



NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights and we have certain legal obligations regarding the privacy of your Protected Health Information. This notice explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

How We Use or Share Your Health Information

- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health information to run our practice, improve your care and contact you when necessary.
- We can use and share your information to bill and get payment from health plans or other entities.
- We can share health information about you for help with public health and safety issues for situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- We can share your information for health research.
- We will share information about you if state or federal laws require it.
- We can share health information with a coroner, medical examiner or funeral director for a deceased patient.
- We can share health information about you for workers' compensation claims, law enforcement purposes, with health oversight agencies and special government functions.
- We can share health information about you in response to a court or administrative order or in response to a subpoena.

Your Rights Regarding Your Protected Health Information

You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We are allowed to charge a reasonable fee for these records.
- You may ask us to correct health information about you that you think is incorrect or incomplete. We have the right to deny the request but will tell you why in writing within 60 days.
- You may ask us to contact you in a specific way or to send mail to a different address. We will accommodate all reasonable requests.
- You can ask us not to share or use certain health information for treatment, payment, or our operations. We are not required to agree to your request if it affects your care.
- If you pay for a service or health care item out-of-pocket in full, you can request we not share that information for the purpose of payment or our operations with your health insurer.
- You may ask for an accounting of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations or disclosures you asked us to make. We'll provide one accounting a year for free but will charge a fee if you ask for another within 12 months.
- You can ask for a paper copy of this notice any time.
- You may choose someone to act for you if that individual has medical power of attorney or the individual is your legal guardian. That individual may exercise your rights and make choices about your health information. No action will be taken until we have valid proof that this person has this authority.

Your Rights Regarding How We Share Your Information

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do and we will follow your instructions.

- You have the right and choice to tell us to share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation
If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- Without your written permission, we will never share your information for marketing purposes; sale of your information or most sharing of psychotherapy notes.
- If we contact you for fundraising you may tell us not to contact you again.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you will tell us we can in writing. If you tell us we can, you may change your mind at any time. This must be done in writing.

Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Complaints

STATCare Medical Clinics strive to protect our information to the fullest extent. You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed below. All complaints must be made in writing and submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filling a complaint.

Mailing Address: STATCare Medical Clinics
 1017 Delaware Avenue
 McComb, MS 39648
Telephone: 601-250-1122; Fax 601-250-0290
Email: statcare@statcaremc.com

To file a complaint with the Secretary, mail it to:

Mailing Address: Secretary of the U.S. Department of Health and Human Services
 200 Independence Avenue, S.W.
 Washington, D.C. 20201
Telephone (877)696-6775 or (202)619-0257
Website: www.hhs.gov/ocr/hipaa for more information

This Notice was revised January 26, 2017
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