

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.

This Notice of Privacy Practices describes the legal obligations of Southwest Mississippi Regional Medical Center, SMRMC, and its covered entities and your legal rights regarding protected health information, PHI, held by the organization under the Health Insurance Portability and Accountability Act of 1996, HIPAA. SMRMC and its Medical Staff participate in an Organized Health Care Arrangement (OHCA) under HIPAA for the purpose of sharing PHI for treatment, payment, and health care operations. This joint notice allows physicians and allied health care professionals to access and share your medical information with other health care professionals in the hospital and clinic setting. Most physicians on the medical staff are not hospital employees but are independent practitioners who have been granted the privilege of using SMRMC for the care and treatment of patients, and these physicians 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.

YOUR RIGHTS - When it comes to your health information, you have rights. This section explains your rights and our responsibilities to help you.

Medical Records - You can ask to see or get an electronic or paper copy of your medical record. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Corrections - You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Communications - You can ask us to contact you in a specific way (home, office, or cell).

Limitations - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer.

Accounting of Disclosures – You have the right to request an “accounting” of certain disclosures of your PHI made during the six years prior to the date of your request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosure you asked us to make. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Copy of This Notice - You have the right to a paper copy of this Notice. You may obtain a copy of this Notice at our website, smrmc.com, or at the admissions desk.

Choose Someone to Act for You - If someone has authority to act as your personal representative, such as the person with your medical power of attorney or your legal guardian, that person can exercise your rights and make choices about your health.

Complaints - If you believe your privacy rights have been violated, you have the right to file a complaint with us or the U.S. Department of Health and Human Services. If you choose to file a complaint, you will not be retaliated against in any way. To file a complaint, please contact us on our Compliance Hotline at (601) 249-1644 or submit your complaint in writing:

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

Choices - For certain information, you can make choices about what we share. You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Hospital Directory - We may include certain limited information about you in the hospital directory while you are a patient at the hospital, including your name, location, general condition, and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don’t ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.

USES AND DISCLOSURES

Treatment - We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can share your health information with other professionals who treat you. *Example: Your PHI may be used by the doctor caring for you, the business office to process your payment, or by staff reviewing the quality of care you received.*

Billing- We can use and share your health information to bill and get payment from health plans or other entities.

Business Associates - We may contract individuals or entities known as Business Associates to perform various functions on our behalf or to provide services. In order to perform these functions or provide services, Business Associates will receive, create, maintain and/or transmit PHI about you, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

Appointment Reminders - We may contact you as a reminder that you have an upcoming appointment.

Treatment Alternatives - We may contact you about or recommend possible treatment options or alternatives.

Workers' Compensation - We may use or disclose your health information as authorized by law related to claims.

Public Health and Safety - We can share health information about you to contribute to the public good, for preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Comply with Law - We will share information about you if required by state or federal law, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. We will share your health information for law enforcement purposes or with a law enforcement official, health oversight agencies as authorized by law, government functions such as military, national security, and presidential protective services, in response to a court or administrative order, or a subpoena.

Organ and Tissue Donation - We can share health information about you with organ procurement organizations.

Coroner, Medical Examiner or Funeral Director - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Inmates - If you are an inmate at a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the institution or law enforcement official. This release would be permitted for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety of the correctional institution.

In these cases, we never share your information unless you give us written permission: marketing purposes, sale of your information, sharing of psychotherapy notes. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Substance Use Disorder - If we have your substance use disorder, SUD, patient records, subject to 42 CFR Part 2 Statute, the statute protects the "records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States." These defined confidentiality protections now help address concerns that discrimination and fear of criminal prosecution deter people from entering treatment for SUD. We cannot use or share information in the SUD records in civil, criminal, or legislative investigations or proceedings against you without your consent or a court order and a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described in this Notice unless you tell us we can in writing; you may change your mind at any time by letting us know in writing. Also, if you have further questions regarding uses and disclosures of your information:
Southwest Mississippi Regional Medical Center
Director of Health Information Management
215 Marion Ave.
McComb, MS 39648
(601) 249-5500

CHANGES TO THIS NOTICE - We can change the terms of this notice. The new notice will be available on request and on our website, smrmc.com.

For more information: [hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp)