NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: 07-01-2012

Mississippi Children's Heart Clinic

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601-915-6100

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS IS FEDERAL LAW MANDATED.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment, ordering tests, referring you to other physicians, or getting copies of your health information from another professional you have seen before. Examples of how we use or disclose your health information for payment purposes are: asking you about your health plans or other sources of payment; preparing and collecting bills or claims; and collecting unpaid amounts, either ourselves or through a collection agency or attorney. "Health care operations" are those administrative functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care; defense of legal matters; business planning; and outside storage of our records. We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses and disclosures include:

- When a state or federal law mandates that certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities such as licensing of doctors, audits by Medicare or Medicaid, or investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosures for law enforcement purposes, such as providing information about someone who is or is suspected to be a victim of a crime, providing information about a crime in our office, or reporting a crime that happened elsewhere.
- Disclosure to a medical examiner to identify a deceased person or determine cause of death; to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.
- Uses or disclosures for health-related research.
- Uses and disclosures to prevent a serious threat to health or safety.
- Uses or disclosures for specialized government functions, such as protection of the President or high-ranking government officials; lawful national intelligence activities; military purposes; or evaluation and health of members of the foreign service.
- Disclosures relating to workers' compensation programs.
- Disclosures of a limited data set for research, public health, or health care operations.
- Incidental disclosures that are an unavoidable byproduct of permitted uses or disclosures.
- Disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your care.

APPOINTMENT REMINDERS

We may call, text, email, or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available in our office that might help you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. Federal law determines the content of an authorization form. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation, you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign the authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment, except emergency treatment, payment, or health care operations.
- Ask us to communicate with you in a confidential way, such as phoning you at work rather than at home or mailing health information to a different address.

- Ask to see or receive copies of your health information.
- Ask us to amend your health information if you think it is incorrect or incomplete.
- Get a list of disclosures that we have made of your health information.
- Get additional paper copies of this Notice of Privacy Practices upon request.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have, as well as to information we may generate in the future.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the contact person at the address or phone number shown at the beginning of this Notice.

Patient's Name Printed _____

Patient or Guardian's Signature _____