



NOTICE OF PRIVACY PRACTICES

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

Protected health information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you. Forrest Health System is dedicated to protecting your PHI. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. Forrest Health System is required by law to abide by the terms of this notice. Please visit our website at <http://www.forresthealth.org> for a list of the facilities operated by Forrest Health System and bound by this Notice.

HOW YOUR PROTECTED HEALTH INFORMATION WILL BE USED AND DISCLOSED:

We will use and disclose your PHI as part of rendering patient care for treatment, payment or health care operations purposes. For example, your PHI may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of the care you receive. We may, and often do, make your records available to medical personnel at other facilities who are providing care and treatment to you, so that they will be aware of your complete medical history as reflected in our medical records system.

Much of your PHI is stored electronically, rather than being in paper form. When we use or disclose your PHI in the ways described in this notice, we may do so by providing printed copies of your health information or by allowing the authorized person or persons to access the electronic record. However, whether your PHI is in paper or electronic form, we will handle it in compliance with the provisions of this notice.

We may also use and/or disclose your PHI in accordance with federal and state laws for the following purposes:

Appointment Reminders: We may contact you to provide appointment reminders.

Treatment Information: We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising: We may contact you about Forrest Health System and/or the Forrest General Healthcare Foundation fundraising activities. You have the right to opt-out of such fundraising activities by notifying us in writing.

Disclosure to Department of Health and Human Services: We may disclose your medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Facility Directory: Unless you expressly object, and with the exception of behavioral health patients, we will include your name, location in the hospital, your condition described in general terms and your religious affiliation in our directory of individuals. The directory information, except for your religious affiliation, will be released to people who ask for you by name.

Family and Friends: Unless you expressly object, we may disclose your PHI to family members, other relatives or close personal friends when the medical information is directly relevant to that person’s involvement with your care.

Notification: Unless you expressly object, we may use or disclose your PHI to notify a family member, a personal representative or another person responsible for your care, general condition or death.

Disaster Relief: We may disclose your PHI to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Public Health Activities: We may use or disclose your PHI for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect: We may disclose your PHI when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings: We may disclose your PHI in the course of certain judicial or administrative proceedings.

Law Enforcement: We may disclose your PHI for law enforcement purposes or to law enforcement officials under certain circumstances.

Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to a coroner, medical examiner or a funeral director.

Organ Donation: We may disclose your PHI to an organ procurement organization.

Research: We may use or disclose your PHI for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research or the research is only on decedent’s information.

Public Safety: We may use or disclose your PHI to prevent or lessen a serious threat to the health or safety of another person or to the public.

Specialized Governmental Functions: We may disclose PHI of Armed Forces personnel to military authorities under certain circumstances. If medical information is required for lawful intelligence, counterintelligence or other national security activities, or for the provision of protective services to the President of the United States or a foreign head of state, we may disclose it to authorized federal officials.

Workers' Compensation: We may disclose your PHI as authorized by laws relating to workers' compensation or similar programs.

Communication of Benefits through Government and Government-Sponsored Programs: We may use or disclose your PHI to communicate potential eligibility for such programs as Medicare, Medicaid, or other government-sponsored program.

Business Associates: We may disclose your medical information to a business associate with whom we contract to provide services on our behalf.

AUTHORIZATIONS:

We must have your authorization for any use or disclosure of your PHI involving certain mental health records (including psychotherapy notes), marketing activities, or sale of your information. We will not use or disclose your medical information for any other purpose without your written authorization except as otherwise permitted or required by law. Once given, you may revoke your authorization in writing at any time except to the extent that Forrest Health System has taken an action in reliance on the use or disclosure as indicated in the authorization. Revocation of any authorization must be in writing and sent to:

Forrest Health System
P.O. Box 16389
Hattiesburg, MS 39404
Attn: Health Information Management Department

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RECORDS:

The confidentiality of alcohol and drug abuse patient records maintained by us is protected by Federal law and regulations. Generally, we may not say to a person outside the treatment center that you are a patient of the treatment center, or disclose any information identifying you as an alcohol or drug abuser unless:

- You consent in writing (as discussed below in "Authorization to Use or Disclose PHI");
- The disclosure is allowed by a court order (as discussed below in "Uses and Disclosures"); or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation (as discussed below in "Uses and Disclosures").

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your PHI. In most cases we are not required to agree to your request, but if we do, we will honor it. We are required to comply with requests to restrict uses and disclosures of your PHI to a health plan if the purpose for the disclosure is not related to treatment and the health care services to which the medical information applies have been paid out-of-pocket in full.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your medical information.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point. We require you to submit your request for amendment and the reason for the request in writing. If you would like to request an amendment to your health information, please contact: Forrest Health System, Health Information Management Department, P.O. Box 16389, Hattiesburg, MS, 39401 or 601-288-2900.
- You have the right to receive an accounting of the disclosures of your medical information made by Forrest Health System during the six years preceding your request, except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- You may request a paper copy of this Notice of Privacy Practices.
- You have the right to receive notice from us in the event of any breach of your unsecured information.
- You have the right to complain to us and/or to the Secretary of the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. If you believe your privacy rights have been violated or if you would like further information regarding your rights or regarding the uses and disclosures of your medical information, please contact: Forrest Health System, Privacy Officer, P.O. Box 16389, Hattiesburg, MS, 39404 or call the Toll Free Privacy Number 1-833-557-9356 .

REVISION OF NOTICE OF PRIVACY PRACTICES:

We reserve the right to change the terms of this notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this notice, we will post a revised notice at Forrest Health System and will make paper copies of the revised Notice of Privacy Practices available upon request.