

# MAGNOLIA REGIONAL HEALTH CENTER

Corinth, Mississippi

## Notice of Privacy Practices

*This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to:
  - ensure its accuracy
  - better understand who, what, when, where, and why others may access your health information
  - make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- \* revoke your authorization to use or disclose health information except to the extent that action has already been taken as provided by 45 CFR 164.508
- \* obtain a paper copy of the notice of information practices upon request as provided by 45 CFR 164.520
- \* request a restriction on certain uses and disclosures of your information and request communications of your health information by alternative means or at alternative locations as provided by 45 CFR 164.522
- \* request that a healthcare item or service not be disclosed to your health plan for payment purposes or operations if the healthcare item or service is paid out of pocket and in full as provided by 45 CFR 164.522
- \* inspect and obtain a copy of your health record as provided by 45 CFR 164.524
- \* amend your health record as provided by 45 CFR 164.526
- \* obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528

### **Our Responsibilities**

This organization is required to:

- \* maintain the privacy of your health information
- \* provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- \* abide by the terms of this notice
- \* notify you if we are unable to agree to a requested restriction
- \* accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- \* notify you by first class mail or email (if you have indicated that preference) of a breach, as defined by law, of your unsecured protected health information.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include lawyers, accountants, record copying services, collection agencies and credit reporting agencies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. All business associates are or will be contractually bound to appropriately safeguard your information in accordance with applicable federal rules and regulations.

*Directory:* Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

*Notification and Communication:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing and/or Fundraising:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you as part of a fundraising effort and also use and disclose protected health information for fundraising purposes. You are free to opt out of any fundraising solicitation.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers' compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, this Notice will be revised and we will provide you with a copy of the revised Notice upon your request. We will not use or disclose your health information without your authorization except as described in this notice.

### **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the Director of Health Information Management at (662) 293-1261. If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

**Effective Date: July 21, 2003 Revised: July 19, 2012; Revised September, 2013**