



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. PLEASE REVIEW IT CAREFULLY.

Southwest Mississippi Regional Medical Center (SMRMC) is dedicated to protecting your medical information. We are required by law to maintain the privacy of your medical information and to provide you with this Notice of our legal duties and privacy practices, with respect to your medical information. SMRMC is required by law to abide by the terms of this Notice.

SMRMC and its medical staff members participate in an Organized Health Care Arrangement (OHCA) and are presenting this document as a joint notice on behalf of SMRMC and its medical staff. This joint notice allows physicians and allied health care professionals to access and share your medical information with other physicians and health care professionals in the hospital and/or clinic setting for treatment, payment or health care operations. The medical staff of SMRMC consists of physicians and other allied health professionals who are credentialed to be on the medical staff of SMRMC. Most of the physicians and allied health care professionals on the medical staff of SMRMC are not hospital employees but are independent practitioners who have been granted the privilege of using SMRMC for the care and treatment of patients. The members of the medical staff include but are not limited to emergency room physicians, anesthesiologists, pathologists, radiologists, surgeons, and other specialists. When using medical information that is obtained for treatment of a patient at SMRMC and for payment for these services, physicians on the staff of SMRMC will follow the SMRMC notice of privacy practices. At their private offices, physicians will follow their own privacy practices for medical information created or maintained at their private offices.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered, and by administration personnel reviewing the quality of the care you received.

We may also use and/or disclose your medical information in accordance with federal and state laws for the following purposes:

Appointment Reminders

- ◆ We may contact you to provide appointment reminders.

Treatment Information

- ◆ We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising

- ◆ We may use medical information about you in an effort to raise money for our operations. We may also disclose medical information to a foundation related to SMRMC so that the foundation may contact you for fundraising activities. We will release only contact information, such as your name, address and phone number and the dates you received treatment or services at SMRMC. You have the right to opt out with each solicitation you receive. You also may opt out by notifying the **SMRMC Privacy Officer**, in writing at:

215 Marion Avenue, McComb, MS 39648, Attention SMRMC Privacy Officer.

Disclosure to Department of Health and Human Services

- ◆ We may disclose your medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of your compliance with relevant laws.

Facility Directory

- ◆ Unless you object, we will include your name, location in the SMRMC, your condition described in general terms, and your religious affiliation in our directory of individuals. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name, unless you object.

Family and Friends

- ◆ Unless you object, we may disclose your medical information to family members, other relatives, or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification

- ◆ Unless you object, we may use or disclose your medical information to notify a family member, a personal representative, or another person responsible for your care of your location, general condition, or death.

Disaster Relief

- ◆ We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Health Oversight Activities

- ◆ We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect

- ◆ We may disclose your medical information when it concerns abuse, neglect, or violence to you in accordance with federal and state law.

Legal Proceedings

- ◆ We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement

- ◆ We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners, and Funeral Directors

- ◆ We may disclose your medical information to a coroner, medical examiner, or a funeral director.

Organ Donation

- ◆ If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Research

- ◆ We may disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research, or the research is only decedent's information.

Public Safety

- ◆ We may disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Worker's Compensation

- ◆ We may use or disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

Business Associates

- ◆ We may disclose your medical information to a business associate with whom we contract to provide services on our behalf. To protect your medical information, we require our business associates to appropriately safeguard the medical information of our patients.

AUTHORIZATIONS:

We will not use or disclose your protected health information for purposes not listed in this Notice of Privacy Practices without your written authorization. Specifically, we will not use or disclose your protected health information without your written authorization in the following circumstances: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications; and (3) uses and disclosures that constitute a sale of protected health information. Once given, you may revoke your authorization in writing at any time except to the extent that we have taken an action in reliance on the authorization. To revoke an authorization, you or your authorized representative may contact:

**Southwest Mississippi Regional Medical Center
Director, Health Information Management
215 Marion Ave.
McComb, MS 39648
601.249.5500**

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

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

- ◆ You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, except for restrictions related to disclosures of health information to an insurance company or health plan for services you have paid for in full and out of pocket, unless another law requires us to share that information. Otherwise, if we do agree to your request for restrictions, we will abide by our agreement except in emergencies. Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be submitted in writing.
- ◆ You have the right to receive communications from us in a confidential manner.
- ◆ Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your medical information.
- ◆ You may ask us to amend your medical information. 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.
- ◆ You have the right to receive an accounting of the disclosures of your medical information made by SMRMC during the last six years (or following April 14, 2003), except for disclosures for treatment, payment, or healthcare operations, disclosures which you authorized, and certain other specific disclosure types. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- ◆ You may request a paper copy of this Notice of Privacy Practices.
- ◆ In the event of a privacy or security breach of your unsecured protected health information, we will promptly notify you in accordance with applicable state and federal laws.
- ◆ You have the right to complain to us and/or the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to use, please contact:

**Southwest Mississippi Regional Medical Center
Privacy Officer
215 Marion Ave.
McComb, MS 39648
601.249.5500**

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

**Southwest Mississippi Regional Medical Center
Director, Health Information Management
215 Marion Ave.
McComb, MS 39648
601.249.5500**

REVISION OF NOTICE OF PRIVACY PRACTICES:

SMRMC reserves the right to change the terms of this notice and to make it effective for all protected health information that it maintains. If we revise the terms of this Notice, we will post a revised notice at the Hospital and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request. You may also obtain a copy of any revised notice by visiting SMRMC's website at

www.SMRMC.com