

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED & HOW YOU CAN ACCESS THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

We understand that your medical information about you and your health is personal. Northwest Mississippi Regional Medical Center and its affiliated Clinics (“NWMMRC”) are required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to the health information we already have. When we make changes to our privacy practices, we will post an updated Notice in the places where you may receive treatments from NWMMRC. You can also request a copy of this Notice at any time, and you may view a copy of the Notice on our website at: [www.nwmmrc.org](http://www.nwmmrc.org).

*If you have any questions about this Notice of Privacy Practices, please contact the Privacy Officer at the contact information listed at the end of this Notice.*

**Who Will Follow This Notice:** This Notice describes our privacy practices and that of:

- All employees, contractors, volunteers, and other agents (“authorized personnel”) of NWMMRC.
- Health care professionals authorized to enter information into your medical records at NWMMRC.
- Members of NWMMRC’S medical staff and their authorized personnel.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:** Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization, including but not limited to:

- **Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, students in other health care fields, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange appropriate meals. Different departments of the health care entity also may share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may disclose medical information about you to people outside the entity who may be involved in your medical care after you leave the entity, such as family members assisting you or other health care providers such as, nursing homes, home health care agencies, or medical equipment providers. We also may use your medical information to contact you to check that you are progressing in your recovery.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the surgery you received to receive reimbursement for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may share your information with other health care providers who treat you, such as an ambulance service or a physician who serves as a consultant during your treatment.

- **Health Care Operations**: Your medical information may be used and disclosed for the purpose of furthering daily operations at NWMRMC. These uses and disclosures are necessary to run NWMRMC and to monitor the quality of care our patients receive. We may also share your medical information with outside companies that perform services for us such as accreditation, legal, computer or auditing services. These outside companies are called “Business Associates” and are required by HIPAA to keep your medical information confidential. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, students in other health care fields, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning you who the specific patients are. We may also use and disclose your medical information when providing customer service, responding to complaints and appeals, providing case management, care coordination, employee health services, conducting medical review of claims and other quality assessment and improvement activities.
- **As Required by Law**: Your medical information will be disclosed when we are required to do so by federal, state, or local authorities, laws, rules and/or regulations.
- **Workers’ Compensation**: If you seek treatment for a work-related illness or injury, we must provide full information in accordance with state-specific laws regarding workers compensation claims. Once state specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.
- **To Prevent a Serious Threat to Health or Safety**: We may use or share your medical information when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Risks**: We may disclose health information about you for public health activities. These activities generally include, but are not limited to, the following: (1) to prevent or control disease, injury or disability, and (2) to notify the appropriate government authority if we believe a person has been a victim of abuse, neglect or domestic violence.
- **Inmates**: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons: (1) for the institution to provide you with health care; (2) to protect the health and safety of you and others; (3) for the safety and security of the correctional institution.
- **Coroners, Medical Examiners, and Funeral Directors**: Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- **Health Oversight Activities**: We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights and other laws and regulations or to participate in registries such as cancer registries. We may also disclose medical information to lawyers or consultants who are providing services to NWMRMC regarding a legal or regulatory matter.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, your medical information may be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement:** Your medical information may be released to law enforcement as authorized or required by law. For example, we may release your information: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; (4) About a death, we believe may be the result of criminal conduct.
- **Private Accreditation Organizations:** Your medical information may be used to fulfill requirements to meet the guidelines of private accreditation organizations such as DNV.
- **Participation in Health Information Exchanges:** We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and permitted healthcare operations purposes with other participants in the HIE, including entities that may not be listed under "Who Will Follow This Notice" on the first page of this notice. Depending on State law requirements, you may be asked to "opt-in" in order to share your information with HIEs, or you may be provided the opportunity to "opt-out" of HIE participation. HIEs allow your health care providers to efficiently access your medical information that is necessary for treating you and other lawful purposes. We will not share your information with an HIE unless the HIE is subject to HIPAAs privacy and security requirements.
- **Appointment Reminders:** We may use and disclose your information to contact you as a reminder that you have an appointment for medical care. This practice includes contacting you by mail, telephone, email, text message, or through the patient portal.
- **Treatment Alternatives:** Your medical information may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** Your medical information may be used to tell you about health- related benefits or services that may be of interest to you.
- **Organ and Tissue Donation:** If you are an organ or tissue donor, your medical information may be released to organizations that handle organ procurement or organ, eye and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Access by Parents:** Some state laws concerning minor permits or require disclosure of protected health information to parents, guardians and persons acting in a similar legal status. We will act consistently with the law of the state where the minor resides and will make disclosures following such laws.
- **Military and Veterans:** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.
- **National Security and Intelligence Activities:** Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** Your medical information may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**USES AND DISCLOSURES TO WHICH YOU HAVE THE OPPORTUNITY TO OBJECT:** Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your authorization when you are informed in advance of the use and disclosure and have the opportunity to agree, object, or limit the use or disclosure. Unless you advise us of your objection to these uses, we will assume that the use of your personal health information, as described in this section of the Notice of Privacy Practices is acceptable to you.

