



Notice of Privacy Practices for Protected Health Information

This notice describes how medical/health information about you or about the individual for whom you are an authorized personal representative may be used and disclosed and how you can get access to the information. Please review it carefully.

I. Use or Disclosure of Health Information

The law permits South Mississippi Regional Center to use or disclose your health information without your written consent or authorization for the following purposes:

Treatment

We may use health information about you to provide treatment and services. We may disclose your health information to doctors, nurses, technicians, or other staff at SMRC who are involved in taking care of you or when we refer you to another health care provider for treatment or services.

Examples: Your physician may ask a nurse to give you certain medications or information related to your condition or treatment. Another example is that if you had heart problems requiring us to consult with a heart specialist (cardiologist) outside of the Center, your doctor at the Center may refer you to a cardiologist in the community for your care. The Center would share information from your health record needed at the cardiologist's office for your continued care. We may also release your information to another treatment facility for your continued care after your discharge from this facility.

Payment

We may use and disclose your health information to third party payers, such as insurance companies, Medicaid, or Medicare, when needed to determine your eligibility for benefits, for reimbursement, or for other requirements related to payment for treatment or services.

Example: Information on or accompanying a bill to your insurance company or a claim form to the Division of Medicaid may include information, such as your diagnosis, the dates you received the services for which payment is requested or claimed, and the procedures or services you received. Information may be disclosed and used as part of utilization review activities, such as precertification and preauthorization of services and concurrent and retrospective review of services.

Healthcare Operations

We may use your health information for the purposes of healthcare operations at SMRC. These uses and disclosures are necessary to run or operate the Center and to

make sure that all individuals we serve receive quality care.

Examples: Your records may be copied by a secretary to send them to another healthcare provider for your continued treatment. Members of the medical/nursing staff and other staff at the Center may review your health information to assess the care, outcomes, and quality of services you and others at SMRC receive.

II. Other purposes for which SMRC is permitted or required to use or disclose your health information without your consent or authorization

1. We may contact you to provide or remind you of an appointment, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

Examples of how we may contact you include:

- Telephone calls (Messages to call South Mississippi Regional Center may be left on an answering machine)
- Written correspondence
- Facsimile (fax)
- Electronic mail
- Written correspondence or telephone calls asking you to help identify what services might be beneficial to you, to ask about your satisfaction with our services, or to ask about your ongoing treatment after discharge.

We may disclose your health information to **you or your authorized personal representative**, except as restricted under applicable laws and regulations.

3. Information may be released about you for **public health activities**, such as:

- To prevent or control diseases.
- To report death.
- To report abuse or neglect.
- To track products as regulated by the federal Food and Drug Administration (FDA) and to report problems or reactions to medications or products.
- To provide notification and communication about product recalls, replacements and look-backs.

4. Information may be released to **health oversight agencies for activities** authorized by law. These activities may include investigations, inspections and licensure, and other lawful activities. These activities may also include



providing access to your health information on a need-to-know basis to members of the Human Rights Advocacy Committee for approved activities. All specific information gained by the Human Rights Committee shall remain confidential.

5. Information may be disclosed in the course of any **administrative or judicial proceeding**:

- In response to a court order.
- Under certain restricted circumstances, in response to a subpoena or a similar process.

6. Information may be disclosed for **law enforcement purposes** under certain circumstances, such as reporting of certain types of physical injuries, locating persons, and reporting and investigating of crimes.

7. Information may be disclosed to a **coroner, medical examiner, or funeral director**, consistent with applicable law.

8. **If you are an organ, eye or tissue donor**, your health information may be disclosed to organizations involved in procurement, banking or transplantation to facilitate organ, eye or tissue donation or transplantation.

9. Information may be disclosed for **public safety reasons** to appropriate persons in order to prevent or lessen a serious and/or imminent threat to the health or safety of a particular person or the general public.

10. Information may be disclosed as necessary to comply with **Workers Compensation** laws.

11. Information may be disclosed for **research purposes**, only as approved by the facility's research committee that serves as an Institutional Review Board and/or privacy board.

