

HIPAA: Notice of Privacy Practices

This Notice Describes How Medical Information
About You May Be Used and Disclosed
and How You Can Get Access To This Information.

WE ARE COMMITTED TO YOUR PRIVACY

We understand that information about you and your health is very personal. We strive to protect our residents' privacy. We are required by law to maintain the privacy of our residents' protected health information ("PHI"). We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make a new Notice effective for all PHI we maintain.

THIS NOTICE APPLIES TO

The terms of this notice apply to this facility, including healthcare professionals, employees, volunteers, and trainees seeing and treating residents. We are committed to excellence in providing state-of-the-art health care services through the practice of patient care, education, and research. Below is a description of how your health information will be used and disclosed to advance this mission.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION

Treatment. For example, doctors, nurses, and other staff members involved in your care will use and disclose your PHI to coordinate your care or to plan a course of treatment for you.

Payment. For example, we may disclose information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you.

Health Care Operations. For example, we may disclose your PHI for billing or interpreter support. We may use your PHI to conduct an evaluation of the treatment and services provided or to review staff performance. We may disclose your PHI for education and training purposes to doctors, nurses, technicians, medical students, residents, fellows and others.

Health Information Exchanges. We participate in initiatives to facilitate electronic sharing of patient information, including but not limited to Health Information Exchanges (HIEs). HIEs involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations.

Our Facility Directory. We use information to maintain an inpatient directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the

information (except for religious affiliation) may be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy, even if they do not ask for you by name. If you wish to have your information excluded from this directory, please let us know.

To Persons Involved in Your Care. As long as you do not object, we may, based on our professional judgment, disclose your PHI to a family member or other person if they are involved in your care or paying for your care. Similarly, we may also disclose limited PHI to an entity authorized to assist in disaster relief efforts for the purpose of coordinating notification to someone responsible for your care of your general condition or location.

Communicating with You.

We will use your PHI to communicate with you about a number of important topics, including information about appointments, your care, treatment options and other health-related services, payment for your care, and opportunities to participate in research, provided this research outreach.

Research. We may use and disclose your PHI as permitted by applicable law for research. This is subject to your authorization.

Business Associates. At times, we need to disclose your PHI to persons or organizations outside this facility who assist us with our payment/billing activities and health care operations. We require these business associates and their subcontractors to appropriately safeguard your PHI.

Other Uses and Disclosures.

We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to conditions specified by law, we may release your PHI:

- for any purpose required by law
- for public health activities, including required reporting of disease, injury, birth and death, for required public health investigations, and to report adverse events or enable product recalls
- to government agencies if we suspect child/elder adult abuse or neglect. We may also release your PHI to government agencies if we believe you are a victim of abuse, neglect or domestic violence
- to a government oversight agency conducting audits, investigations, inspections and related oversight functions

- in emergencies, such as to prevent a serious and imminent threat to a person or the public
- if required by a court or administrative order, subpoena or discovery request
- for law enforcement purposes, including to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime
- to coroners, medical examiners and funeral directors
- if necessary to arrange organ or tissue donation or transplant
- for national security, intelligence, or protective services activities
- for purposes related to your workers' compensation benefits

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BASED ON A SIGNED AUTHORIZATION

Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure. You may revoke an authorization in writing, except to the extent we have already relied upon it.

In some situations, a signed authorization form is required for uses and disclosures of your PHI, including:

- most uses and disclosures of psychotherapy notes
- uses and disclosures for marketing purposes
- disclosures that constitute the sale of PHI
- uses and disclosures for certain research protocols
- as required by privacy law. The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

YOUR RIGHTS

Access to Your PHI. Generally, you can access and inspect paper or electronic copies of certain PHI that we maintain about you. You may access much of your health information without charge by requesting to view the records. You may also access your information through the Medical Records department and make a written request for copies of your records. There are fees to reproduce records that are in line with set fees under federal and state law, there will be additional charges for a copy of your medical records.

Amendments to Your PHI. You can request amendments, or changes, to certain PHI that we maintain about you that you think may be incorrect or incomplete. All requests for changes must be in writing, signed by you or your representative, and state the reasons for the request. If we decide to make an amendment, we may also notify others who have copies of the information about the change. Note that even if we accept your

request, we may not delete any information already documented in your medical record.

Accounting for Disclosures of Your PHI. In accordance with applicable law, you can ask for an accounting of certain disclosures made by us of your PHI. This request must be in writing and signed by you or your representative. This does not include disclosures made for purposes of treatment, payment, or health care operations or for certain other limited exceptions. An accounting will include disclosures made in the six years prior to the date of a request.

Restrictions on Use and Disclosure of Your PHI. You can request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree but will attempt to accommodate reasonable requests when appropriate.

Restrictions on Disclosures to Health Plans. You can request a restriction on certain disclosures of your PHI to your health plan. We are only required to honor such requests when services subject to the request are paid in full. Such requests must be made in writing and identify the services to which the restriction will apply.

Confidential Communications. You can request that we communicate with you through alternative means or at alternative locations, and we will accommodate reasonable requests. You must request such confidential communication in writing to each department you would like to accommodate the request.

Breach Notification. We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

Paper Copy of Notice. You can obtain a paper copy of this Notice, even if you agreed to receive an electronic copy.

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Chief Privacy Officer, Toni Parkinson, 762 Avery Blvd. N Ridgeland, MS 39157. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. A complaint must be made in writing and will not in any way affect the quality of care we provide you.

For further information. If you have questions about this Notice, or requests regarding privacy, please contact the Facility Privacy Officer/Administrator

Effective Date. This Notice of Privacy Practices is effective November, 30th 2023