

Notice of Privacy Practices



For a list of the Roper St. Francis Healthcare facilities covered by this Notice of Privacy Practices, please call our Healthline at (843) 402-CARE or visit our website, rsfh.com

Effective April 14, 2003 • Modified January 15, 2026

A copy of this Notice is also available in Spanish. Una copia de este anuncio esta' disponible tambien en Espanol.

THIS NOTICE EXPLAINS HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION. IT ALSO DESCRIBES YOUR RIGHTS AND OUR DUTIES REGARDING HOW WE USE AND SHARE YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING HEALTH INFORMATION

Roper St. Francis Healthcare ("RSFH") is committed to protecting health information about you. We will create a record of the care and services you receive at RSFH, its subsidiaries, and other related entities. We use and share this record to provide you with quality care and to comply with certain legal requirements. This record will be available to all health care professionals who need access as described in this Notice, many of whom will be involved in your treatment at any of our facilities or practices.

This Notice applies to all the records of your care that we maintain. It explains the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- Make sure your medical information is protected.
- Give you this Notice describing our legal duties to protect your privacy.
- Follow the rules stated in the most current version of the Notice.

WHO WILL FOLLOW THIS NOTICE

- Any healthcare professional authorized to enter information into your RSFH medical record, including doctors on the medical staff and other providers and personnel while at one of our health care facilities or practices.
- All employees, staff, volunteers, and other personnel.
- In addition, our facilities may share health information with each other for treatment, payment or healthcare operations as described in this Notice.

HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways we may use and disclose your medical information. For each category of uses or disclosures, we describe the general purpose and give examples. Some information, such as certain genetic information, substance use disorder treatment information, HIV information, and mental health information may have additional protections under state and federal laws. We comply with all applicable laws.

Not every use or disclosure will be listed, but all permitted uses and disclosures fall within one of the following categories.

A. Treatment: We may use or share your medical information to give you medical care. We may share information about you with doctors, nurses, and others who are helping care for you.

Examples

- A doctor treating you for a broken leg may need to know if you have diabetes because it affects the healing process.
- A doctor may inform a dietitian about your condition to help plan appropriate meals.
- Departments may share information to coordinate services such as prescriptions, lab work and x-rays.

We may also share medical information about you with other health care providers, outside of RSFH if they are caring for you. We may contact you to provide appointment reminders, patient registration information, or treatment options or services that may interest you.

B. Payment: We may use and share your medical information for billing and payment activities for RSFH and others involved in your care, such as an ambulance company.

Examples

- Contacting your health plan before scheduled services for prior authorization.
- Providing information to insurers so they can pay for treatment.
- Contacting Medicare or Medicaid to inquire as to whether you qualify for coverage.

C. Health Care Operations: We may use and share your medical information to operate our health system and ensure you receive quality care. These activities help us improve our services.

Examples

- Coordinating your care
- Reviewing the performance of our staff
- Training students
- Evaluating new services
- Assessing treatment outcomes
- Sharing information for education, licensing, or legal purposes

D. Business Associates: We may hire individuals or companies (“Business Associates”) to help us perform our services or operate our entities. For example, we may hire a transcription service to transcribe parts of your medical record, or collection agencies to collect payment. We require Business Associates to protect your information and to use it only for the purposes we hired them to do.

E. Fundraising Activities: We may share limited health information with the Roper St. Francis Foundation so it may contact you about fundraising efforts. We only release limited information, such as your name, address, phone number, dates of service, type of service and attending physician. We will not release information about you to other fundraising organizations. If you do not want to be contacted for fundraising efforts, you must notify the Foundation in writing at 8536 Palmetto Commerce Pkwy Ste. 301, Ladson, SC 29456 or send an email to foundation@rsfh.org.

F. Facility Directory (Hospital Only): If you are hospitalized, we may include your name, hospital location (such as room number), and your general condition (for example, good, fair, serious, etc.) in the hospital directory. This information is given only to those who ask for you by name. We may also provide your religious affiliation and directory information to members of the clergy, even if they do not ask for you by name. If you do not want directory information shared, inform the staff member registering you or providing care.

G. Individuals Involved in Your Care or Payment for Your Care: Unless you ask us not to, we may share your health information with people involved in your care or who help pay for your care, such as a family members, friends, or your legal representative. If you are unable to express your preference (for example, in an emergency) we will use our professional judgment to determine whether sharing information is in your best interest.

H. Health Information Exchanges: We may provide your healthcare information to a health information exchange (HIE) in which we participate. The HIE is a network that allows participating providers involved in your care to exchange patient information to facilitate health care. These providers may include your doctors, nursing facilities, home health agencies or other providers who care for you outside of our hospitals or our practices. For example, you may be traveling and have an accident in another area of the state. If the doctor treating you is a member of the HIE in which we participate, s/he can access the information about you that other providers have contributed. Accessing this additional information can help your doctor provide you with well-informed care quickly because s/he will have learned about your medical history or allergies or prescriptions from the HIE. If you do not want your medical information to be contributed to the HIE and shared with these member health care providers, you can opt out by visiting rsfh.com and submitting the opt out form. Opt-outs take effect within 5 business days. Note that if you opt out, your providers may not have the most recent information about you which may affect your care. You can always opt back in at any time.

I. Research: We may use and disclose medical information about you for certain research purposes as allowed by federal and state laws. All research projects, however, are subject to special approval procedures to ensure your medical information will continue to be protected. When required, we will obtain a written authorization from you prior to using your medical information for research.

J. As Required or Authorized by Law: We will disclose medical information about you when required to do so by federal and/or state law.

