

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2011

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.

For more information about this notice, please contact:

Privacy Officer
Clinical Resource Management
Mississippi Baptist Health Systems, Inc.
1225 North State Street
Jackson, MS 39202

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Mississippi Baptist Health Systems, Inc., Mississippi Baptist Medical Center, Inc., Mississippi Hospital for Restorative Care, Inc. (also known as “The Restorative Care Hospital at Baptist”) (hereinafter referred to as “hospital”), all Baptist Clinics, Baptist Home Health, Baptist Diversified Medical Equipment, all Baptist Adult Day Centers and all members of the Baptist Medical Staff when practicing at Baptist. All of these entities are either affiliated with Baptist or are members of an Organized Health Care Arrangement with Baptist and therefore can be covered by one notice of privacy practices. Your physician(s) may provide a separate Notice of Privacy Practices that covers handling of your information within his practice.

Each of these entities, sites and locations will follow the provisions of this notice. In addition, they may share medical information with each other for the purposes of patient treatment, obtaining payment for services rendered, or healthcare operations (activities that must be done in order to operate the organization) as described in this notice.

The practices described in this notice cover the activities of any and all health care professionals, employees, volunteers, students, and contracted workforce members who are authorized to enter or access information in your medical chart.

This does not in anyway infer an agency relationship between Baptist and it’s Medical Staff. Each physician, including Pathologists, Radiologists, Anesthesiologists, ER Physicians and others, has an independent relationship with their patients and is individually responsible for confidential handling of patient information.

These privacy practices will also be followed by:

- (1) Any health care professional authorized to enter or access information in your hospital chart.
- (2) Departments and units of the hospital
- (3) Any member of a volunteer group we allow to help while you are receiving care in the hospital.
- (4) All employees, staff and other personnel of the hospital.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record may contain your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communications among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created or maintained in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to maintain the privacy of medical information that identifies you. We are also required to give you this notice of our legal duties and privacy practices with respect to medical information we collect and maintain about you and to follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will generally fall within one of the following categories:

- (1) **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information

about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

- (2) **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior to approval or to determine whether your plan will cover the treatment. Requests that information not be disclosed to an insurance company will be honored if the disclosure is not for purposes of treatment and the services at issue have already been paid out of pocket in full.
- (3) **For Health Care Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- (4) **For Electronic Health Information Exchanges (HIE).** We may disclose health information about you to a health information exchange (HIE). HIEs facilitate the exchange of electronic protected health information for treatment, payment, and healthcare operations purposes between and among several health care providers, such as hospitals, doctors, and pharmacies, etc.
- (5) **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

- (6) **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- (7) **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. You have the right to opt out of receiving such mailings by notifying the Privacy Officer in writing at the address noted on page 1.
- (8) **Fund-raising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you for fundraising activities for the hospital. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fund-raising efforts, you must notify the Privacy Officer, in writing, at the address noted on page 1.
- (9) **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing; you have the right to decline being included in the hospital directory. If you do so, we cannot forward phone calls to you or deliver flowers and mail, because you will be designated as a "no information" patient.
- (10) **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- (11) **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recover of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to

help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We may ask for your specific permission for the researcher to have access to your name, address and other information that reveals who you are, but in certain limited situations we are not required to get your permission. If you do not want the hospital to release your name, address or other information that reveals who you are, you must notify the Privacy Officer, in writing, at the address listed on page 1.

- (12) **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- (13) **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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. Any disclosure, however, would be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- (1) **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- (2) **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- (3) **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- (4) **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - ~ to prevent or control disease, injury or disability;
 - ~ to report births and deaths;
 - ~ to report child abuse or neglect;
 - ~ to report reactions to medications or problems with products;
 - ~ to notify people of recalls of products they may be using;
 - ~ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - ~ to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We may only make this disclosure ~~if you agree or~~ when required or authorized by law.
- (5) **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- (6) **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a

- subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.
- (7) **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process,
 - To identify or locate a suspect, fugitive, material witness, or missing person,
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement,
 - About a death we believe may be the result of criminal conduct,
 - About criminal conduct at the hospital,
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- (8) **Coroners, Medical Examiners and Funeral Directors.** We may release medical information 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 the hospital to funeral directors as necessary to carry out their duties.
- (9) **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- (10) **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- (11) **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary; (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- (1) **Right to Inspect and Copy.** You have the right to inspect and have copies made by the hospital at your expense of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect or obtain a copy of your medical information, you must submit your request in writing to the Department of Health Information Management (Medical Records) at Mississippi Baptist Medical Center, 1225 North State Street, Jackson, Mississippi, 39202. If you request a copy of the information,

we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect or obtain a copy of your Medical Record in certain very limited circumstances, as defined by law. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital may review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- (2) **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Department of Health Information management (Medical Records) at Mississippi Baptist Medical Center, 1225 North State Street, Jackson, Mississippi, 39202. In addition, you must provide all specific reasons that support your request.

We may deny your request for an amendment if it is not in writing or does not include the reasons supporting the request. In addition, we may deny your request if you ask us to amend information that:

- (1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - (2) Is not part of the medical information kept by or for the hospital
 - (3) Is not part of the information which you would be permitted to inspect or obtain a copy
 - (4) Is accurate and complete
- (3) **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Department of Health Information Management (Medical Records) at Mississippi Baptist Medical Center, 1225 North State Street, Jackson, Mississippi, 39202. Your request must state a time period, which may not be longer than six years and will not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We

will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- (4) **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request to restrict disclosure, except to an insurance company for services you have paid in full out of pocket. In that case we must honor the request. If you request other restrictions of disclosure, we may choose to comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Department of Health Information Management (Medical Records), at Mississippi Baptist Medical Center, 1225 North State Street, Jackson, Mississippi, 39202. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- (5) **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. 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 to the Department of Health Information Management (Medical Records) at Mississippi Baptist Medical Center, 1225 North State Street, Jackson, Mississippi, 39202. We will not ask you the reason for your request. We will try to accommodate any reasonable request. Your request must specify how or where you wish to be contacted.

- (6) **Right to a Paper Copy of This Notice.** You should receive a paper copy of this notice. You may ask us for an additional copy of this notice at any time.

You may obtain an additional copy of this notice at our website, www.mbhs.org. To obtain a paper copy of this notice, please make a written request to the Department of Health Information Management (Medical Records) at Mississippi Baptist Medical Center, 1225 North State Street, Jackson, MS 39202.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as a patient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital: Attention, Privacy Officer, Clinical Resource Management, Mississippi Baptist Health Systems, Inc., 1225 North State Street, Jackson, Mississippi, 39202 or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and/or as otherwise authorized, and that we are required to retain our records of the care that we provided to you.

Mississippi Baptist Health Systems

Patient Acknowledgement of Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice of Privacy Practices before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by requesting a copy in writing from the Privacy Officer, Clinical Resource Management, Mississippi Baptist Medical Center, 1225 North State Street, Jackson, Mississippi, 39202 or at our website, www.mbhs.org.

By signing this form, you acknowledge that you have been provided a copy of and reviewed our Notice of Privacy Practices.

If you receive this Notice by mail, please detach this page, sign and mail back to Privacy Officer, Clinical Resource Management, MS Baptist Health Systems, Inc., 1225 North State Street, Jackson, MS 39202

Patient Signature

Date

Signature

Title

Date

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