

NOTICE OF PRIVACY PRACTICES

MUSC Organized Health Care Arrangement (OHCA)

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.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)

The Medical University of South Carolina and its affiliates (including but not limited to the Medical University Hospital Authority, MUSC Physicians, MUSC Physicians Primary Care, MUSC Health Partners, MUSC Health Alliance, MUSC Strategic Ventures, LLC, and MUSC Strategic Ventures (MSV) Health, Inc.) participate in a clinically integrated health care setting. As a result of this clinical integration, these organizations function as an Organized Health Care Arrangement (OHCA) as defined by the Health Insurance Portability and Accountability Act (HIPAA). For purposes of this notice, the members of the MUSC OHCA are collectively referred to in this document as “MUSC.” **We collect, receive, or share this information about your past, present or future health condition to provide health care to you, to receive payment for that health care, or to operate the hospital and/or clinics.**

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

MUSC is committed to protecting the privacy of health information we create and maintain about you. This Notice of Privacy Practices (“Notice”) describes: i) how we may use and disclose your protected health information (PHI); ii) your rights regarding your PHI; and iii) our legal duties with respect to your PHI. We are required by law to: (i) protect the privacy and security of your PHI; (ii) provide you with this Notice describing our legal duties and privacy practices; and (iii) follow the terms of the Notice currently in effect. You have a right to receive a paper or electronic copy of this Notice and to discuss it with our Privacy Office. If you have questions, please contact the Privacy Office at (843) 792-4037 or privacy@musc.edu.

HOW WE MAY USE AND DISCLOSE YOUR PHI

A. The following Uses and Disclosures do NOT require your authorization except where required by SC law:

1. **Treatment.** Your PHI may be discussed by caregivers to determine your plan of care. For example, the physicians, nurses, medical students and other health care personnel may share PHI in order to coordinate the services you may need.
2. **Payment.** We may use and disclose PHI to obtain payment for our services from you, an insurance company or a third party. For example, we may use the information to send a claim to your insurance company.
3. **Health Care Operations.** We may use and disclose PHI for hospital and/or clinic operations. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **Business Associates.** Your medical information could be disclosed to people or companies outside our Health System who provide services. These companies typically are required to sign special confidentiality agreements before accessing your information. They are also subject to fines by the federal government if they use/disclose your information in a way that is not allowed by law.
5. **Public Health Activities.** We report to public health authorities, as required by law, information regarding births, deaths, various diseases, reactions to medications and medical products.
6. **Victims of Abuse, Neglect, Domestic Violence.** Your PHI may be released, as required by law, to the South Carolina Department of Social Services when cases of abuse and neglect are suspected.
7. **Health Oversight Activities.** We will release information for federal or state audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, as required by law.
8. **Judicial and Administrative Proceedings.** Your PHI may be released in response to a subpoena or court order.
9. **Law Enforcement or National Security Purposes.** Your PHI may be released as part of an investigation by law enforcement or for continuum of care when in the custody of law enforcement.
10. **Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.
11. **Deceased Individuals.** We may provide medical information to coroners, medical examiners and funeral directors so they may carry out their duties.
12. **Organ and Tissue Donation.** As required by law, we will notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
13. **Research.** We may use and disclose your medical information for research purposes. Most research projects are subject to Institutional Review Board (IRB) approval. The law allows some research to be done using your medical information without requiring your written approval.
14. **To Avoid Harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may release limited information to law enforcement personnel or persons able to prevent or lessen such harm.
15. **Workers’ Compensation.** We may release your PHI to comply with workers compensation laws.
16. **Marketing.** We may send you information on the latest treatment, support groups, reunions, and other resources affecting your health.
17. **Fundraising Activities.** We may use your PHI to communicate with you to raise funds to support health care services and educational programs we provide to the community. Before using or disclosing any SUD Records for these purposes, we will provide you with an opportunity to opt-out of receiving this communication. You also have the right to opt-out of receiving fundraising communications with each solicitation.
18. **Appointment Reminders and Health-Related Benefits and Services.** We may contact you with a reminder that you have an appointment.
19. **Disaster Relief Efforts.** We may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
20. **EPIC Community Connect.** We may share a common medical record with certain unaffiliated healthcare providers through Epic’s Community Connect. Community Connect may improve your patient care experience by providing healthcare facilities with your complete medical history. All Community Connect users are guided by the same privacy and security standards as MUSC.

