Delta Medical Foundation
P O Box 289
Marks, MS 38646
662-326-3500

Family Medical Center, Marks
Warrington Clinic, Clarksdale
Delta Medical Health & Wellness, Batesville
Diabetic Solutions Center, Marks

Notice of Privacy Practices for Protected Health Information (PHI)

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!!

By law, we are required to maintain the privacy of "Protected Health Information" (PHI), in addition to providing the individuals with notice of those legal duties and practices of privacy with respect to PHI. PHI is the information that may identify an individual and relates to their past, present and future mental or physical health or condition and associated health care services with them. This "Notice of Privacy Practices" (Notice) explains how we may use and disclose you PHI to carry out health care operations, treatment or payment and for other pre-determined purposes that are permitted or required by law. This notice also explains the rights of an individual with respect to the PHI about them.

We must abide by the terms of the Notice. We will not disclose or use you PHI without your written authorization, except as stated in this Notice. However, we reserve the right to change our practices along with the notice and in turn make the Notice effective for all obtained PHI. Upon request, we will make the revised Notice available to interested parties.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the property of Warrington Clinic, P.A. You have the following rights with respect to your Protected Health Information (PHI). We must act upon your request within 60 days.

- You may request restrictions on certain uses and disclosures of protected health information, but we are not required to agree to a requested restriction.
- You may request that you receive confidential communication of protected health information.
- You may request to inspect and copy your own protected health information.
- You may request that your information be amended.
- You may request a paper copy of this notice.
- You may request an accounting of the disclosures of your protected health information.
- You may request communications of protected health information by alternative methods or at alternative locations.

EXAMPLES OF THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

- For treatment purposes, such as referrals/consultations to/with other health care providers.
- For payment purposes. We may use your information to verify eligibility with your insurance company or other third-party payers.
- For internal review/quality control purposes. We may use your information with regards to ensure the quality of care being provided to our patients.
- For business associates agreements. Contracts are secured with certain individuals or companies for billing or third-party payment. They need information about you to perform these duties
- For communication with identified (family, friends) individuals involved in your care or payment for your care.
- For use by a government entity. IE. Worker's Compensation, Court Order, Food and Drug Administration, Law enforcement. State department of health. Centers for Disease and Control. (No PHI will be released voluntarily, only under requirement of legal authority)

Additional purposes, beyond those previously discussed or as authorized, or allowed by law, may cause the pharmacy to request an individual's written authorization for protected health information disclosure or use. Authorization may be revoked at any time.

OUR RESPONSIBILITIES

- Maintain the privacy of your health information as required by law;
- Provide you with a Notice as our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we cannot accommodate the requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you
- Accommodate your request for an accounting of disclosures.

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a written complaint at our business office by delivering the written complaint to: Delta Medical Foundation, P O Box 289, Marks, MS 38646. You may also file a complaint by mailing it to the U.S. Department of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Department of Health and Human Services (HHS) as a condition of receiving treatment from our clinic.
- We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

For more information about this notice contact: Jameye Murphree, Administrator 662-326-3500

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