



NOTICE OF PRIVACY PRACTICE

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

PLEASE READ CAREFULLY

We understand that medical information about you and your health is personal. Lackey Memorial Hospital and its affiliated Clinics ("LMH") 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. All employees, staff, providers, volunteers, and contracted employees/contractors at LMH will follow this notice. 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 treatment from LMH. You can also request a copy of this Notice at any time, and you may view a copy of the Notice on our web site at: www.lackeymemorialhosptal.com.

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

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

LMH protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits LMH to use or disclose your health information for several purposes without your authorization, including but not limited to:

- **For Treatment.** We may use or disclose your health information to providers, nurses, technicians, students in other health care fields, or other personnel who are involved in taking care of you. For example, a doctor treating you for chest pain may need to know if you have any existing heart problems so that he/she can make an informed decision concerning your treatment. We may also use your health information to contact you to provide appointment reminders or to give you information about treatment options or other health related benefits and services that may interest you.
- **For Payment.** We may use or disclose your health information in order to bill and receive payment for services you receive. For example, we will disclose some of your health information to your health insurance company in order to receive payment for your treatment.
- **For Health Care Operations.** We may use and disclose your health information to conduct activities that are called health care operations. For example, LMH employees or others that perform services for LMH may review your health information to assure the quality and appropriateness of the care you receive.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **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.
- **Secure Patient Portal (Patient Access).** We have established a web-based system, called *Patient Access*, which allows us to securely communicate and transfer PHI to you and allows you to securely communicate with us. *Patient Access* is located on our website at: www.lackeymemorialhospital.com/patient-access.
 - *Emails, text messages or other electronic communications outside of Patient Access may not be encrypted or secure, and could be read or otherwise assessed by another person or organization. We will assume that you understand these risks if you initiate electronic communication with us outside of Patient Access or agree to receive communications from us in a non-secure format.*



- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **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 the victim of abuse, neglect or domestic violence.
- **Inmates.** We may disclose your health information if you are an inmate of a correctional facility or under the custody of law enforcement.
- **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 of LMH to funeral directors as necessary to carry out their duties.
- **For Health Oversight Activities.** We may disclose health information to a health oversight agency for activities which are necessary for the government or an oversight agency to monitor and investigate the health care system.
- **Lawuits and Disputes.** We may disclose health information about you in response to a court order or subpoena, if you are involved in a lawsuit or legal dispute.
- **For Specific Government Functions.** We may disclose health information for the following specific government functions: (1) military personnel, as required by military command authorities; (2) health of inmates, to a correctional institution or law enforcement official; (3) in response to an appropriate request from law enforcement; and (4) for national security reasons.
- **To Business Associates.** To those companies that perform service on behalf of LMH, including transcription services, consultants and collection agencies.
- **Other Uses of Protected Health Information (PHI).** Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written authorization.

USES AND DISCLOSURES TO WHICH YOU HAVE THE OPPORTUNITY TO OBJECT

- **Hospital Directory.** If you are admitted to our hospitals, your name, location within the hospital and religious affiliation will be listed in the hospital directory, unless you tell us not to list you. This information may be disclosed to persons who ask for you by name, such as family and friends, and to members of the clergy.
- **People Who Help Take Care of You.** We may provide your health information to a family member, friend or other person, if he/she helps take care of you, or if he/she is responsible for paying for your care, unless you tell us not to. In emergencies, you will not be given the chance to tell us not to provide information to those who take care of you.

OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN PERMISSION

- **Psychotherapy Notes.** If we provide you with psychotherapy, we will not disclose the notes made by the mental health provider during the therapy services, unless you and your provider give us written permission to disclose these notes.
- **Marketing.** Marketing information typically may only be used or disclosed by LMH if you provide us with written permission to use or disclose your information.
- **Sale of PHI.** In the event that we were to sell your health information, LMH would request your permission.
- **Other Uses and Disclosures.** Other uses and disclosures will be made, of your health information, only with your written, signed permission. You may take back permission once you have given it and your refusal to provide permission will not be held against you. The request to take back the permission must be made to LMH in writing. You can take back your permission but only if LMH has not already acted on your permission to provide the health information.



YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to inspect and to get copies of your health information. With certain exceptions, you have the right to see and get a copy of your health information that may be used to make decisions about your care. To see or get a copy of your health 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.

You have the right to request a correction (amendment) to your health information. If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request a correction, you must submit a written request. Please be specific about the information that you believe is incorrect or incomplete.

You have the right to request a listing of disclosures we have made of your health information. You have the right to request a listing of all disclosures we have made of your health information without your permission, except those disclosures made for purposes of treatment, payment, or health care operations, and those disclosures we made as required by law. Your request must state the time period you would like for the accounting, which must be less than six-years. If you make more than one request in the same 12-month period, you will be charged a fee based on cost for each additional request.

You have the right to request restrictions on uses and disclosures of your health information. You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions. However, we will honor your request to not disclose your health information to your health plan if the disclosure is for payment or health care operations and is not otherwise required by law and the health information pertains solely to items or services for which you have paid out of pocket in full.

You have the right to choose how we communicate with you. 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 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. If you would like more information on accessing, obtaining a copy or obtaining a listing of the disclosures that we have made of your health information, you may contact LMH's Health Information Department.

ADDITIONAL INFORMATION CONCERNING THIS NOTICE:

Changes to This Notice. LMH reserves the right to change this Notice and post the changes. Upon request, we will provide a revised Notice to you.

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 LMH or the Secretary of the Department of Health and Human Services, please contact the LMH Privacy Officer at 601-469-4151, or by mail at:

LMH Privacy Officer
Lackey Memorial Hospital
330 North Broad Street
Forest, MS 39074