

**Medical & Surgical Clinic of Magee, PLLC
360 Simpson Hwy. 149, Suite 320
Magee, MS 39111**

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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

Protected health information about you is maintained as a record of your contacts or visits for healthcare services with our clinics. Specifically, "protected health information" is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services. Our clinics are required to follow specific rules on maintaining the privacy of your protected health information, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how we follow applicable rules and use and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law. We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information.

If you have any questions about this Notice, please contact our Compliance Officer.

Your Rights Under The Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

●**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** - We are required to follow the terms of this Notice. We reserve the right to change the terms of our Notice, at any time. If needed, new versions of this Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. You may agree to receive an electronic copy of this Notice, but if even if you do so, you still have a right to receive a paper copy as well.

●**You have the right to authorize other uses and disclosures** – We will not use or disclose your protected health information in a manner not described within this Notice without your written authorization. Specifically, we will not use or disclose your protected health information without your written authorization in the following circumstances: (1) psychotherapy notes, except under limited circumstances for payment or health care operations; (2) uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications, unless the disclosure is made face to face or through a promotional gift of nominal value; and (3) uses and disclosures that constitute a sale of protected health information. You may revoke an authorization, at any time, in writing, except to the extent that your Healthcare Provider or we have taken an action in reliance on the use or disclosure indicated in the authorization.

●**You have the right to designate a personal representative** – This means you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of protected health information.

●**You have the right to inspect and copy your protected health information** - This means you may inspect and obtain a copy of protected health information about you that is contained in your patient record. We have the right to charge a reasonable fee for copies as established by professional, state, or federal guidelines. You must make this request in writing to our Medical Records Dept. at the address listed on the last page of this Notice. We may deny your request under limited circumstances. If we provide you with access to your protected health information, we must provide you with access in the form and format requested if it is readily producible in such form and format, or if it is not readily producible, will provide you access in a form and format that we both agree is acceptable.

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•**You have the right to request a restriction of your protected health information** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. We must agree to your request to restrict such information to a health plan (i) if the purpose of the disclosure is to carry out payment or healthcare operations and is not otherwise required by law, and (ii) if the information pertains solely to a service or item for which you have paid out-of-pocket and in full. Otherwise, we are not required to agree with a request for restriction.

•**You may have the right to request an amendment to your protected health information** – This means you may request an amendment of your protected health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment. For example, we may deny your request if you do not provide a reason to support your requested amendment. You must make this request in writing to our Medical Records Dept. at the address listed on the last page of this Notice.

•**You have the right to request a disclosure accountability** - This means you may request a listing of disclosures that we have made of your protected health information to entities or persons outside of our clinics. Your request will be limited to a period of 6 months from the date of the request. We will provide your first accounting of disclosure in any 12-month period at no charge. For any additional requests, we will charge you a fee but will inform you of the fee in advance of this request and will provide you with an opportunity to withdraw or modify the request. We will act on your request no later than 60 days after we receive your request.

•**You have the right to request confidential communications** – This means you may request that we communicate with you about your protected health information by alternative means or at alternative locations. You must make this request in writing to our Medical Records Dept. at the address listed on the last page of this Notice. We will accommodate any reasonable request for confidential communications.

•**You have the right receive notice of a breach** – This means we must notify you if there is a breach of your unsecured protected health information. We will notify you as soon as possible, but in no case later than 60 days after we discover the breach.

How We May Use or Disclose Protected Health Information

The following are examples of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our clinics.

•**Treatment** - We may use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose protected health information to other Healthcare Providers who may be involved in your care and treatment. We may also call you by name in the waiting room when your Healthcare Provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health related benefits and services offered by our clinics.

•**Payment** - Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

•**Healthcare Operations** - We may use or disclose, as-needed, your protected health information in order to support the business activities of our clinics. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions. It also includes education, provider credentialing, certification, underwriting, rating, or other insurance-related activities. Additionally, it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information.

