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.

Privacy questions, requests, or complaints: CHC Privacy Officer | 210 Hospital Circle, Choctaw, MS 39350 | 601-389-4263
www.choctawhealthcenter.org or choctaw@email.compliancehotline.com

Who Will Follow This Notice?

This notice describes the privacy practices of Choctaw Health Center (CHC), including the hospital, CHC field clinics, CHC departments and workforce members, members of the medical staff, and other health care professionals who are authorized to enter information into a CHC record or provide services through CHC. These individuals and locations will follow this notice for health information created or received as part of CHC services. Certain independent providers may also give you a separate notice describing their own privacy practices.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice currently in effect and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you authorize us in writing. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it or as otherwise permitted by law.
- When another federal, Tribal, or state law provides greater privacy protection, we will follow the more protective law.

Your Rights

You have the following rights regarding your health information. Contact the CHC Privacy Officer to exercise these rights or obtain the applicable request form.

Get an electronic or paper copy of your health information. You may ask to inspect or receive an electronic or paper copy of protected health information in your designated record set. We will act on your request within 30 calendar days. If we need one permitted 30-day extension, we will notify you in writing of the reason and expected completion date. We will provide the requested form and format if readily producible; otherwise, we will work with you to agree on another readable format. We may charge only a reasonable, cost-based fee permitted by law and will inform you in advance when a fee may apply. Certain limited information may be excluded, or access may be denied as permitted by law; when a denial is reviewable, we will explain how to request review.

Ask us to correct or amend your health information. You may ask us in writing to amend information you believe is incorrect or incomplete. We may deny the request for reasons permitted by law, but we will explain the denial in writing, within 60 days, and describe any additional rights you may have.

Request confidential communications. You may ask us to contact you in a specific way, such as at a particular telephone number, or to send mail to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or share certain information for treatment, payment, or health care operations, or with a person involved in your care. We are not required to agree. If we agree, we will comply except when the information is needed for emergency treatment or as otherwise permitted by law. If you pay for a health care item or service out of pocket in full, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We will agree unless a law requires the disclosure.

Get an accounting of certain disclosures. You may ask for a list of certain disclosures made during the six years before your request. The accounting will not include certain disclosures, such as disclosures for treatment, payment, and health care operations or disclosures you authorized. One accounting in a 12-month period is free; a reasonable, cost-based fee may apply to additional accountings after advance notice.

Get a paper copy of this notice. You may request a paper copy at any time, even if you agreed to receive it electronically. We will provide it promptly.

Choose someone to act for you. If a person has legal authority to act as your personal representative, that person may exercise your privacy rights. We will verify the person's authority before acting.

Your Choices

For certain health information, you may tell us your preferences. If you cannot tell us your preference, such as when you are unconscious, we may share information when we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

- Share information with family members, close friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Include limited information in the CHC facility directory, such as your name, location, general condition, and religious affiliation. You may ask not to be listed. Religious affiliation is disclosed only to clergy; other directory information may be disclosed to persons who ask for you by name.

Uses and Disclosures That Usually Require Written Permission

We will obtain your written authorization for uses and disclosures not described in this notice and for the following, subject to limited exceptions permitted by law:

- Most uses and disclosures of psychotherapy notes. Authorization is not required when the originator uses the notes for treatment; for certain supervised mental-health training; to defend CHC in a legal action brought by you; or for other limited purposes specifically permitted or required by law.
- Uses and disclosures for marketing, except for limited communications permitted without authorization, such as certain face-to-face communications or promotional gifts of nominal value.
- A sale of your protected health information when CHC receives remuneration in exchange for the information, except as permitted by law.

How We Typically Use or Share Your Health Information

Treatment. We may use and share your health information with professionals and organizations involved in providing, coordinating, or managing your care. Example: A CHC physician may share information with a specialist who is treating you.

Payment. We may use and share your health information to bill and obtain payment from a health plan, Medicare, Medicaid, another payer, or another responsible party. Example: We may give a health plan information about services you received so the plan can process payment.

Health care operations. We may use and share your health information to operate CHC, improve quality and safety, train staff, conduct compliance activities, evaluate performance, credential providers, manage services, and contact you when necessary. Example: We may review health information to evaluate the quality of care or send a patient-satisfaction survey.

