## KINGDOM HEALTHCARE CENTER

A Non-Profit Organization

# NOTICE OF PRIVACY PROTECTION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO CONTAINS INFORMATION ABOUT YOUR RIGHTS.

If you have questions, please contact:

Dr. Gwendolyn Cobbs, Privacy & Compliance Officer

Email: info@kingdomhealthcarecenter.org

Address: 5046 Highway 17 Bypass South, Suite 202, Myrtle Beach, SC 29588

## **OUR COMMITMENT TO YOUR PRIVACY**

This notice describes the privacy practices followed by the staff, volunteers, and healthcare providers of Kingdom Healthcare Center. These practices also apply to healthcare providers who may consult with you by phone or provide coverage when your regular provider is unavailable.

#### YOUR HEALTH INFORMATION

This notice applies to the information we have about your health, health status, and the healthcare and services you receive through Kingdom Healthcare Center. We are required by law to give you this notice and to explain how we may use and disclose your protected health information, as well as your rights regarding that information.

# HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your protected health information for purposes such as treatment, payment, and healthcare operations. Examples include sharing information with other providers involved in your care, billing insurance payers, or reviewing performance to improve quality of care.

#### SPECIAL SITUATIONS

We may use and disclose health information about you without your authorization in specific cases such as public health reporting, compliance with the law, or to avert a serious threat to safety. These disclosures are strictly limited to what the law permits.

## OTHER USES AND DISCLOSURES

We will not use or disclose your health information for purposes other than those described above without your written authorization. You may revoke authorization at any time in writing, which will not affect prior disclosures made with your consent.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have rights to inspect and copy your records, request corrections, obtain a record of certain disclosures, request restrictions on use or disclosure, and request confidential communications. Requests must be made in writing to info@kingdomhealthcarecenter.org.

## **CHANGES TO THIS NOTICE**

We reserve the right to revise this notice at any time. Changes will apply to all records we maintain and will be posted in our facility. You may request a copy of the current notice at any time.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Kingdom Healthcare Center at info@kingdomhealthcarecenter.org, or with the Secretary of the Department of Health and Human Services, PO Box 8206, Columbia, SC 29202-8206. You will not be penalized for filing a complaint.

## **NOTICE**

We cannot ensure the privacy of conversations conducted via cellular telephones.