- **Hospital Directory Information:** If NWMRMC utilizes a Patient Directory, you will be asked if you would like to participate in the Patient Directory. Only limited information including your room number and general condition, e.g., good, fair, poor, will be disclosed to those who ask for you by name. If you provide a religious affiliation, it may be provided only to members of the clergy unless you object.
- **Individuals Involved in Your Care:** We may share your medical information with a family member, guardian or other individuals involved in your care, or who helps pay for your care. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location. If you have any objection to sharing your medical information in this way, please contact NWMRMC Privacy Officer listed at the end of this notice.

**OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN CONSENT:** The following types of uses and disclosures require written authorization from the patient:

- **Information with Special Protection:** HIPAA provides additional protection for psychotherapy notes, and most uses or disclosures of psychotherapy notes require your written permission. Psychotherapy notes are the personal notes of a mental health professional about a private or group counseling session. In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others; we may seek that permission in NWMRMC's Condition of Admission form if permitted by law. If you have any questions about this, contact NWMRMC Privacy Officer at the end of this notice.
- **Marketing or Sale of Health Information:** Most uses and disclosures of your medical information for marketing purposes or any sale of your medical information will require your written permission. We may communicate with you about our own products or services.
- **Other Uses and Disclosures of Medical Information:** If NWMRMC wants to use or disclose your medical information for a purpose that is not discussed in this notice, NWMRMC will ask for your written permission. If you give your permission to NWMRMC, you may revoke (take back) that permission at any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the Privacy Officer listed at the end of this Notice in writing.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

**\*\*NOTE: All Requests Must Be Submitted in Writing to the Privacy Officer listed at the end of this Notice\*\***

- **Right to Request Access to Your Medical Information:** With certain exceptions, you have the right to see and get a copy of your medical information that may be used to make decisions about your care. To see or get a copy of your medical information, you must submit a written request. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. There is no fee to see your medical information.
- **Right to Request an Amendment of Your Medical Information:** If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must submit a written request. Please be specific about the information that you believe is incorrect or incomplete.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. The first list you request will be free. For additional lists that you request within a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost in advance so that you can choose whether to get the list.
- **Right to Request Restrictions on How Your Medical Information is Used or Disclosed:** You have a right to request that we change the way we use or disclose your medical information for treatment, payment, or health care operations. To request restrictions, you must make 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; (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request, except that we will not share your medical information with services you receive (unless we are required by law to share information with your health insurance company).
- **Right to Request Confidential Communication:** You have the right to request that we communicate with you in a certain way or at a certain location that you think will be more confidential. For example: You can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. 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.
- **Right to Be Notified of Breach:** We will notify you if we discover a breach of your unsecured protected health information.
- **Right to a Paper Copy of This Notice:** You have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**ADDITIONAL INFORMATION CONCERNING THIS NOTICE:**

- **Changes To This Notice:** We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. NWMRMC will post a current copy of the notice with the effective date. In addition, each time you register at, or are admitted to, NWMRMC for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.
- **Complaints:** You will not be penalized or retaliated against for filing a complaint or asking a question. If you have any questions about this Notice, complaints about our privacy practices or would like information on how to file a complaint with NWMRMC or the Secretary of the Department of Health and Human Services, please contact the Privacy Officer at (662) 621-5150, or by mail at:

**Northwest Mississippi Regional Medical Center  
Attention: Privacy Officer  
1970 Hospital Drive  
Clarksdale, Mississippi 38614**

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-662-627-3211 (TTY: 1-800-582-2233).

Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-662-627-3211 (TTY: 1-800-582-2233).