12. We may disclose your health information for other purposes as **required or permitted by law**.

III. Other Uses or Disclosures

1. Unless you object or we are otherwise restricted by law, we may disclose your health information to notify or assist in **notifying a family member**, your authorized personal representative or another person responsible for your care about your location, your general condition, or in the event of your death.

If you are available and able to agree or object prior to our disclosing this information, we will provide you the opportunity to object or otherwise obtain your agreement prior to disclosing the information.

If you are unable or unavailable to agree or object, our health professionals will use their best judgement to determine if disclosing the information to your family member or others involved in your care is in your best interest. If they decide that disclosure is in your best interest, they will disclose only the health information that is relevant and necessary to that person's involvement in your care.

IV. When South Mississippi Regional Center may not use or disclose your health information

Except as provided in this Notice of Privacy Practices, without your written authorization SMRC will not use or disclose your health information, including, except under certain conditions, psychotherapy notes.

If you do authorize South Mississippi Regional Center to use or disclose your information for purposes other than as provided in this Privacy Notice, you may revoke your authorization in writing at any time.

V. Your Health Information Rights

You have the following rights with respect to your Protected Health Information (PHI):

1. **The right to request restrictions on certain uses and disclosures of protected health information.**

South Mississippi Regional Center is not required to agree to your requested restriction. If SMRC does agree to your requested restriction, we will comply with your request, unless the information is needed to provide you with emergency treatment.

2. **The right to receive confidential communications of protected health information.**

You have the right to request in writing to the Privacy Officer that South Mississippi Regional Center only communicate to you in a certain format (for example, in writing) and/or at a certain location (for example, only at your work address).

We will accommodate all reasonable requests.

3. **The right to inspect and copy protected health information**, subject to certain restrictions as provided for by law. You may be charged a fee for copying and/or postage.

4. **The right to amend protected health information.**

You have a right to request that South Mississippi Regional Center amend or change your health information. SMRC is not required to change your health information under certain conditions. You must make requests for amendments in writing and include the reason(s) for your request.

5. **The right to receive an accounting of disclosures of protected health information.**

You have a right to receive an accounting of disclosures of your health information made by SMRC, except for disclosures such as treatment, payment, healthcare operations, and certain other disclosures as provided for by law.

6. **The right to receive a paper copy of this Notice of Privacy Practices.**

If you agreed to receive this Privacy Notice electronically, you also have the right to request a paper copy.

VI. Exercising Your Health Information Rights

You may exercise one or more of the rights described in this Privacy Notice or receive additional information by contacting:

Mr. Mike Letort, Privacy Officer
South Mississippi Regional Center
1170 West Railroad St.
Long Beach, MS 39560
Phn: 228-867-1367

VII. Complaints

You will not be retaliated against for filing a complaint. If you believe your health information privacy rights have been violated, you may contact:

- 1.) The assigned social worker;
- 2.) The Privacy Officer noted above; or
- 3.) OCR Regional Manager
Office for Civil Rights

U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsythe Street, S.W.
Atlanta, GA 30303-8909

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 515F HHH Building
Washington, DC 20201

South Mississippi Regional Center is dedicated to protecting your medical information. We are required by law to maintain the privacy of your protected health information and to provide you with this **Privacy Notice** of our legal duties and privacy practices with respect to protected health information.

South Mississippi Regional Center (SMRC) collects health information from you and stores it in a chart or file and on a computer. This is your health record. The health record is the property of SMRC, but the information in the record belongs to you.

If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices at SMRC please contact:

SMRC Privacy Officer: Mr. Mike Letort
Address: 1170 W. Railroad St.
Long Beach, MS 39560
Phone: 228-867-1367

EFFECTIVE DATE: APRIL 14, 2003

South Mississippi Regional Center is required to abide by the terms of the Privacy Notice currently in effect.

CHANGES TO THE NOTICE

South Mississippi Regional Center reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all protected health information that we maintain.

If material changes are in this Privacy Notice, SMRC will post the revised Privacy Notice at the Center and will make a copy of the revised Privacy Notice available to you upon request.