

NOTICE OF PRIVACY PRACTICES

Choctaw Health Center

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.

If you have any questions about this notice, please contact the Customer Patient Relations Specialist in person or call 601-389-4500.

WHO WILL FOLLOW THIS NOTICE:

This notice describes Choctaw Health Center's (CHC) practices and that of:

- Any health care professional authorized to enter information into your hospital record
- All departments of CHC
- All employees and other hospital personnel
- Members of the medical staff
- CHC also includes the field clinics
- CHC will follow the terms of this notice. In addition, CHC may share medical information for treatment, payment, or hospital operation purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

CHC understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the medical records held by the hospital, whether made by hospital personnel or other practitioners involved in your care. This notice will tell you about the way in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternate means or at alternate locations
- Notify you if you are affected by a breach of unsecured health information
- Follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. 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 or disclose your medical information to provide, coordinate and manage your medical treatment and any related services, and to help other providers treat you. For example, different departments of the hospital may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital.
- **For Payment.** We may use and disclose medical information about you for payment purposes. For example, if you have alternate resources for health care, such as Medicare or a health plan, we may need to send your health information that identifies you, the treatment and services you receive at the hospital, to such alternate resources so that payment may be collected.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or we may send a patient satisfaction survey. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or for referrals or to discuss a missed appointment.
- **Facility Directory.** We may include limited information about you in our facility directory while you are at our facility. This information may include your name, location in the facility and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. You have the right during registration to request that your name not be included in this directory.
- **Business Associates.** CHC may disclose medical information to other persons or organizations known as "business associates" who provide services on CHC's behalf. Examples include physician services in the Emergency Department and Radiology, laboratory test, and eye clinic. We require our business associates to protect and safeguard your health information in accordance with applicable law.
- **Treatment Alternatives and Other Health-Related Benefits and Services.** We may use and disclose medical information

to tell you about treatment alternatives or other types of health related benefits, services, or medical education classes that may be of interest to you.

- **To Individuals Involved In Your Care.** CHC may notify your family of your location or general condition. CHC may also provide your medical information to a person involved in your care, such as a family member or friend, unless you notify us that you object, or when you are incapacitated or in an emergency. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. We may also make similar professional judgments about your best interests that allow another person to pick up such things as your filled prescriptions, medical supplies and x-rays. There may also be circumstances when we can assume, based on our professional judgment, that you would not object, such as when your spouse comes with you into an exam room during treatment.
- **Compelling Circumstances.** We may use or disclose your health information in certain situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances, we may use or disclose medical information during a disaster and for disaster relief purposes; we may release medical information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by applicable law.
- **As Required by Law.** We may make any disclosures that are required by applicable federal, state, or Tribal law.
- **Tissue and Eye Donation.** CHC may use or disclose your medical information to organ donation and procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs for the purpose of facilitating organ, eye or tissue donation and transplant.
- **Military and Veterans.** If you are a member of the armed forces, we may use or disclose medical information about you, if necessary, to the appropriate military command authorities or to determine eligibility for benefits, as authorized by applicable law.
- **Worker's Compensation.** We may disclose your medical information as authorized by applicable laws relating to worker's compensation.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigation, inspections, licensure or disciplinary actions, administrative and/or legal proceedings. CHC is required by applicable law to disclose health information to the Secretary of the Department of Health and Human Services to investigate or determine compliance with the HIPAA privacy standards.
- **Public Health.** We may use or disclose your health information for public health activities, such as follows:
 - To a public health authority authorized by applicable law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions.
 - To a public health authority or other government authority authorized by applicable law to receive reports of child abuse or neglect.
 - To a government authority authorized by applicable law to receive reports of other abuse, neglect, or domestic violence (other than child abuse).
 - To an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, where authorized by applicable law.
 - To the individual's employer (for example, if you are employed by CHC), concerning a work-related illness or injury or a workplace-related medical surveillance, or as otherwise required or permitted by applicable law.
 - To the individual's school or prospective school for proof of immunization, if such proof is required by applicable law, and we obtain the agreement of either a parent, guardian, or other person legally responsible for the individual (or from the individual if he or she is an adult or emancipated minor).
- **Public Safety.** We may use or disclose your medical information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Food and Drug Administration (FDA).** We may disclose your medical information to the FDA in connection with an FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA-regulated products, or to conduct product recalls, repairs, replacements, or lookbacks (including locating people who have received products that have been recalled or withdrawn), or post-marketing surveillance.
- **Legal Proceedings and Law Enforcement.** We may use or disclose your medical information in the course of certain judicial or administrative proceedings or for law enforcement purposes or other specialized governmental or Tribal functions as required or authorized by applicable law. Such situations include the following:
 - To report certain types of wounds or injuries.
 - In response to a court order, subpoena, warrant, or other similar process.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - If you are believed to be a victim of a crime and a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency and if we determine that such disclosure would be in your best interests.
 - About a death we believe may have been the result of criminal conduct.
 - To report a crime committed on CHC's premises.
 - In certain circumstances to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