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●**Regional Information Organization** - We may elect to use a regional information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

Other Permitted and Required Uses and Disclosures

We may also use and disclose your protected health information in the following instances as outlined below. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

●**To Others Involved in Your Healthcare** - Unless you object, we may disclose your protected health information to a member of your family, a relative, a close friend or any other person that you identify, if that information directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death, as well as notifying any entity authorized to assist in disaster relief efforts. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your Healthcare Provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed. If you are deceased, we may disclose your protected health information to a person involved in your care (as mentioned above) prior to your death, unless we know that you have expressed a preference otherwise before your death.

●**As Required By Law** - We may use or disclose your protected health information to the extent that is required by law.

●**For Public Health** - We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

●**For Communicable Diseases** - We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. We also may disclose your protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability.

●**For Health Oversight** - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

●**In Cases of Abuse or Neglect** - We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, we will disclose such information (i) to the extent it is required by law and in a manner that is consistent with the requirements of applicable federal and state laws; (ii) if you agree to the disclosure; or (iii) to the extent authorized by statute or regulation, if we believe the disclosure is necessary to prevent serious harm to you or to potential victims. We will promptly inform you of any report we make unless we believe that notifying you would place you at risk of serious harm. However, we will not inform your personal representative if we reasonably believe that your representative is responsible for the abuse, neglect or other injury and that notifying the representative would not be in your best interest.

●**To The Food and Drug Administration** - We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, to monitor product defects or problems, to report biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

●**For Legal Proceedings** - We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), under certain conditions and in response to a subpoena, discovery request or other lawful process.

●**To Law Enforcement** - We may disclose protected health information for law enforcement purposes to a law enforcement official. These disclosures are limited to the following: (i) as required by law, a court order, grand jury subpoena, or administrative request; (ii) for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, and such disclosure is limited in scope; (iii) in response to a law enforcement official's request for such information about you if you are thought to be a victim of a crime; (iv) in the case of your death, to a law enforcement official if we believe your death may have resulted from criminal conduct; (v) when we believe, in good faith, that the

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information constitutes evidence of criminal conduct that occurred on our premises; and (vi) in a medical emergency, other than for a medical emergency occurring on our premises, we may disclose such information to law enforcement officials to alert them to the commission, nature, location, victim(s) and perpetrator of the crime.

●**Fundraising Activities** – We will not use any of your protected health information for any sort of fundraising and/or marketing activities.

●**To Coroners, Funeral Directors, and Organ Donation** - We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

●**For Research** - We may disclose your protected health information to researchers when an institutional review board or privacy board has reviewed and approved the research proposal and established protocols to ensure the privacy of your protected health information.

●**In Cases of Criminal Activity** - Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your protected health information, if it is necessary for law enforcement authorities to identify or apprehend an individual.

●**For Military and Veterans Activity** - When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service.

●**National Security and Intelligence** – We may disclose your protected health information to federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority. We may also disclose such information for the provision of protective services to the President of the United States or to foreign heads of state or other persons authorized under applicable law.

●**For Workers' Compensation** - Your protected health information may be disclosed as authorized to comply with workers' compensation laws and other similar legally-established programs, including disclosure to your employer of protected health information relating to work-related illnesses or injuries, or for workplace-related medical surveillance.

●**Proof of Immunization to School** – If you are a student or prospective student, and the school which you attend or plan to attend is required by law to have proof of immunization, we may disclose your proof of immunization to the school upon your oral request to do so.

●**When an Inmate** - We may disclose your protected health information to a correctional facility or a law enforcement official having lawful custody of you as either an inmate or otherwise for the health and safety of you, other inmates, or other persons involved in your custody.

●**Required Uses and Disclosures** - Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Questions or Complaints

For questions regarding this Notice, you may contact the Compliance Officer, or by mail.

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You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer, Kelli Smith, MD, at the address listed above.

If you choose to file a complaint, you will not be retaliated against in any way. Our clinics are dedicated to protecting the confidentiality of your medical information. For further questions or information, please contact the Compliance Officer.

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