



## Privacy Practices

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review this disclosure carefully. The privacy of your health information is important to us.**

### Uses and Disclosures:

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Patient's information is held in strict and absolute confidence. Patient information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.

**Health Care Operations:** Your health information may be used as necessary to support the day-to-day activities and management of Pregnancy Choices of Hattiesburg. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Public Health Reporting:** *Your health information may be disclosed to public health agencies as required by law* and when necessary to protect the client or others against imminent harm. For example we are mandatory reporters for sexual assault, physical abuse, suicidal, and homicidal threats. This list is not exclusive and somethings are reported according to the clients' age.

**Other uses and disclosures require your authorization:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization; however, your decision to revoke the authorization will not affect or undo any use or discloser of information that occurred before you notified us of your decision.

### Additional Uses of Information

**Appointment Reminders:** Your health information will be used by our staff to send you appointment reminders.

**Information about treatments:** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.



## Individual Rights

You have certain rights under federal privacy standards. These include:

- **The right** to request restrictions on the use and disclosure of your protected health information
- **The right** to receive confidential communications concerning your medical condition and treatment
- **The right** to inspect and copy your protected health information
- **The right** to request that we amend your protected health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances, especially if we conclude that such request is inappropriate or inaccurate based upon our judgment
- **The right** to receive an accounting of how and to whom your protected health information has been disclosed
- **The right** to receive a printed copy of this notice if you received this Notice on our Web site or by email

## Our Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

## Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing and be accompanied by a verification of your identification. You may obtain a form to access your records by contacting us.

## Contact Person

**If you have any questions or concerns about our Privacy Practices, please contact:**  
**Steffani Ainsworth R.T. (R), RDMS, RVS 601.264.2181**  
**216 S. 27<sup>th</sup> Ave**  
**Hattiesburg, MS 39401**

This notice is effective on or after June 16, 2016