



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY!

HeartSouth is dedicated to protecting your Medical Information (MI) or Protected Health Information (PHI). We are required by law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. We are required by law to abide by the terms of this Notice, making any revision applicable to all of the PHI we maintain. If we revise the terms of this Notice, we will post a revised notice at the office and will make paper copies of this Notice of Privacy Practices. Your PHI is available for review upon request.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your protected health information (PHI) as part of rendering patient care. For example; your PHI may be used by the health care professional treating you, by the business office to process your payment for the services rendered and by our staff reviewing the quality and appropriateness of the care received.

We may also use and/or disclose your information in accordance with federal/state laws for the following:

♥ **Unless you authorize**, we **will not** disclose to family members, other relatives or close personal friends, the medical information directly relevant to such person's involvement with your care. List exceptions (if any):

♥ **Unless you authorize**, we **will not** use or disclose your MI to notify a family member, or other person responsible for your care of our location and your general condition, or death. List exceptions (if any):

- ♥ We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits that may be of interest to you.
- ♥ We may disclose MI when required by the U.S. Department of Health and Human Services as part of an investigation or determination of HeartSouth compliance with relevant laws.
- ♥ We may use or disclose your MI for public health activities, including the reporting of disease, injury and the conduct of public health surveillance.
- ♥ We may disclose your MI concerning abuse, neglect, or violence in accordance with federal and state law.
- ♥ We may disclose your MI in the course of certain judicial or administrative proceedings.
- ♥ We may disclose your MI for law enforcement purposes / other specialized governmental functions.
- ♥ We may disclose your MI to a coroner, medical examiner or funeral director.
- ♥ If you are an organ donator, we may disclose your MI to an organ donation and procurement organization.
- ♥ We may use or disclose your MI for certain research purposes.
- ♥ We may use or disclose your MI to prevent or lessen a serious threat to the health and safety of another or the public.
- ♥ We may disclose your MI as authorized by laws relating to Workers Compensation or other programs.

We will not use or disclose your Medical Information (MI) for any other purpose without your written authorization. Once given, you can revoke your authorization at any time.

If you need an explanation of any of these uses, please ask the receptionist.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your Medical Information (MI):

- ♥ The right to request restrictions on certain uses and disclosures of your protected health information (PHI). We are not required to agree to your requested restrictions, but if we do, we will honor it,
- ♥ The right to receive communication from us in a confidential manner,
- ♥ The right to inspect and copy your MI. This right is subject to certain specific reasons, and you may be charged a reasonable fee for any copies of your records.
- ♥ The right to request an amendment of your MI. We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- ♥ The right to receive an accounting of the disclosures of your MI in the six (6) years prior to your request (following April 14, 2003), except for disclosures for treatment, payment or practice operational purposes, disclosures pursuant to an authorization and certain other specific disclosure types.
- ♥ The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- ♥ The right to complain to the Practice and/or to the U.S. Department of Health and Human Services, if you believe that the Practice has violated your privacy rights. To complain to the Practice, please write to or call:

HeartSouth's Compliance Officer @ 601-296-3021 or

HeartSouth, PLLC
4 Willow Pointe Suite 1,
Hattiesburg, MS 39402
Attn: HIPAA Compliance Officer

OR

You may file your complaint in writing to:

Office of Civil Rights,
Dept. of Health and Human Services, 200 Independence Ave., S.W., Room 509F, HHH
Building,
Washington, DC 20201

If you choose to file a complaint, you will not be retaliated against in any way.

THIS NOTICE IS EFFECTIVE AS OF:

MARCH 1ST, 2003

Sign Here



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

These guidelines are observed in recognition that they will provide more effective patient care and greater satisfaction for the patient, the physician and the staff.

The patient has the right to considerate and respectful care.

The patient has the responsibility to provide the physician with the most accurate and complete information regarding their medical and surgical history.

The patient has the right to obtain from the physician complete current information regarding his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. The patient must inform the physician if at any time (s)he does not understand the diagnosis or treatment plan.

The patient has the right to receive from the physician, information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to know the name of the person providing these procedures and/or treatment.

The patient has the responsibility to follow the plan of care or express concerns with compliance. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her actions.

The patient has the right to every consideration of his/her privacy concerning the medical care program.

Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. Those not directly involved in his/her care must have the permission of the patient to be present. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.

The patient has the right to expect that within its capacity, this facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after (s)he has received complete information and explanation concerning the need for and alternatives to such a transfer.

The patient has the right to obtain information as to any relationship of this facility to other healthcare and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, providing care for him/her.

The patient has the right to expect reasonable continuity of care, (S)he has the right to know in advance when appointment times and physicians are available and where. The patient has the right to expect that this facility will provide a mechanism to inform the patient of his/her continuing health care requirements following discharge.

The patient has the right to examine and receive an explanation of his/her bill.

The patient has the right to know which facility rules and regulations apply to patient conduct