

## **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.**

Affinity Health Center is required by law to maintain the privacy of protected health information ("PHI") and to provide individuals with notice of Affinity Health Center's legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how Affinity Health Center may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Affinity Health Center is required to follow the terms of this Notice. Affinity Health Center will not use or disclose PHI about you without your written authorization, except as described in this Notice. Affinity Health Center reserves the right to change our practices and this Notice and to make the new Notice effective for all PHI Affinity Health Center maintains, including PHI created or received before the changes were made. Affinity Health Center will provide any revised Notice to you (either at any Affinity Health Center location or through the Affinity Health Center Privacy Officer).

Affinity Health Center will post a copy of the current Notice in each Affinity Health Center location. In addition, the current Notice and any revised Notice will be posted on Affinity Health Center's website at [www.affinityhealthcenter.org](http://www.affinityhealthcenter.org).

### **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights with respect to PHI about you:

**Breach of Unsecured PHI.** Affinity Health Center will provide written notification of a breach of your unsecured PHI. You have the right to receive written notification of a breach where your unsecured PHI has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such breach, and the breach compromises the security and privacy of your PHI. Unless specified in writing by you to receive this breach notification by electronic mail, we will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

**Obtain a paper copy of the Notice upon request.** You may request a copy of this Notice at any time. You may obtain a paper copy at any Affinity Health Center location or by writing to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer.

**Request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of PHI about you by completing a Request for Additional Restriction on Use or Disclosure of Protected Health Information form (available at any Affinity Health Center location) and delivering it to the Affinity Health Center location(s) which you believe maintains PHI about you or sending it to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer. Affinity Health Center is not required to agree to additional restrictions that are requested, unless your request is to restrict disclosure of your PHI to a health plan and such disclosure is for payment or healthcare operations, is not required by law, and the PHI pertains only to an item or service that has been paid for in full by you.

**Inspect and obtain a copy of PHI.** You have the right to access and copy PHI about you that is contained in a designated record set for as long as Affinity Health Center maintains the PHI. The designated record set usually will include treatment, prescription and billing records. To inspect or copy PHI about you, you must complete a Request for Access to Protected Health Information form (available at any Affinity Health Center location) and deliver it to the Affinity Health Center location(s) which you believe maintains PHI about you or send it to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer. Affinity Health Center may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. Affinity Health Center may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

**Request an amendment of PHI.** If you feel that PHI Affinity Health Center maintains about you is incomplete or incorrect, you may request that Affinity Health Center amend it. You may request an amendment for as long as Affinity Health Center maintains the PHI. To request an amendment, you must complete a Request to Amend Protected Health Information form (available at any Affinity Health Center location) and deliver it to the Affinity Health Center location(s) which you believe maintains PHI about you or send it to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer. You must include a reason that supports your request. Affinity Health Center may deny your request for amendment if the PHI:

- Was not created by Affinity Health Center, unless the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for Affinity Health Center;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

If Affinity Health Center denies your request for amendment, you have the right to submit to Affinity Health Center a statement of disagreement with the decision and Affinity Health Center may give a rebuttal to your statement.

**Receive an accounting of disclosures of PHI.** You have the right to receive an accounting of the disclosures Affinity Health Center made of PHI about you in the past six years for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to

friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must complete a Request for an Accounting of Disclosures form (available at any Affinity Health Center location) and deliver it to the Affinity Health Center location(s) which you believe maintains PHI about you or send it to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer. Your request must specify the time period, but may not be longer than 6 years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. Affinity Health Center will notify you of the cost involved and you may choose to withdraw or modify your request at that time. Certain other exceptions may apply for PHI maintained in an electronic health record.

**Request communications of PHI by alternative means or at alternative locations.** You have the right to request how and where Affinity Health Center contacts you about PHI. For instance, you may request that Affinity Health Center contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must notify Affinity Health Center in writing, preferably by completing a Request for Alternative Communications on Use or Disclosure of Protected Health Information form (available at any Affinity Health Center location) and deliver it to the Affinity Health Center location(s) which you believe maintains PHI about you or send it to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer. Your request must state how or where you would like to be contacted. Affinity Health Center will accommodate all reasonable requests. If you are not able to complete the written request, you may notify Affinity Health Center by phone at which time the staff member will note the change in your record.

#### **EXAMPLES OF HOW AFFINITY HEALTH CENTER MAY USE AND DISCLOSE PHI**

1. The following are descriptions and examples of ways Affinity Health Center may use and disclose PHI without your authorization:

**Affinity Health Center will use PHI for treatment.** Example: Information obtained by a nurse or physician will be recorded in your health record and used to determine the best treatment for you. The healthcare team will document your treatment goals, actions taken and clinical observations.

**Affinity Health Center will use PHI for payment.** Example: Affinity Health Center may bill you or a third-party payor for the cost of services rendered to you and prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, your diagnoses, treatments and supplies used.

**Affinity Health Center will use PHI for health care operations.** Example: Affinity Health Center may use information in your health record to monitor the performance of the health care team providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care service Affinity Health Center provides.

