

**TRI-COUNTY PULMONARY AND SLEEP CLINIC**  
**NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE AUGUST, 2015 / REVISED FEBRUARY, 2018**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your health information. We are also required to give you a Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on **August, 2015 Revised February, 2018**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will modify this Notice and make the new Notice available upon request.

You may request a copy of our Notice from our office at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION  
NOT REQUIRING YOUR CONSENT**

Protected Health Information ("PHI") is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health care services. These include health records created by us or received by us from another health care provider or third party. We use and disclose your protected health information for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use your protected health information to provide you with medical treatment or services or disclose your protected health information to a physician or other healthcare provider providing or assisting in your diagnosis and treatment.

**Payment:** We may use and disclose your protected health information so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. This information may be used to determine your eligibility for benefits or health insurance coverage, to manage claims and contact your insurance company regarding payment, and to obtain precertification and preauthorization of services to be provided to you.

**Healthcare Operations:** We may use and disclose your protected health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, data management, risk management, customer service and administrative activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, development of clinical guidelines and protocols, case management and care coordination, conducting or arranging for medical review, legal services, auditing functions, and conducting training programs, accreditation, certification, licensing or credentialing activities. We may use your protected health information for our fundraising purposes, but if we do, we will give you an opportunity to opt out of future fundraising communications.

**Family, Friends, and Persons Involved In Care:** We may disclose your protected health

information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. We may use or disclose your protected health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to the use or disclosure of your protected health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information. Protected health information about you may be released without permission to a legal guardian of an incompetent adult, the healthcare agent designated in an incapacitated patient's health power of attorney, or a family member or friend who was involved in a deceased patient's health care or payment for care, unless doing so is inconsistent with the prior expressed preference of the patient.

**OTHER PERMITTED OR REQUIRED DISCLOSURES THAT CAN BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION**

We may also use or disclose your protected health information in support of:

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law.

**Judicial and Administrative Proceedings:** We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Public Health Activities:** We may disclose protected health information to public health agencies for reasons such as prevention or controlling disease, injury or disability. This may include reporting and disclosing positive HIV test results. We may release protected health information to the Food and Drug Administration when required by law.

**Industry Regulation:** We may disclose protected health information to state insurance departments, the U.S. Department of Labor and other governmental agencies, for activities authorized by law.

**Workers' Compensation:** We may disclose protected health information to the extent necessary to comply with state laws for workers' compensation programs.

**Business Associates:** We may disclose your protected health information to persons who provide services to us and assure us that they will comply with privacy regulations and our procedures for the use of protected health information.

**Health Oversight Activities:** We may disclose your protected health information in response to a written request by any federal or state governmental agency to perform legally authorized functions such as management audits, financial audits, program monitoring and evaluation, or facility or individual licensure or certification.

**Research:** We may use and disclose your protected health information to help conduct research under certain circumstances and only after a special approval process.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

**To Avoid a Serious Threat to Health or Safety:** We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Coroners, Funeral Directors, Organ Donation:** We may disclose protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

**Law Enforcement and Correctional Institutions:** We may disclose your protected health information under limited circumstances to law enforcement officials as required or permitted by law during an investigation, in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime. We may disclose protected health information to correctional institutions or law enforcement officials having lawful custody of inmates or patients under certain circumstances.

**Military:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances.

**National Security:** We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**Appointment Reminders and Other Communications:** We may use or disclose your health information to provide you with appointment or follow-up reminders (such as voicemail messages, postcards or letters) or treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **OTHER USES OR DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**Your Authorization:** Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. Other uses or disclosures include marketing communications, disclosures of psychotherapy notes, and sale of your protected health information. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information used or disclosed. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

#### **PATIENT RIGHTS**

**Right to Access Your Protected Health Information:** You have the right to review or obtain copies of your protected health information, with some limited exceptions. You may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, or protected health information to which access is prohibited by law. You may be denied access to PHI while participating in a research study in certain circumstances. Your request to review and/or obtain a copy of your protected health information must be made in writing. If we do have any of your protected health information, you may contact us at the address below and we may charge a fee for the costs of producing, copying and mailing your requested information, but we will inform you of the cost in advance.

**Right to Amend Your Protected Health Information:** If you feel that protected health information maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing to the address below and it must include the reason you are seeking a change. We may deny your request under certain circumstances. For example, we may deny your request if you ask to amend information that was not created by us or you ask to amend a record that is already accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to receive a list of instances, if any, in which we or our business associates disclosed your protected health information for purposes other than those related to your treatment, or payment, or healthcare operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting must be made in writing to the address below and must state a time period for which you want an accounting. The time period may not be longer than six years preceding the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). For the second and any subsequent requests for accounting you request within any twelvemonth period, we may

charge a fee for providing the disclosure, but we will inform you of the cost in advance.

**Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information:** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. We are not required to agree to these additional restrictions, unless the restriction relates to disclosure for payment and you have paid in full your patient account balance. If we do agree to a restriction, we will comply with your request except in cases of an emergency. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit how we use or disclose your information, or both; and 3) to whom you want the restrictions to apply.

**Right to Receive Confidential Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request to receive confidential communications must be in writing to the address below. Your request must specify the alternative means or location, and provide satisfactory explanation as to how payments will be handled under the alternative means or location you request.

**Right to a Paper Copy of this Notice:** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive or have received an electronic copy.

**Contact Information for Exercising Your Rights:** You may exercise any of the rights described above by contacting our Privacy Officer. See the end of this Notice for the contact Information.

#### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices / you have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. All complaints to us must be made in writing to the Privacy Officer and sent to the address listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### **CONTACT INFORMATION**

**TRI-COUNTY PULMONARY AND SLEEP CLINIC  
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Flowood, Mississippi 39232  
Main: 601.326.2599  
Fax: 601.933.0852**