Note: Incidental Uses and Disclosures. Certain incidental uses or disclosures may occur as a by-product of otherwise permitted uses and are not considered to be a violation of your rights when reasonable safeguards are in place.

B. Uses and Disclosures to Which You May Object:

1. **Inpatient hospital directories.** Unless you tell us not to, we may include your name, location, general condition and religious affiliation in our patient directory so your family, friends and clergy can visit you and know how you are doing.

2. **Information shared with family, friends or others.** Unless you tell us not to, we may release your PHI to a family member, friend, or other person involved with your care or the payment for your care.
3. **Health plan.** You have the right to request that we not disclose certain PHI to your health plan for health services or items when you pay for those services or items in full.

C. Uses and Disclosures that Require Your Written Authorization:

We will obtain your written authorization before using or disclosing your PHI in the following circumstances. You may revoke an authorization in writing at any time; however, the revocation will not apply to disclosures already made as directed by your authorization.

1. Uses and Disclosures not otherwise described in this Notice.
2. Psychotherapy notes, except as permitted by law.
3. Any sale of your PHI.

YOUR RIGHTS REGARDING YOUR PHI

Although your health record is the physical property of MUSC the information belongs to you and you have the following rights with respect to your PHI:

- A. **The Right to Request Limits on How We Use and Disclose Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not always legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Your request must be in writing and state (1) the information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse; and (4) an expiration date.
- B. **The Right to Choose How We Communicate PHI with You.** You have the right to request that we communicate with you about PHI and/or appointment reminders in a certain way or at a certain location (for example, sending information to your work address rather than your home address). You must make your request in writing and specify how and where you wish to be contacted. We will accommodate reasonable requests.
- C. **The Right to See and Get Copies of Your PHI.** You have the right to inspect and/or receive a copy (an electronic or paper copy) of your medical and billing records or any other of our records used to make decisions about your care. You must submit your request in writing. If you request a copy of this information, we may charge a cost-based fee. MUSC will act on a request for access or provide a copy usually within 30 days of receipt of the request. We may deny your request in limited circumstances. If you are denied access to your records, you may request that the denial be reviewed by a licensed health care professional. Additionally, we may use and disclose information through our secure patient portal which may allow you to view and communicate with certain health care providers in a secure manner. For more information see our <https://mychart.musc.edu/mychart/>
- D. **The Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.** This list may not include uses such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory as described above in this Notice of Privacy Practices. This list also may not include uses for which a signed authorization has been received or disclosures made more than six years prior to the date of your request.
- E. **The Right to Amend Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You must provide the request and your reason for the request in writing. We may deny your request in writing if the PHI is correct and complete or if it originated in another facility's record. Notification will be provided within 60 days.
- F. **The Right to Receive a Paper or Electronic Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. For the above requests (and to receive forms) please contact: Health Information Services (Medical Records), Attention: Release of Information / 169 Ashley Avenue / MSC 349 / Charleston, SC 29425. The phone number is (843) 792-3881.
- G. **The Right to Revoke an Authorization.** If you choose to sign an authorization to release your PHI, you can later revoke that authorization in writing. This revocation will stop any future release of your health information except as allowed or required by law.
- H. **The Right to be Notified of a Breach.** If there is a breach of your unsecured PHI, we will notify you of the breach in writing.

HEALTH INFORMATION EXCHANGES

MUSC, along with other health care providers, belongs to health information exchanges. These information exchanges are used in the diagnosis and treatment of patients. As a member of these exchanges, MUSC shares certain patient health information with other health care providers. Should you require treatment at another location that is a part of one of these exchanges, that provider may gather historical health information to assist with your treatment. You have the option of saying that this cannot be done. If you choose not to take part in these alliances, please contact the MUSC Privacy Office at (843) 792-4037.

ADDITIONAL PROTECTIONS APPLICABLE TO SUBSTANCE USE DISORDER (SUD) RECORDS MAINTAINED BY OUR PROGRAMS

Substance use disorder treatment records and other information that would identify a patient as having or having had a substance use disorder are protected by the separate federal laws and regulations (collectively, "Part 2") in addition to HIPAA and state law. MUSC will not use or disclose your records containing information protected by Part 2, or provide testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless you've given written consent to do so (separate from your consent for any other use or disclosure), or a court order requires disclosure after notice and an opportunity to be heard is provided to you or MUSC.

