

Effective date: April 14, 2003

Starkville Clinic for Women 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.

If you have any questions about this notice, please contact Dana L. Bohna, Privacy Officer (662) 324-4201.

Please review this notice carefully.

OUR OBLIGATIONS: We are required by law to maintain the privacy of protected health information, to give you this notice or our legal duties and privacy practices regarding health information about you, and to follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION: Except for the following purposes, we will use and disclose health information only with your written permission. You may revoke such permission at any time in writing to our clinic's privacy officer.

TREATMENT: We may use and disclose health information for your treatment and to provide you with treatment related health care services. We may disclose health information to physicians, nurses, technicians, or other personnel including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

PAYMENT: We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company, or a third party for treatment and services you receive. For example, we may give your health plan information so they may bill your account.

HEALTH CARE OPERATIONS: We may use and disclose health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We may also share information with other entities that have a relationship with you (your health insurance plan) for their health care operations activities.

APPOINTMENT REMINDERS: We may use and disclose health information to contact you and to remind you that you have an appointment with us or to cancel and/or reschedule an appointment.

CLINICAL TEST RESULTS: We will only disclose this health information (lab results, x-ray results, pathology reports) to you, the patient, unless you have specified an alternative contact on the "Restrictions of Use and Disclosure of Protected Health Information" form.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: When appropriate, we may share health information with a person who is involved in your medical care or in payment of your medical care, such as a close friend or family member. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

RESEARCH: Under certain circumstances we may use and disclose health information for research. Before we can use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove a copy of any health information.

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AS REQUIRED BY LAW: We will disclose health information when required to do so by international, federal, state or local law. If you are a member of the armed forces, we may release health information as required by military command authorities. If you are involved in a lawsuit or dispute, we may disclose health information in response to a court of administrative order, a subpoena, discovery request, or other lawful process. Efforts will be made to tell you about the request or to obtain an order protecting the information requested. If you are an inmate of a correctional institution, we may release health information to the correction or law enforcement official.

WORKERS' COMPENSATION: We may release health information for Workers' Compensation or similar programs.

PUBLIC HEALTH RISKS: We may disclose health information, for public health activities (disclosures to prevent or control disease, report births and deaths, child abuse or neglect, adverse reactions to medications), or report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may release health information to a coroner, medical examiner, or to a funeral director as necessary for their duties.

YOUR RIGHTS AS A PATIENT OF THE STARKVILLE CLINIC FOR WOMEN

You have the following rights regarding the health information we have about you:

You have the right to inspect and copy information that may be used to make decisions about your care or payment for your care. To inspect and copy this health information, your request must be made in writing to Dana L. Bohna, Privacy Officer, at Starkville Clinic for Women, 100 Medical Park Drive, Starkville, MS 39759.

If you feel the information we have is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing to Dana L. Bohna, Privacy Officer.

You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment or health care operations or for which you provided written authorization. To request an accounting of these disclosures, your request must be made in writing you Dana L. Bohna, Privacy Officer.

You have the right to request a restriction (limitation) on the health information that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse.) To request a restriction, your request must be made in writing to Dana L. Bohna, Privacy Officer. **WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST.** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

You have the right to request that we communicate with you about medical matters in a certain manner or location. You may ask that we contact you only by mail and/or not at work. Most of these specifics are addressed on the "Restrictions of Use and Disclosure of Protected Health Information" forms. If these are further restrictions, they must be addressed in writing to Dana L. Bohna, Privacy Officer.

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. A copy of our current notice will be posted in our office. The notice will contain the effective date on the first page.

If you feel that your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, the complaint must be filed in writing with Dana L. Bohna, Privacy Officer. You will not be penalized for filing a complaint.
