

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

The Richland/Lexington Disabilities and Special Needs Board (RLDSNB) is committed to protecting your medical information. We are required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice. If there are changes to these practices, we will mail a new notice to you within sixty (60) days.

CONFIDENTIALITY PRACTICES AND USES

We may access, use and/or share medical information for the following reasons:

- **Treatment** – to appropriately determine approvals or denials of your medical treatment. For example, our professionals may request and review information from your doctor to determine what services should be included in your service plan.
- **Payment** – to determine your eligibility in the Medicaid program and make payment to your health care provider. For example, the health care provider who provides a service to you may send a claim for payment to Medicaid for medical services provided to you.
- **Health Care Operations** – to evaluate the performance of a health plan or a health care provider. For example, we may provide your records to consultants from the South Carolina Department of Disabilities and Special Needs (SCDDSN) as part of their process to insure that our Service Coordinators and Early Interventionists are providing you with appropriate coordination and services.
- **Informational Purposes** – to give you helpful information such as information about health plan choices, free medical exams, and consumer protection information.

DISCLOSURES NOT REQUIRING YOUR PERMISSION

We can make the following disclosures only if it is directly related to running of medical assistance programs such as Medicaid, a court orders us to disclose the information, or another law requires us to disclose your medical information to:

- **Other government agencies and/or organizations providing benefits, services or disaster relief** so that you can receive benefits and/or services offered by those agencies and/or organizations.
- **Public health agencies** for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect, or domestic violence; in many cases, the law requires that we disclose such information.
- **Health oversight activities** by approved government agencies responsible for the Medicaid program, the U. S. Department of Health and Human Services, and the Office of Civil Rights.
- **Judicial and administrative hearings** in court and administrative proceedings.
- **Law enforcement purposes** if needed or required to enforce the law.
- **Coroners, medical examiners, and funeral directors** who need it to do their work.
- **Disease registries** involved with communicable diseases.
- **Authorized personnel** to work on research projects.
- **To avert serious threat to health, safety or emergency situation** of an individual or the public.
- **Specialized government functions** when medical information is needed for national security, intelligence and/or protective services for the President; we may also disclose health information to the appropriate military authorities if you are or have been a member of the U. S. armed forces.
- **Correctional institutions** in order to maintain the health, safety, and security of the corrections systems.
- **Workers' Compensation programs** that provide benefits for work-related injuries or illness without regard to fault.

YOUR RIGHTS TO PRIVACY

Your medical information will not be shared and/or disclosed without your permission except as described in this notice or required by law. You may authorize other disclosures by completing our Release of Information form. You may also retract this authorization by providing us with a written request at any time. We have procedures to assist you with your rights to your medical information. You may ask our staff for a copy of this notice at any time.

Any requests you may have of us **must** be submitted in writing. You have the right to ask us to:

- Limit the use and/or disclosure of your medical information. However, we are not required by law to agree to your request.
- Contact you by e-mail or fax, at a specific mailing address or phone number.
- Look at or have a copy of any part of the designated record set maintained by us. You may be charged a processing and postage fee for this request.
- Change or add information in your records that we have compiled. However, we may not change the original documents.
- Provide a list of disclosures of your medical information made on or after April 14, 2003. This will not include disclosures for routine uses covered in the consent form, including disclosures for treatment, payment, health care operations, or disclosures made to you or with your permission.

If you need more information or feel that your rights to privacy have been violated by the Richland/Lexington Disabilities and Special Needs Board:

Write to:

Privacy Officer
Richland/Lexington DSN Board
301 Greystone Blvd.
Columbia, SC 29210

You can also file a complaint with:

DHHS – Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Bldg
Washington, DC 20201

Or call the Privacy Officer at (803) 252-5179.

You will not be treated unfairly and services will not be withheld from you if you decide to file a complaint.