

**TYLER HOLMES MEMORIAL HOSPITAL (And Associated Clinics)
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.***

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician or other health care provider, a record of your visit is made. Your medical record contains protected health information (PHI) which includes information such as symptoms, examination and test results, diagnoses, and treatment, etc. This information 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
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND OPERATIONS

We will use your health information for treatment.

We will use and disclose your PHI to provide, coordinate or manage your medical care and any related services, including consultation with third party vendors to obtain your medication history. 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 are discharged from this Hospital. Mississippi contains stricter protections of certain mental health records (including psychotherapy notes), and we will only use or disclose these types of records in accordance with these regulations, and with your written authorization.

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 diagnoses, 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 efforts to continually improve the quality and effectiveness of the health care and services we provide. THMH participates in the Mississippi Health Information Exchange Network (MS-HIN), which means your medical information will be electronically transmitted to the state to facilitate sharing of this information with other health care facilities/practitioners providing care to you, unless you choose (in writing) not to participate.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include collection agencies, billing services, and nurse training institutions. 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. To protect your health information, we require the business associate to appropriately safeguard your information and they are also required to adhere to federal HITECH (Health Information Technology for Economic and Clinical Health Act) regulations. The HITECH Act also prohibits us (and business associates) from receiving indirect or direct remuneration in exchange for PHI without obtaining an authorization for the patient unless such an exchange meets one of the exceptions listed by the government.

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: 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.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close 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 the 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: We may contact you to provide appointment reminders or information about treatment alternatives of other health-related benefits and services that may be of interest to you. Disclosures for marketing purposes will only be made with your written authorization. You have the right to revoke such authorization.

Fund-raising: We may contact you as part of a fund-raising event. You have the right to opt out of fundraising activities.

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

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 Institutions: 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.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law. Federal law makes provisions 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.

YOUR HEALTH INFORMATION RIGHTS

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

- **Inspect and Copy:** You have the right to inspect and receive a copy (paper or electronic format) of medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes. To inspect and obtain a copy of your medical information, you must submit your request in writing to Medical Records (HIM) personnel. THMH may charge a fee for the costs of copying, mailing or other supplies associated with your request. THMH has up to 30 days to comply with your request. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by THMH will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Request an Amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend this information. You may request an amendment for as long as the information is kept by or for THMH. Your request for amendment must be in writing and submitted to Medical Records (HIM) personnel, and

must also provide a reason that supports your request. We may deny your request for an amendment if it does not meet these requirements. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the medical information kept by or for THMH
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete
- **An Accounting of Disclosures:** You have the right to request an “accounting of disclosures” which is a list of people who have received information about you from your medical records. You must submit your request in writing to Medical Records (HIM) personnel. Your request must state a time period that may not be longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge a fee. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time, before any costs are incurred.
 - **Request Restrictions:** You may request restrictions of limitation on the medical information we use or disclose about you for treatment, payment or operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request in writing. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. *The HITECH act prohibits us from refusing your request to restrict disclosure of your PHI to a health plan with respect to treatment/services in which you have paid out of pocket, in full.
 - **Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Medical Records (HIM) personnel. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
 - **A Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the THMH Admissions Office at 662-283-6136. This Notice is also posted on the hospital’s website.

OUR RESPONSIBILITIES

This organization is required to:

- Maintain the privacy of your protected health information (PHI)
- Notify you of any privacy breaches of unsecured PHI
- 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

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. The revised notice will be posted prominently in the Registration waiting area and will be made available in paper format upon request. We will not use or disclose your health information without your authorization, except as described in this notice. You may revoke such authorization in writing, but revocation will not affect uses/disclosures made by THMH in reliance of the authorization before receiving revocation.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Privacy Officer at 662-283-8283. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, or with the Secretary of Health and Human Services (OCRcomplaint@hhs.gov). There will be no retaliation for filing a complaint.