Examples

- Mandated patient registries
- Reporting adverse events to the FDA
- Public health reporting (disease prevention, births, deaths, abuse, or neglect)
- Health oversight activities

K. Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose your medical information to courts, attorneys, or others when responding to court orders, subpoenas, warrants, or other lawful instructions. We also share information with our attorneys to defend RSFH in legal actions. We may disclose your medical information to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

L. We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts:** We may disclose medical information to a disaster-relief organization so your family can be notified about your condition, status, and location.
- **To Avert a Serious Threat to Health or Safety:** We may disclose information to prevent a serious and imminent threat to health and safety.
- **Organ, Eye and Tissue Donation:** We may share information to organizations that handle organ procurement, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers' Compensation:** We may share medical information about you for workers' compensation or similar programs as authorized or required by law.
- **Coroners, Medical Examiners and Funeral Directors:** We may share medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities:** We may share medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.
- **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may disclose medical information about you to the correctional institution or law enforcement officials as authorized or required by law

USES OF HEALTH INFORMATION REQUIRING AUTHORIZATION

A. Psychotherapy Notes: In most cases, we require your written permission to use or share psychotherapy notes. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment or use of disclosure by us for training of mental health practitioners, or to defend RSFH in a legal action brought by you.

B. Marketing: We must obtain your written permission to use or disclose your medical information for marketing purposes, except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: coffee mug), or a communication about our services or products (example: we may send you a postcard announcing the arrival of a new surgeon or X-Ray machine).

C. Sale of Medical Information: We must obtain your written permission before sharing your information in a way that the sale of health information.

D. Other Uses and Disclosures: Other uses or disclosures not included in this Notice, or applicable laws, rules, or regulations will be made only with your written permission or authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

1. Access to a Copy of Your Health Records

You can ask to see and get a copy of your health record and other health information. You may not be able to get all your information in a few special cases. For example, if your doctor decides something in your file might endanger you or someone else, your request for access may be denied. You may also request that we send a copy of your medical information to a third party.

- In most cases, copies of your health record will be given to you within 30 days, but this time frame can be extended for another 30 days, if needed.
- You may have to pay for the cost of copying and mailing if you request copies and mailing. To request a copy of your health record, you must submit a written request to the Medical Records Department at the facility or practice where you were treated. You can find the form to request your records on the RSFH website rsfh.com.
- We may charge you a reasonable cost-based fee for the cost of providing you the copies. In some cases, medical records may be provided free of charge.

2. Revoke an Authorization

If you have provided us permission to use or share your health information, you may revoke that permission at any time by writing a letter to the Medical Records Department at the facility or practice where you obtained your records. If you revoke your permission, we will no longer use or share your health information for the reasons covered by your written authorization. You understand that we are unable to take back any information we have already shared before you notified us of your revocation.

3. Request Changes to Your Health Information

You can ask to change or add information to your health record that you think is wrong or incomplete. A request to change your health information is also known as a “request for amendment.” The provider has the right to decide whether to grant the request for amendment. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), however we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

- To request an amendment, your request must be in writing to the Medical Records Department at the facility or practice where you were treated. You must describe the amendment and provide a reason it should be made.
- We will usually respond to your request for amendment within 60 days, but it may take an extra 30 days in some cases. If we need an extension, we will provide you with the reason.

4. Obtain a List of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we have made of your medical information (it does not include those involved in treatment, payment, or for health care operations, or as authorized by you). To request an accounting of disclosures you must submit your request in writing to the Medical Records Department at the facility or practice where you were treated. You must include the time frame for the request.

- You can get an accounting of disclosures at no charge every 12 months. There may be a charge for more than one report within a 12-month time frame.
- In most cases, we will get you the accounting of disclosures within 60 days, but it may take an extra 30 days in some cases. If we need an extension, we will provide you with the reason.

5. Request Restrictions on Sharing of Your Information

You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment, or health care operations. You also have the right to request that we limit the health information we share about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that we not share with your siblings information about a surgery you had. To request a restriction, you must write a letter to the Medical Records Department at the facility or practice where you were treated. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit the use, or sharing of information or both; and (3) to whom you want the limits to apply (for example, sharing with your spouse). We are not required to agree to your request. If we do agree, your restrictions may not be followed in some situations, such as emergencies or when required by law.

Note that if you ask us not to share health information with your health plan for items or services for which you paid in full, out of pocket, we will not share the information with the plan.

6. Request That We Change How We Contact You (Confidential Communications)

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at your cell phone number instead of your home number or ask that your lab results be sent to your office instead of to your home. To request confidential communications, you must write a letter to the Medical Records Department at the facility or practice where you were treated. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

7. Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice upon request. You may also obtain a copy of this Notice at any time from our website, rsfh.com, or from the facility where you obtained treatment.

8. Right to be Notified of a Breach

You have the right to be notified if your health information is acquired, used, or shared in a manner not permitted under law which compromises the security or privacy of your health information.

CHANGES TO THIS NOTICE

We may change this Notice at any time. Changes will apply to all information we maintain. The Notice will contain the effective date of the Notice. The current Notice will be posted at our facilities and on our website, www.rsfh.com.

QUESTIONS & COMPLAINTS

If you have questions or believe your information was used or shared in a way that is not allowed under the privacy law or if you believe your rights were denied you can file a complaint with RSFH or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

CONTACT INFORMATION & HOW TO FILE A COMPLAINT

Roper St. Francis Healthcare Privacy Office

Email: Privacy@rsfh.com

Phone: (800) 597.3386

US Department of Health and Human Services

Phone: (877) 696.6775

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201