2. Affinity Health Center is likely to use or disclose PHI for the following purposes:

**Business associates.** There are some services provided by us through contracts with business associates. Examples may include archive records storage, software support and maintenance companies, as well as select telecommunications companies assisting in transmission of electronic data for payment/treatment. When these services are contracted for, Affinity Health Center may disclose PHI about you to our business associate, subject to state authorization requirements, so that they can perform the job Affinity Health Center has asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, Affinity Health Center requires the business associate to appropriately safeguard the PHI.

**Communication with individuals involved in your care or payment for your care.** Subject to state authorization requirements, health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care. You have the right to object to such disclosure. Any objection must be communicated in writing to the Privacy Officer.

**Health-related communications.** Affinity Health Center may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Food and Drug Administration (FDA).** As required by law, Affinity Health Center may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation.** Affinity Health Center may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

**Public health.** As required by law, Affinity Health Center may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement.** Affinity Health Center may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**Correctional institution.** If you are an inmate of a correctional institution, Affinity Health Center may disclose PHI about you to the institution or its agents that is needed for your health or the health and safety of other individuals.

**As required by law.** Affinity Health Center must disclose PHI about you when required to do so by law.

**Health oversight activities.** Affinity Health Center may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings.** If you are involved in a lawsuit or a dispute, Affinity Health Center may disclose PHI about you in response to a court or administrative order, subject to state authorization requirements where applicable. Affinity Health Center may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI and subject to state authorization requirements where applicable.

3. Affinity Health Center is permitted to use or disclose PHI about you for the following purposes:

**Coroners, medical examiners, and funeral directors.** To the extent required by law, Affinity Health Center may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Affinity Health Center may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations.** Consistent with applicable law, Affinity Health Center may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Notification.** To the extent permitted by state law, Affinity Health Center may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Correctional institution.** If you are or become an inmate of a correctional institution, Affinity Health Center may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others and to the extent required by law.

**To avert a serious threat to health or safety.** Affinity Health Center may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans.** If you are a member of the armed forces, Affinity Health Center may release PHI about you as required by military command authorities who are authorized by law to receive such information. Affinity Health Center may also release PHI about foreign military personnel to the appropriate military authority to the extent required by law.

**National security and intelligence activities.** Affinity Health Center may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Victims of abuse, neglect, or domestic violence.** Affinity Health Center may disclose PHI about you to a government authority, such as a social service or protective services agency, if Affinity Health Center reasonably believes you are a victim of abuse, neglect, or domestic violence. Affinity Health Center will only disclose this type of information to the extent required by law, if you agree to the disclosure by written authorization required by state law, or if the disclosure is allowed by law and Affinity Health Center believes it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### **ADDITIONAL PRIVACY FOR REPRODUCTIVE HEALTH CARE**

Federal law prohibits us from using or disclosing your information when it is being sought to investigate or impose liability on you, health care providers, or others who seek, obtain, provide or facilitate lawful reproductive health care, or to identify persons for such activities. This prohibition applies where we, or others acting on our behalf, have reasonably determined that:

- (1) The reproductive health care is lawful under the law of the state in which it was provided under the circumstances in which it was provided, for example, if a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care is provided; or
- (2) The reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the state in which such health care is provided, for example, if the use of the reproductive health care, such as contraception, is protected by the Constitution; or
- (3) The reproductive health care was not provided by us, but we presume it was lawful. However, if we receive a request for your information, and we have actual knowledge that the reproductive health care was not lawful under the circumstances under which it was provided to you, this presumption does not apply, for example, if you tell us you received reproductive health care from an unlicensed person and we know that the specific reproductive health care must be provided by a licensed health care provider.

When we receive a request for your information potentially related to reproductive health care, we must obtain a signed attestation from the requester that the use or disclosure is not for a prohibited purpose when the request relates to health oversight activities, judicial and administrative proceedings, law enforcement purposes, and disclosures to coroners and medical examiners. For example, if we receive a lawful subpoena for medical records that include information related to reproductive health care, we must obtain a signed attestation from the requester that states the request is not for a prohibited purpose.

### **ADDITIONAL PRIVACY FOR SUBSTANCE USE DISORDER (SUD) TREATMENT**

Although we are not a substance use disorder treatment program (a “SUD Program”), we may receive information from a SUD Program about your treatment or may have substance use disorder treatment information based on our provision of such service. We may not disclose this



455 Lakeshore Parkway | Rock Hill, SC 29730  
(803) 909-6363 | [affinityhealthcenter.org](http://affinityhealthcenter.org)

information so that it can be used in a civil, criminal, administrative, or legislative proceeding against you unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard. In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

#### **OTHER USES AND DISCLOSURES OF PHI**

Affinity Health Center will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke any such authorization in writing at any time. Upon receipt of the written revocation, Affinity Health Center will stop using or disclosing PHI about you, except to the extent that has already taken action in reliance on the authorization. Use of certain types of PHI about you may only be made with your written authorization, including disclosure of your PHI for marketing purposes, or to sell your PHI.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information about Affinity Health Center's privacy practices, you may contact Affinity Health Center by calling the Affinity Health Center Privacy Officer at 803-909-6363 or writing to Affinity Health Center, 455 Lakeshore Parkway, Rock Hill, SC 29730, Attention: Privacy Officer. If you believe your privacy rights have been violated, you can file a complaint in writing with the Affinity Health Center Privacy Officer or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

**EFFECTIVE DATE:** This Notice is effective as of December 19, 2024.