

FAMILY MEDICAL CLINIC OF NORTH MISSISSIPPI, INC.  
NOTICE OF PRIVACY PRACTICES

**PATIENT HEALTH INFORMATION**

Under Federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, tests, results, diagnosis, treatment and related medical information. Your health information also includes payment, billing and insurance information.

**HOW WE USE YOUR PROTECTED HEALTH INFORMATION**

We use health information about you for treatment, to obtain payment, to obtain preauthorizations required by insurance and for healthcare operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use and disclose the information without your permission.

**EXAMPLES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

Treatment: We will use and disclose your health information to provide you with medical treatment or services. We may disclose information to other healthcare providers who are participating in your treatment, pharmacists who are filling your prescriptions and to family members assisting with your care.

Payment: We will disclose your health information for payment purposes. We may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records for payment from your health plan.

Healthcare Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

**SPECIAL USES**

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**OTHER USES AND DISCLOSURES**

We may use and disclose protected health information about you for other reasons without your consent. Subject to certain requirements, we are permitted to give out protected health information without your permission for the following purposes:

- **Required by Law:** We are required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries or events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products and similar information to public health authorities.
- **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.
- **Judicial and administrative proceedings:** We may disclose information in response to an appropriate subpoena or court order.
- **Law enforcement purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.
- **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.
- **Serious threat to health or safety:** We may use or disclose information when necessary to prevent serious threat to your health and safety of the public or another person.

- **Military and Special Government Functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- **Research:** We may use or disclose information for approved medical research.
- **Workers Compensation:** we may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask you for written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you may revoke that authorization at any time to stop any further uses and disclosures.

## **INDIVIDUAL RIGHTS**

You have the following rights with regard to your protected health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

- **Request restrictions:** You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree we must abide by those restrictions.
- **Confidential communications:** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not calling to remind you of an appointment.
- **Inspect and obtain copies:** In most cases, you have the right to look or obtain a copy of your health information. There may be a small charge for the copies.
- **Amend information:** If you believe that information in your record is incorrect or important information is missing, you have the right to request that we correct the existing information or add the missing information. We are not required to agree to such an amendment, but must let you know why.
- **Accounting of Disclosures:** You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment or healthcare operations.

## **OUR LEGAL DUTY**

We are required by law to protect and maintain the privacy of your protected health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

## **CHANGES IN PRIVACY PRACTICES**

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our privacy practices by contacting the person listed below.

## **COMPLAINTS**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

## **CONTACT PERSON**

If you have any questions, requests or complaints please contact the Privacy Officer:

Jeffery Geraci  
Administrator  
662-890-5555