



Providence Internal Medicine Downtown

We are happy to welcome you to Providence Internal Medicine Downtown. Thank you for choosing us as your provider. We appreciate the opportunity to take care of you and your loved ones. Our staff is dedicated to helping you maintain your health & wellness by providing you with quality care.

To insure your first visit with us is a pleasant one, please review and complete the following:

- 1. Complete attached registration forms including signatures.**
- 2. Prior to appointment, try to obtain and send previous medical records, lab results or immunization records to our office.**
- 3. Bring ALL of your current medications. The bottles are best but you may bring a list also.**
- 4. Bring insurance card(s) to your appointment. Patients without insurance cards will be considered Self Pay.**
- 5. Bring a photo ID to your appointment as Federal Regulations require that you provide a photo ID.**
- 6. As a courtesy to our patients and staff with allergies, please refrain from wearing cologne or perfume during your visit.**
- 7. In some cases, you may be asked to have fasting lab work completed prior to your appointment. If this is the case, you will be contacted by our office.**

All patients are responsible for co-pays, deductibles, coinsurance and charges for services rendered at the time of their appointment. For your convenience, we accept payment by cash, check or credit card.

Should you arrive more than 15 minutes past your scheduled appointment time, you may be asked to reschedule for the next available appointment time.

We are located at 2601 Laurel Street, Suite 230 Columbia, SC 29204.

Our office hours are: Monday – Wednesday 8:00am - 4:30pm
 Thursday 10:00am - 7:00pm
 Friday 8:00am - 12:00pm

Please do not hesitate to contact us with any questions or concerns. Thank you for your co-operation. We look forward to providing you with compassionate healthcare.

Sincerely,

The Staff of Providence Internal Medicine Downtown

A Ministry of the Sisters of Charity Health System

2601 Laurel Street, Suite 230 Columbia, SC 29204
P. 803 227 5320 F. 803 227 5326

Notice of Privacy Practices

PROVIDENCE HOSPITALS AND AFFILIATES NOTICE OF PRIVACY PRACTICES

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.

WHO WILL FOLLOW THIS NOTICE:

Any health care professional authorized to enter protected health information into your record, including members of our medical staff; any member of a volunteer group we allow to help you while you are at Providence Hospitals (the "Hospital"); all employees, staff and other Hospital personnel; all departments and units of the Hospital including, but not limited to, the Augustine Health Group, will follow this Notice. All of Providence Hospitals entities, sites and locations may share protected health information with each other for treatment, payment or health care operations purposes as described in this Notice. We will refer to all who follow this Notice as "we," "us" or the "Hospital" in this Notice.

OUR PLEDGE REGARDING PHI:

We are committed to protecting the privacy of your protected health information. We will refer to your protected health information in this Notice as your "PHI." We create a record of the care and services you receive at the Hospital to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated by the Hospital, whether made by Hospital personnel or your doctor. Your doctor may have different policies or notices regarding the doctor's use and disclosure of your PHI created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to: (1) maintain the privacy of your PHI; (2) give you this Notice of our legal duties and privacy practices with respect to your PHI; and (3) follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and provide examples as required. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use your PHI to provide you with and manage your health care treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share PHI about you in order to coordinate the different things that you need, such as prescriptions, lab work, and x-rays. We may also disclose your PHI to another health care facility or professional that is not affiliated with our organization but that is or may be providing treatment to you. For instance, if, after you leave the Hospital, you are going to receive home health care, we may disclose your PHI to home health care agencies so that an appropriate agency may be selected and a plan of care can be prepared for you.
- **For Payment:** We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan PHI about surgery you had at the Hospital so your health plan will pay for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may use your information to prepare a bill to send to you or the person responsible for your payments. We may also use or disclose your PHI to (1) make eligibility and coverage decisions about you; (2) seek judgment on or subrogate health benefit claims; (3) perform risk adjusting activities; (4) support utilization review activities; and (5) review services provided to you for the following: (a) medical necessity determination; (b) coverage under a health plan; (c) appropriateness of care; and (d) justification of charges.
- **For Health Care Operations:** We may use and disclose PHI about you for health care operations. Health care operations are those activities that are necessary to run our facility and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI to doctors,

nurses, technicians, medical students, and other Hospital personnel for review and learning purposes. We may also use and disclose information for accreditation, licensing, and case management. We may use or disclose your PHI to conduct or arrange for medical review, legal services, and auditing functions or to provide for business planning and development, business management and general administration.

- **Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or health care at the Hospital.
- **Health-Related Benefits and Services or Treatment Alternatives:** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives. We may also use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities:** We may use limited PHI about you (name, address and phone number and the dates you received treatment or services at the Hospital) to contact you in an effort to raise money for the Hospital and its operations. We may disclose limited PHI to a foundation related to the Hospital so that the foundation may contact you in raising money for the Hospital.
- **Patient Directory:** Unless you object, we may include limited information about you in the Hospital directory while you are a patient at the Hospital. This information includes your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.
- **Family and Friends Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose PHI about you to a friend or family member who is involved in your health care. We may also disclose PHI to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.
- **Business Associates:** Some of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to disclose certain PHI to one or more of these outside persons or organizations who assist us with our certain payment and health care operations activities. In all cases, we require these business associates to appropriately safeguard the privacy of your PHI.

SPECIAL SITUATIONS

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or avert the threat.

- **Organ and Tissue Donation:** We are required by federal law to notify organizations that handle organ procurement, organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation, whenever there is a death in our facility. This is to facilitate a patient or family's request to be an organ or tissue donor.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may use or disclose your PHI to comply with worker's compensation or other similar programs established by law for work-related injuries or illness.
- **As Required by Law:** We will disclose PHI about you when required to do so by federal, state or local law.
- **Public Health:** We will disclose PHI about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report births and deaths, including stillbirths; (3) to report certain injuries, cancer surveillance data, trauma registry data, birth defects, heart attacks to the national registry of myocardial infarctions and for required public health investigations; (4) to report child abuse or neglect; (5) to report reactions to medications or problems with products; (6) to notify people of recalls of products they may be using; (7) to report adverse events or product defects to the Food and Drug Administration; (8) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (9) to your employer, as allowed by occupational health and safety laws, regarding work-related illness or injury or concerning medical surveillance activities so long as certain notice requirements are met.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** We may disclose your PHI in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may disclose your PHI to a law enforcement official: (1) to help you get financial assistance if you have been the victim of a crime or sexual assault; (2) if you are the victim of elder abuse or neglect, domestic violence if serious physical injury is present; (3) to report gunshot wounds, knife stabbing, suspicious injury and burns, as required by

- law; (4) in response to a court order, subpoena, warrant, summons or similar process; (5) to identify or locate a suspect, fugitive, material witness, or missing person; (6) about the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement; (7) about a death we believe may be the result of criminal conduct; (8) about a crime committed on our premises; and (9) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also will disclose PHI about patients to funeral directors and others as necessary to carry out their duties and as required by law.
 - **National Security and Intelligence Activities:** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 - **Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose PHI about you, you may revoke that authorization in writing at any time, except to the extent that your PHI has already been used or disclosed before you revoked your authorization. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization.

If we receive PHI from a facility covered by the Alcohol and Drug Rehabilitation Act, or if we receive or create certain psychiatric PHI, we will not further disclose or disclose that PHI without your express permission or as allowed or required by law.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your PHI we maintain:

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI. You have a right to obtain copies of your PHI in electronic format and direct Providence Hospital to transmit the requested PHI to a clearly, conspicuously and specifically identified entity or person. To inspect and copy your PHI, you must submit your request in writing to Health Information Management Services at the address provided on the last page of this Notice. We may deny your request to inspect and copy your PHI in certain very limited circumstances. If you are denied access to PHI, in certain circumstances, you may request that the denial be reviewed. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. For paper copies, this fee is capped by South Carolina law.
- **Right to Amend:** If you feel that your PHI we maintain is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be made in writing on our designated forms and submitted to Health Information Management Services at the address provided on the last page of this Notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for the Hospital; (3) is not part of the PHI which you would be permitted to inspect and copy; or (4) is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures," which is a list of the disclosures we have made of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations, as described in this Notice, and certain other disclosures. To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Services at the address provided on the last page of this Notice. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on our uses or disclosures of your PHI. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose PHI about a surgery you had. We are not required to agree to such restrictions unless the requested restriction concerns a disclosure of PHI to a health plan for the purpose of carrying out payment and health care operations (but not treatment) and the PHI pertains solely to a health care item or service for which Providence Hospital has been paid by you out of pocket in full. To request restrictions, you must make your request in writing on our designated forms to Health Information

Management Services at the address provided on the last page of this Notice. In your request, you must tell us: (1) what PHI you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. These restrictions will not apply if disclosure is required by law.

- **Rights to Confidential Communications:** You have the right to request that we communicate with you about health care matters in a certain way or to a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Health Information Management Services at the address provided on the last page of this Notice. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** Even if you have agreed to receive this Notice electronically, you still have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Admitting Office or the Emergency Registration Department. You may obtain a copy of this Notice at our website: www.providencehospitals.com

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post a copy of the current Notice in the Hospital. The Notice will contain the effective date at the bottom of its last page.

CONTACT

Contact the Privacy Officer at (800) 565-0675 if you have any questions about the Notice or for further information.

Our address is: Providence Hospitals, 2435 Forest Drive, Columbia, SC 29204.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact the Privacy Officer at (800) 565-0675. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

EFFECTIVE DATE

The effective date of this Notice is December 27, 2004, revised February 17, 2010.

Providence Internal Medicine Downtown

NO SHOW POLICY

Why “No Shows” are a problem:

A patient that does not show for their appointment takes away another patient's opportunity to see our medical providers. Our providers are very busy and all appointments need to be canceled prior to the appointment in order to allow another patient the chance to see their medical provider.

“No Shows” are defined as, any patient that does not show for their scheduled appointment with our medical provider without notifying the office within 24 hours of his or her appointment.

If 24 hours prior to the appointment is during a time when the office is closed, leaving a message with the answering service is an acceptable form of notification.

Plan of Action for handling "No Show" Patients

First Occurrence

The first occurrence will be handled by contacting the patient via telephone and informing them of the missed appointment and attempting to reschedule the patient for a new appointment.

Second Occurrence

At the second occurrence, the patient will no longer be allowed schedule appointments. The patient will have to call the day of desired provider visit and request a walk-in appointment. The patient may have to come in early and wait until an appointment time is available. The patient is not guaranteed an appointment if they request a walk-in slot.

Plan of Action for handling “No Show” Patients that schedule a Same Day Walk-In Appointment

All “No Show” Occurrences for Same Day Walk-In Appointments

The patient's account will be charged a **\$25.00** miscellaneous fee for **all** missed same day walk-in appointments.

Please Note: Excessive cancellations of same day walk-in appointments will require the patient to be present at the office to schedule same day walk-in appointments.

Signature

Date

Staff Signature

Date