

NOTICE OF PRIVACY POLICIES

This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review this notice carefully.

If you have any questions about this notice, please contact:

Privacy Officer

403 Clinton Parkway

Clinton, MS 39056

With your consent, this practice is permitted by federal privacy laws to make uses and disclosures of your health information for the purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing you our services. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care of treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes:

A nurse obtains treatment information about you and records it in a health record. During the course of treatment, the doctor determines that you need to consult with another specialist in the area. The doctor will share this information with such specialist and obtain input.

Examples of use of your health information for purposes of payment:

We submit a request for payment to your insurance company. The insurance company requests information from us regarding medical care given. We will provide information to them about you and about the care given.

Examples of use of your health information for health care operations:

We obtain services from our insurers or other business associated such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

YOUR HEALTH INFORMATION RIGHTS

The health record we maintain and billing records are the physical property of the practice. The information in it; however, belongs to you. You have the right to:

Request a restriction on certain uses and disclosures of your health information by delivering the request to our office in writing. We are not required to grant the request but we will comply with any request granted;

Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering written request to our office;

Appeal a denial of access to your protected health information in certain circumstances;

Request that your health care record be amended to correct incomplete or inaccurate information by delivering written request to our office;

File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;

Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering written request to our office. An accounting will not include internal uses of information of treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members of friends in the course of providing you care;

Request that communication of your health information be made by alternative means or at an alternative location by delivering a written request to our office; and revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

Other Disclosures and Uses

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, about your general condition, or your death.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, or close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Worker's Compensation

If you are seeking compensation through Worker's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

Public Health

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing and controlling disease, injury or disability.

Abuse and Neglect

We may disclose your protected health information to the public authorities as allowed by law to report abuse and neglect.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution or its agents, your protected health information necessary for your health or the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions, or to the extent and individual is in custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information in the source of any judicial or administrative proceedings as allowed or required by law, with your consent, or as directed by proper court order.

Other Uses

Other uses and disclosures besides those identified in this notice will be made only as authorized by law or with your written authorization and you may revoke the authorization as previously provided.