Other Uses and Disclosures Permitted or Required by Law

We may use or share your health information in other ways permitted or required by federal, Tribal, or state law. We must meet the conditions of the applicable law before making these disclosures.

Appointment reminders and health-related services. We may contact you about appointments, referrals, missed appointments, treatment alternatives, or health-related benefits, services, and educational programs that may interest you.

Business associates. We may share information with contractors that perform services for CHC, such as billing, laboratory, information technology, or professional services. We require business associates to protect your information as required by law.

Public health and safety. We may share information for authorized public-health activities, including preventing or controlling disease; reporting adverse events or product problems; supporting recalls; reporting suspected abuse, neglect, or domestic violence; providing immunization information to a school when permitted; notifying persons at risk of exposure to a communicable disease; and preventing or reducing a serious and imminent threat.

Health oversight. We may share information with authorized oversight agencies for audits, investigations, inspections, licensure, credentialing, disciplinary matters, and other activities authorized by law, including with the U.S. Department of Health and Human Services to determine compliance with federal privacy requirements.

Research. We may use or share information for health research when approved through a process permitted by law, such as your authorization or an Institutional Review Board or Privacy Board waiver. We may also use or disclose information for activities preparatory to research, research involving decedents, or as a limited data set when legal conditions are satisfied.

Organ and tissue donation. We may share information with organ-procurement organizations and other entities involved in organ, eye, or tissue donation and transplantation.

Decedents. We may share information with coroners, medical examiners, funeral directors, personal representatives, and certain persons involved in a decedent's care or payment, as permitted by law and consistent with known prior preferences.

Workers' compensation. We may share information as authorized by workers' compensation and similar laws.

Law enforcement and legal proceedings. We may share information for certain law-enforcement purposes or in response to a valid court or administrative order, subpoena, warrant, or other legal process, when applicable legal requirements are met.

Special government functions. We may share information for authorized military, veterans, national-security, protective-services, correctional-institution, eligibility, or other specialized governmental or Tribal functions.

Required by law. We will share information when federal, Tribal, or state law requires us to do so.

Breach notification. We may use or disclose information as necessary to provide legally required notices of a breach or other unauthorized access, use, or disclosure.

Special Protections for Substance Use Disorder Records

Some CHC records may be protected by 42 C.F.R. Part 2 in addition to HIPAA. To the extent CHC creates or maintains Part 2 records, the following additional protections apply:

- With your consent, Part 2 records may be used or disclosed for future treatment, payment, and health care operations as allowed by the consent and applicable law.
- A HIPAA covered entity or business associate that receives Part 2 records under a valid consent for treatment, payment, or health care operations may redisclose the records as permitted by HIPAA, subject to the continuing Part 2 restrictions described below.
- Part 2 records, and testimony describing their contents, will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent or a court order meeting Part 2 requirements authorizes the use or disclosure. A qualifying court order must be accompanied by a subpoena or other legal requirement compelling disclosure.
- Information disclosed under HIPAA may be redisclosed by the recipient and may no longer be protected by HIPAA. Part 2 records remain subject to the special restrictions on use in investigations and proceedings against you described above.

Complaints

If you believe your privacy or Part 2 confidentiality rights have been violated, you may file a complaint with CHC or with the U.S. Department of Health and Human Services Office for Civil Rights. CHC will not retaliate against you for filing a complaint.

File with CHC	File with HHS Office for Civil Rights
CHC Privacy Officer 210 Hospital Circle Choctaw, MS 39350 Telephone: 601-389-4263 or 601-663-7994	Online: https://www.hhs.gov/hipaa/filing-a-complaint/ Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201 Telephone: 1-877-696-6775

Changes to This Notice

CHC may change the terms of this notice, and the revised terms may apply to all health information CHC maintains, including information created or received before the revision. The revised notice will be available upon request, at CHC service locations, and on the CHC website, if applicable. CHC will follow the notice currently in effect.

Effective Date and Document Control

Original effective date	April 14, 2003
Prior revisions	January 9, 2014; June 2014; February 2019; December 2025
Effective date	September 3, 2026
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