

MOREHOUSE COMMUNITY MEDICAL CENTERS, INC.

NOTICE OF 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 IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our clinic's privacy practices and that of:

- Any health care professional authorized to enter information into your clinic chart.
- All departments and units of the clinic.
- Any member of a volunteer group we allow to help you while you are in the clinic.
- All employees, staff and other clinic personnel.
- Morehouse Community Medical Centers, Inc. will follow the terms of this notice. In addition, MCMC may share medical information with other providers for the treatment, payment, or clinic operational purposes described in this notice.

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 maintain 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. We maintain physical and electronic safeguards of this record and restrict access to this record to personnel that need to know your medical information. This notice applies to all of the records of your care generated by the clinic, whether made by clinic personnel, or your personal doctor.

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 identifying you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect;
- notify you if we are unable to agree to a requested restriction; and
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

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. Medical information may be used or disclosed via paper, mail, electronic mail, fax, or other methods.

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, medical students, or other clinic personnel who are involved in taking care of you at the clinic. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may use or disclose your medical information in the course of conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision. 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 family members, clergy, or others we use to provide services that are part of your care.

For Payment. We may use medical information about you so that the treatment and services you receive at the clinic may be billed to and payment be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a procedure you received at the clinic so your health plan will pay us, or reimburse you, for the procedure. 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.

Business Associates. There are some services provided in our organization through contacts with business associates. Examples include billing services, outside laboratory and radiology services. When these services are contracted, we may disclose your medical information to our business associates so that they can perform the job we've asked them to do and bill you or your third-

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party payer for services rendered. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

For Health Operations. We may use and disclose medical information about you for clinic 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. We may also combine medical information about many clinic patients to decide what additional services the clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other clinic personnel for review and learning purposes.

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.

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

Marketing Activities. We may contact you to offer information about treatment alternatives, educational programs or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the clinic. 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.

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

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Special 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 and Veterans. 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.

Workers' Compensation. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

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 laws.

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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 circumstances, we are unable to obtain consent;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the clinic; 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 clinic 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.

Correctional Institutions. 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:

- ***You have the right to inspect and copy medical information*** that may be used to make decisions about your care. Usually, this includes medical billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the clinic. If you request a copy of the information, we will charge a reasonable 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. We will comply with the outcome of the review.

- ***You have the right to amend your records.*** 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 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.

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- ***You have the right to receive an “accounting of disclosures.”*** This is a list of the disclosures we make of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the 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 cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- ***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 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 limit to apply, for example, disclosures to your spouse.
- ***You have a right to confidential communications.*** You may 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 or by mail. To request confidential communications, you must make your request in writing to the clinic. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- ***You have a right to a paper copy of this notice.*** You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact the clinic.

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. This notice will contain on the last page, the effective date and revision dates. In addition, each time you register at the clinic for treatment or health care services, we will offer you a copy of the current notice in effect.*

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the clinic, or with the Secretary of the Department of Health and Human Services. To file a complaint with the clinic, contact **Christy Little, Office Manager or Cindy Rainbolt, Privacy Officer.** All complaints should be submitted in writing, if possible. You will not 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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand 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.

*We do our utmost to keep this information current. However, changes may have been made subsequent to this notice.

Effective Date: May 1, 2006

Revised: October 28, 2009

If you have any questions about this notice please contact Christy Little, Office Manager or Cindy Rainbolt, Privacy Officer, at 318/283-8887.