. You will also be able to obtain your own copy by calling our office at (843) 723-5499 or by asking for one at the time of your next visit.

*If you have any questions about this notice or would like further information, please contact our Privacy Officer at (843) 723-5499.*

**WHAT HEALTH INFORMATION IS PROTECTED**

We are committed to protecting the privacy of information we gather about you while providing you with health care. Some examples of protected health information are:

- Information indicating that you are a patient of our practice or receiving treatment or other health related services from us;
- Information about your health condition (such as a disease you may have);
- Information about health care products or services you have received or may receive in the future (such as an operation or a CT scan); or
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered).

*When combined with:*

- Demographic information (such as your name, address, or insurance status);
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or
- Other types of information that may identify who you are.

**REQUIRED PERMISSIONS TO USE AND DISCLOSE  
YOUR PROTECTED HEALTH INFORMATION**

We will obtain a one-time general written consent to use and disclose your health information in order to treat you, obtain payment for that treatment, and conduct our business operations. This general written consent will be obtained the first time we

provide you with treatment or services. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or services to you.

We will generally obtain your written authorization before using your health information or sharing it with others outside of your practice. You may also ask that we transfer your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it or taken action to do what you asked us to do. To revoke a written authorization, please write to our Privacy Officer at:

Kevin H. Spicer, M.D.  
152 Cannon Street, Suite B  
Charleston, SC 29403

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **1. Treatment, Payment, and Business Operations**

*With your general written consent, we may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.*

**Treatment.** The doctors, nurses, and other staff of our practice may share your health information with each other for the purpose of treating you. A doctor from our practice may also share your health information with a doctor outside of our practice to determine how best to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

**Payment.** We may use your health information or share it with others so that you can get payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment. Finally, we may share your information with other health care providers who have treated you so that they also can have accurate information to seek payment from your health insurance company or managed care plan.

**Appointment Reminders, Treatment Alternatives, Benefits and Services.** In the course of providing treatment to you or your family member, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

*We can do all of these things if you have signed a general written consent form. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may revoke your general written consent at any time, except to the extent that we have already relied upon it. For example, if we provide you with treatment*

*before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment. To revoke your general written consent, please write to:*

*Attn: Kevin H. Spicer, MD  
152 Cannon Street, Suite B  
Charleston, SC 29403*

## **2. Emergencies or Public Need**

*We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your general written consent before using or disclosing your information for these resources. We will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.*

**Emergencies.** We may use or disclose your health information in order to treat you, to obtain payment for that treatment, and to conduct our business operations if you need emergency treatment or if we are required by law to treat you but are unable to obtain your general written consent. If this happens, we will try to obtain your general written consent as soon as we reasonably can after we treat you.

**Victims of Abuse, Neglect, or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations and inspections of the office and its staff. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair, and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defect or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so in a court or administrative tribunal that is handling a lawsuit or other dispute.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;

- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; (3) in our professional judgment disclosure to these offices is in your best interest;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information for research without your written authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to privacy. Under no circumstances, however would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our office.

### 3. **Incidental Disclosures**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, the patients in the treatment area may see, or overhear information relating to your health data.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

*We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.*

### 1. **Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to:

Kevin H. Spicer, M.D.  
152 Cannon Street, Suite B  
Charleston, SC 29403

If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

### 2. **Right to Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care or payment for your care. For example, you could request that we not disclose information about a medication you were prescribed. To request restrictions, please write to:

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Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction at any time as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the notification.

### **3. Right to Request Confidential Communications.**

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to:

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*We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify your request, how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

### **4. Right to Have Someone Act on Your Behalf**

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.