



*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.*

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

Consistent with applicable Federal and State regulations, Gateway Medical LLC (hereinafter referred to as "Gateway Medical") may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. In some circumstances, your health information may be used or disclosed for these purposes without your written consent.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES THAT MAY REQUIRE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT:**

#### **To Provide Treatment**

Gateway Medical may use your health information to coordinate care - both pre-Admission and post-Admission - with other health care practitioners and providers involved in your care or treatment. For example, physicians involved in your care will need information about your condition in order to prescribe appropriate treatment or medications. Pharmacists or suppliers of medical equipment will need certain health information to provide ordered services to you.

#### **To Obtain Payment**

Gateway Medical may include your health information to bill and collect payment from Medicare, other health insurance plans or third parties for the care you receive from Gateway Medical. For example, may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Gateway Medical. Gateway Medical also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you. Medicare requires diagnosis and treatment information to justify the medical necessity for reimbursement to Gateway Medical.

#### **To Conduct Health Care Operations**

Gateway Medical may use and disclose health information for its own operations in order to facilitate the function of and as necessary to provide quality care to all of its patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Protocol development, case management and care coordination.
- Referral activities, which may include referring services to a Gateway Medical subsidiary company or to a Business Associate.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Gateway Medical.

For example, Gateway Medical may use your health information to train its staff, to evaluate staff performance, or to improve health care outcomes and lower costs through comparative analysis of patient data.

#### **For Appointment Reminders**

Gateway Medical may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

#### **When Legally Required**

Gateway Medical will disclose your health information when it is required to do so by any Federal, State or local law.



## **When There Are Risks to Public Health**

Gateway Medical may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

## **To Report Abuse, Neglect Or Domestic Violence**

### **To Conduct Health Oversight Activities**

Gateway Medical may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Gateway Medical, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to the investigation.

### **In Connection With Judicial And Administrative Proceedings**

Gateway Medical may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process.

### **For Law Enforcement Purposes**

As permitted or required by State law, Gateway Medical may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if has a suspicion that your death was the result of criminal conduct including criminal conduct at Gateway Medical.
- In an emergency in order to report a crime.

### **To Coroners And Medical Examiners**

Gateway Medical may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

### **To Funeral Directors**

Gateway Medical may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, may disclose your health information prior to and in reasonable anticipation of your death.

### **For Organ, Eye Or Tissue Donation**

Gateway Medical may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

### **In The Event of A Serious Threat To Health Or Safety**

Gateway Medical may, consistent with applicable law and ethical standards of conduct, disclose your health information if Gateway Medical, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.



## **For Worker's Compensation**

Gateway Medical may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law that provide benefits for worker-related injuries or illnesses without regard to fault.

## **For Specified Government Functions**

In certain circumstances, the Federal regulations authorize to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, will not disclose your health information without your written authorization. Gateway Medical will not disclose or sell your health information for research and/or marketing purposes without your express written authorization. If you or your representative authorizes to use or disclose your health information, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that maintains:

**Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or operations. is not required to agree to your request. is required to comply with your request to restrict your health information to a health plan with respect to health care which you have paid out of pocket in full. Your request must be made in writing. Contact Gateway Medical's Privacy Officer for assistance in submitting a request. \*

**Right to receive confidential communications.** You have the right to request that communicate with you about medical matters in a certain way or at a certain location. You are not required to provide a reason for your request. will honor all reasonable requests. Your request must be made in writing. Contact Gateway Medical's Privacy Officer for assistance in submitting a request. \*

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. Your request must be made in writing. Contact your Gateway Medical's Privacy Officer for assistance in submitting a request. \*

**Right to amend health care information.** You have the right to request that amend your records, if you believe that your health information we have about you is incorrect or incomplete. You will be required to provide your reason for the request. Your request must be made in writing. Contact Gateway Medical's Privacy Officer for assistance in submitting a request. \*

**Right to an accounting.** You have the right to request an accounting of disclosures of your health information made by on or after April 14, 2003 for any reason other than for treatment, payment or health operations. Your request must be made in writing. Contact Gateway Medical's Privacy Officer for assistance in submitting a request. \*

**Right to a paper copy of this notice.** You have a right to a separate paper copy of this Notice at any time even if you have received this Notice previously. Verbal requests will be honored. To obtain a separate paper copy, contact Gateway Medical's Privacy Officer. \*

\* Gateway Medical will assist you in preparing and submitting accurate and complete written requests. Forward written requests to: [Gateway Medical LLC, ATTN: Privacy Officer, PO Box 2431, Lexington SC 29071-2431](#). All requests will be reviewed on an individual basis in accordance with HIPAA Regulations. Gateway Medical will notify patients of their decision to grant or deny their request and, if applicable, further rights the patient may wish to exercise. Gateway Medical's Privacy Officer can be reached at the following toll-free number: **(877) 215-2292**. You can obtain a copy of Gateway Medical's Notice of Privacy Practices at: [www.gatewaycares.com/privacy-policy](http://www.gatewaycares.com/privacy-policy).



## **DUTIES OF GATEWAY MEDICAL**

Gateway Medical is required by law to maintain the privacy of your health information, to notify you of a breach of unsecured protected health information, and to provide you and your authorized representative this Notice of its duties and privacy practices. is required to abide by the terms of this Notice as may be amended from time to time. reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If changes this Notice, a copy of the revised Notice will be available at: [www.gatewaycares.com/privacy-policy](http://www.gatewaycares.com/privacy-policy). A copy of the revised Notice is available upon request. Verbal requests will be honored. You or your authorized representative has the right to express complaints to and to the Secretary of DHHS if you believe that your privacy rights have been violated. Any complaints to should be made in writing to Gateway Medical LLC, ATTN: Privacy Officer, PO Box 2431, Lexington SC 29071-2431. Gateway Medical encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## **CONTACT PERSON**

Gateway Medical has designated a HIPAA Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, please contact by mail: Gateway Medical LLC, ATTN: Privacy Officer, PO Box 2431, Lexington SC 29071-2431 or by phone at the following toll-free number: **(877) 215-2292**

## **DATE**

This Notice is effective April 14, 2003.

*Revised 9.30.2021*