

# **Tunica County Medical Clinics**

## **Privacy Practices Summary**

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### **A Summary of Health Information Privacy Practices**

**THIS SUMMARY 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 SUMMARY APPLIES TO ALL TUNICA COUNTY MEDICAL CLINICS.**

#### **Our Responsibilities**

Our Clinics are required to:

- Maintain the privacy of your medical information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect, maintain, and disclose about you.
- Abide by the terms of the attached Notice of Privacy Practices

#### **Your Rights**

As a patient, you have several rights with regard to your medical information, including the following:

- The right to inspect and obtain a copy of your medical information.
- The right to request an amendment to your medical information if you believe such information is incorrect or incomplete.
- The right to an accounting of disclosures of your medical information except for purposes of treatment, payment or health care operations as defined in the Notice of Privacy Practices.
- The right to request that we not use or disclose your medical information in certain ways.
- The right to request to receive communications in an alternative manner or location.

We reserve the right to change our privacy practices and to make the new provisions effective for all medical information we maintain. Should our privacy practices change, a copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your medical information without your authorization, except as described in the attached Notice of Privacy Practices.

# Tunica County Clinics

## NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2005

**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.**

### WHO WILL FOLLOW THIS NOTICE.

This notice describes our clinics' practices and that of any health care professional authorized to enter information into your medical record. This includes all employees, all volunteers, and all other clinic personnel.

This notice was issued at the following Tunica County Clinic location:

- [ ] Tunica Medical Clinic  
1813 U. S. Highway 61 North  
Tunica, MS 38676-9683
- [ ] Tunica Resorts Medical Clinic  
11273 U. S. Highway 61 North  
Tunica Resorts, MS 38664-9705

Both of the above clinics will follow the terms of this notice. Tunica County Clinics may share medical information with each other or with other entities for treatment, payment or healthcare operations purposes described in this notice. Other physicians and caregivers may be given access to your medical information to assist in medical evaluation or treatment being provided to you.

Those other physicians and caregivers may also have different policies and notices regarding their use and disclosure of medical information related to you which is created in their offices or clinics.

### 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 clinic. 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 related to your care generated by our clinics, whether made by health care professionals or other personnel.

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:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- 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 different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to 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 fall within one of the categories.

**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, health care students, or others who are involved in your care. For example, a doctor treating you for an infection may need to know if you have allergies to certain medications that may be used to treat you. In addition, the doctor may need to tell the nurse who will administer your medications. Different staff members 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 clinic who may be involved in your medical care after you leave the clinic, such as hospitals, other physicians, or others who provide services that are part of your care.

**For Payment.** We may use and disclose medical information about you, so that the treatment and services you receive at the clinic 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 the care you received at the clinic so your health plan will pay us or reimburse you for that care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**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 clinic 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 or we or our designee may send you a patient satisfaction survey. We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare organizations 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.

**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 clinic.

**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. We may communicate to you via newsletters, mailouts or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facilities participate.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Fundraising Activities.** Healthcare entities may use information about you to contact you in an effort to raise money for their operations. However, Tunica County Clinics will not do so without your prior consent.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a caregiver who may be a friend or family member. We may also give information to a family member or friend who helps pay for your care. 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. You may choose to object to any such disclosures by notifying the clinic.

**Research.** We may disclose information to researchers when an Institutional Review Board has reviewed and approved the research proposal, established protocols to ensure the privacy of your health information and granted a waiver of the authorization requirement.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

## **SPECIFIC SITUATIONS.**

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military.** 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.

**Work-Related Illness and Injuries.** We may release medical information about you to your employer and others for purposes related to occupational health and safety programs and/or worker's compensation matters.

**Public Health Risks (Health and Safety to you and/or others).** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include, but are not limited to, the following situations:

- 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 contacting 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 will only make this disclosure when required or authorized by law.

**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 law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a 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.

**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; and
- 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.

**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.

**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.

**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.

**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:

**Right to Inspect and Copy.** You have the right to inspect and copy 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 and copy medical information that may be used to make decisions about you, contact the Nurse Manager at clinic you visited. 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 and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will 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.

**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 clinic. To request an amendment, your request must be made in writing and submitted to the Nurse Manager of the

appropriate clinic. In addition, you must provide a reason that supports your request.

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

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**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 others except for purposes of treatment, payment and operations identified above.

To request this list or accounting of disclosures, you must submit your request in writing to the Nurse Manager of the appropriate clinic. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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 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.

**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.*** If we do agree, we will 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 Nurse Manager of the appropriate clinic. 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.

**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.

## 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 receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, the effective date thereof. In addition, if you register at the clinic for treatment or health care services following a change or revision to this notice, we will offer you a copy of the current notice in effect.

## COMPLAINTS.

If you have questions regarding this Notice or believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Nurse Manager of the appropriate clinic:

Tunica Medical Clinic  
1813 U. S. Highway 61 North  
Tunica, MS 38676-9683  
Phone: 662-357-0012  
Fax: 662-357-0021

Tunica Resorts Medical Clinic  
11273 U. S. Highway 61 North  
Tunica Resorts, MS 38664-9705  
Phone: 662-363-3224  
Fax: 662-363-3234

If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you 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. We will then no longer use or disclose medical information about you for the reasons covered by your written authorization. By this document, you are notified that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.