Certain facilities, units, departments, and medical personnel at MUSC specialize in diagnosing and providing treatment for substance use disorders ("Programs"). If you receive services from one of our Programs, then the information they maintain that identifies that you have or had a substance use disorder along with your substance use disorder treatment records (collectively, "SUD Records") is subject to additional restrictions and requirements under Part 2.

This section describes how your SUD Records may be used and disclosed by our Programs along with your additional rights with respect to this information. Please note, this section does not apply to information related to care provided outside these Programs such as substance abuse screenings that are performed in emergency rooms or by your primary care provider. In this section, when we refer to "us" or "our", we are referring to the Programs at MUSC rather than MUSC as a whole.

Our Programs must obtain your written consent before using or disclosing your SUD Records except in the limited circumstances as follows:

1. Our Programs may share your SUD Records with personnel at the Program and with personnel at MUSC who need this information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders.
2. To medical personnel in the event of a medical emergency. Your SUD Records may be used and disclosed in a medical emergency where your consent cannot be obtained. We may also disclose your SUD Records to medical personnel of the Food and Drug Administration (FDA) who

assert (i) a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction; and (ii) that your SUD Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.

3. To public health authorities for public health purposes if records do not identify you.
4. To a qualified service organization providing services on our behalf who agree in writing to protect the information the same way we are required to protect the information.
5. Our Programs may share certain information from your SUD Record with law enforcement to report a crime you commit or threaten to commit in our facilities or against our personnel.
6. To report suspected child abuse or neglect as required by applicable law.
7. To qualified personnel for research subject to approval/oversight laws.
8. To qualified personnel for audit or program evaluation in certain circumstances.
9. To provide you with access to your SUD Record
10. Our Programs may disclose certain information relating to the cause of death of a patient where required by law.

Uses and Disclosures of your SUD Records by our Programs for other purposes require your written consent. Examples of when our Programs may use and disclose your SUD Records with your consent include:

1. With your written consent, our Programs may use and disclose your SUD Records for the purposes of treatment, payment, or health care operations as described in further detail elsewhere in this Notice. You may provide a one-time consent to authorize us to use/disclose your SUD records for all future Treatment, Payment and Healthcare Operations. SUD Records disclosed under such a consent to another Part 2 program or a HIPAA regulated entity (including any MUSC facilities, departments, units and personnel which are not part of our Programs) may be further disclosed by the recipient to the extent permitted by HIPAA, or if the Part 2 program is not subject to HIPAA, to the extent permitted by your consent.
2. Your SUD Records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or court order and only after notice and an opportunity to be heard is provided to you or our Program where required by Part 2. If we receive a court order for SUD Records, we will only share the requested SUD Records if that court order is sent with a subpoena or similar legal mandate compelling disclosure.
3. With your consent, our Programs may report any medication prescribed or dispensed by the Program to South Carolina's prescription drug monitoring program (PDMP) where required by state law.
4. With your consent, our Programs may share information from your SUD Record to those persons within the criminal justice system who have made participation in our Program a condition of the disposition of any criminal proceedings against you or of your parole or other release from custody.
5. SUD Counseling Notes. Except in limited circumstances set forth in Part 2, our Programs may only use or disclose your substance use counseling notes with your written consent which must be separate from your consent for any other use or disclosure.

In addition to the rights described elsewhere in this Notice, you have the following supplemental rights with respect to your SUD Records:

1. Right to revoke your consent to use/disclose your SUD Records you've previously agreed to. You can revoke this consent by contacting the Privacy Office at (843) 792-4037 or privacy@musc.edu. Your revocation does not apply to information that has already been released.
2. Right to request restrictions on disclosures made with prior consent for purposes of Treatment, Payment, Healthcare Operations. See "The Right to Request Limits on How We Use and Release Your PHI" of this Notice for how to make this request.
3. Right to request restrictions on disclosures to a health plan for services you've paid for in full.

HOW TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

We are committed to the delivery of quality health care in a confidential and private environment. If you think your privacy rights may have been violated, or you disagree with a decision we made about access to your PHI, you may file a complaint without fear of retaliation by contacting:

HIPAA Privacy Officer: 22 Westedge Street / Suite 347 / Charleston, SC 29403 / Phone: (843) 792-4037 / Privacy Hotline: (800) 296-0269

You may also file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. The address will be provided at your request or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. The changes will apply to all existing PHI we have about you. This Notice will always contain the effective date and may be reviewed at <https://muscedu/about/compliance/privacy>

EFFECTIVE DATE OF THIS NOTICE

This Notice went into effect on April 14, 2003 and was last revised on February 13, 2026.