- **About Decedents.** When an individual is deceased, CHC may disclose medical information about the decedent when required by applicable law, and to the following categories of individuals:
 - A family member, personal representative, or other authorized person(s) responsible for the decedent's care, as relevant to his or her responsibility for such care, unless we know that doing so would be inconsistent with the decedent's prior-expressed preferences.
 - A coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law.
 - Funeral directors consistent with applicable law as necessary to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution.
- **Data Breach Notification.** We may use or disclose your medical information to provide legally-required notices of unauthorized access to or disclosure of your medical information.
- **Research.** CHC may, under very select circumstances, use your medical information for research. Before we use or disclose any of your health information records for such research purposes, the project will be subject to an extensive approval process to ensure the privacy of your health information. CHC may also use or disclose your medical information for research purposes based on your written authorization.
- **Adults and Emancipated Minors With Personal Representatives or Legal Guardians.** CHC shall treat a personal representative or legal guardian of an individual, who has been declared incompetent due to a physical or mental incapacity by a court of competent jurisdiction, as the individual for the purposes of the use and disclosure of the individual's medical information, as such use and disclosure relates to such personal representation.

AUTHORIZATION REQUIRED: CHC will use or disclose your medical information only with your written authorization in the following circumstances:

- Any use or disclosure of your psychotherapy notes, except that we do not need your written authorization to use such notes for treatment, payment, or health care operations, nor in other limited circumstances required or permitted by applicable law.
- Any uses or disclosure of your medical information for marketing purposes, except that we do not need your written authorization for face-to-face communications or to give you promotional gifts with nominal value.
- The sale of your medical information.

We will not use or disclose your medical information for any other purpose not described in this notice without your written authorization except as otherwise permitted or required by applicable law. Once given, you may revoke your authorization at any time, provided the revocation is in writing. If you revoke your authorization, CHC will no longer use or disclose your medical information as allowed by your written authorization, except to the extent that CHC has already used or disclosed your medical information in reliance on the authorization, or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. To request a Revocation of Authorization form, you may contact:

Choctaw Health Center
210 Hospital Circle
Choctaw, MS 39350
Director of Health Information

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

- **To Request Restrictions.** You may ask us to restrict uses and disclosure of your medical information (1) for treatment, payment or health care operations; or (2) to someone who is involved in your care, such as a family member or friend. However, we are not required to agree to your request, except when the health care item or service has been paid in full, out of pocket, then we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or health care operations unless we are otherwise obligated by law to disclose the information. If we do agree to a requested restriction, we will honor it, unless the information is needed to provide you with emergency services.
- **To Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be in writing.
- **To Inspect and Copy.** Generally, you may inspect and copy most of your medical information. You may be charged a reasonable fee for any costs of copying, mailing or other costs associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may, with limited exceptions, submit a written request to CHC's Customer Patient Relations Specialist asking that the denial be reviewed.
- **To Obtain An Electronic Copy of Electronic Records.** If your medical information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your medical information in the form or format you request, if it is readily producible in such form or format. If it is not, then your information will be provided in a readable hard copy form.

- **To Request An Amendment.** You may ask us to amend your medical information for so long as it is kept by us. Your request must be made in writing to CHC's Customer Patient Relations Specialist and include a reason that supports your request. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- **To Receive A List Of Certain Disclosures.** You have the right to receive an accounting of the disclosures of your medical information made by CHC, except for disclosures for treatment, payment or healthcare options, disclosures which you authorized and certain other specific disclosure types. The right to receive this information is subject certain exceptions, restrictions, and limitations.
- **To Notice of Breach.** You have the right to receive a notice of a breach in the event that we (or one of our Business Associates) discover there was unauthorized access to or disclosure of your medical information.
- **To Obtain A Paper Copy Of This Notice.** You may request a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive this Notice electronically.

HOW TO EXERCISE YOUR RIGHTS: To exercise your rights under this Notice, to ask for more information or to report a problem, contact the CHC's Customer Patient Relations Specialist at (601) 389-4250. If you believe that your privacy rights have been violated, you may file a written complaint with the CHC's Customer Patient Relations Specialist and/or with the Secretary of the United States Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC 20201, Toll Free 1-877-696-6775 (email: HHS.Mail@hhs.gov). You will not be retaliated against for filing a complaint.

REVISIONS OF NOTICE OF PRIVACY PRACTICES: CHC reserves the right to change this Notice or its privacy practices and to make the new provisions effective for all medical information it maintains. If CHC makes any material change to this Notice, we will promptly distribute a new copy to you, and we will post a revised notice at CHC and will make paper copies of the revised Notice available upon request.

NOTICE EFFECTIVE April 14, 2003, revised January 9, 2014 and revised June 2014.