

# **HIPAA NOTICE OF PRIVACY PRACTICES & ACKNOWLEDGEMENT**

Coastal Calm Psychiatry Associates LLC  
2734 Beaver Run Blvd Suite B297  
Myrtle Beach, SC 29575  
Effective Date: 05/17/2025

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)**

Under HIPAA (45 CFR § 164.502–514) and South Carolina law, we may use/disclose your PHI for:

### **Treatment, Payment, and Healthcare Operations**

- Treatment: Sharing PHI with doctors, nurses, and specialists for care coordination.
- Payment: Billing insurers, including SC Medicaid (SC Code § 44-6-170).
- Operations: Quality improvement, staff training, and audits.

### **Disclosures Without Authorization (Permitted by Law)**

- Public Health Reporting (SC Code § 44-1-110): Disease tracking, vital records (birth/death).
- Abuse/Neglect (SC Code § 63-7-310): Mandatory reporting of child/elder abuse.
- Court/Law Enforcement (SC Code § 44-115-20): In response to subpoenas or court orders.
- Workers' Compensation (SC Code § 42-15-95): If your care relates to a workplace injury.

### **South Carolina-Specific Restrictions**

- Mental Health Records: Disclosure requires additional consent unless for emergency treatment or legal mandate (SC Code § 44-22-100). To send forms / records to another entity a separate form will need to be filled out.
- HIV/AIDS Status: Explicit written consent required for disclosure (SC Code § 44-29-135).
- Minors' Records: Parents generally have access, but exceptions apply (e.g., STD treatment under SC Code § 44-29-136).

## **YOUR RIGHTS UNDER HIPAA & SC LAW**

You have the right to:

- Request a copy of your records(SC Code § 44-115-80) (reasonable fees apply).
- Request corrections to inaccurate PHI (45 CFR § 164.526).
- Request restrictions on disclosures (within federal and state law)
- File a complaint with:
  - Our Privacy Officer: Alyssa Schuler 843-310-2689
  - SC Department of Health & Environmental Control (DHEC)
  - U.S. HHS Office for Civil Rights (HIPAA violations).

## **ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received this Notice of Privacy Practices.

Patient/Representative Name (Print):\_\_\_\_\_

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

If Representative, Relationship:\_\_\_\_\_

#### PRIVACY OFFICER CONTACT

For questions or complaints, contact:

Alyssa Schuler

[HR@CoastalCalmPsychiatry.com](mailto:HR@CoastalCalmPsychiatry.com)

843-310-2689

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#### SOUTH CAROLINA LEGAL REFERENCES

Medical Records Retention:

- Hospitals:(SC Code § 44-7-325).

- Physicians:(SC Code § 40-15-140).

Data Breach Notification:

- SC Insurance Data Security Act (SC Code § 38-99-20) requires notification within 72 hours if a breach affects >1,000 residents