

101 - 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.

Rush Medical Foundation d/b/a Rush Foundation Hospital and H. C. Watkins Memorial Hospital, Rush Care Inc, d/b/a The Specialty Hospital of Meridian and Scott Regional Hospital, Medical Foundation Inc, Rush Medical Clinic, Rush Medical Group Inc, Laird Clinic, Laird Hospital, Kemper CAH, Inc d/b/a John C Stennis Memorial Hospital and Rush Hospital/Butler, Inc. d/b/a Choctaw General Hospital.. (“Rush”) is dedicated to protecting your medical information. We are required by law to maintain the privacy of your medical information and to provide you with this Notice of our legal duties and privacy practices with respect to your medical information and to abide by the terms of this Notice. In addition, we are required by law to notify you should a breach of your unsecured protected health information occur as defined by the breach notification regulation.

WHO WILL FOLLOW THIS NOTICE?

This notice describes Rush’s practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- Any member of a volunteer group we allow to help you while you are at Rush.
- All employees, staff, medical students, nursing students, medical residents, other hospital, home health and clinic personnel.
- All Rush hospitals and clinics. In addition, Rush hospitals and clinics may share medical information with each other for treatment, payment or hospital operation purposes described in this notice.

Rush Medical Foundation d/b/a Rush Foundation Hospital and H. C. Watkins Memorial Hospital, Rush Care Inc, d/b/a The Specialty Hospital of Meridian and Scott Regional Hospital, Medical Foundation Inc, Rush Medical Clinic, Rush Medical Group Inc, Laird Clinic, Laird Hospital, Kemper CAH, Inc d/b/a John C Stennis Memorial Hospital and Rush Hospital/Butler, Inc. d/b/a Choctaw General Hospital have an Organized Healthcare Arrangement (OHCA) with their medical staff. The medical staff of each hospital consists of physicians and other allied health professionals who are credentialed to be on the medical staff of the hospital. Many of the physicians and allied health professionals on the hospital staff are not hospital employees but are independent practitioners who have been granted the privilege of using the hospital for the care and treatment of patients. The physicians on the medical staff include but are not limited to anesthesiologists, pathologists, radiologists, internists, pediatricians, surgeons and other specialists. When using the protected health information (PHI) that is obtained for treatment of a patient at the hospital and for payment of these services, physicians will follow the Rush privacy practices. At their practice offices, they will follow their own privacy practices. Physicians on the staff of Medical Foundation, Inc. and the clinics of The Specialty Hospital of Meridian will follow this notice at the clinic office and the hospital.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information 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 and other health-related benefits and services that may be of interest to you.

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 object, we will include your name and location in Rush, 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 given to people who ask for you by name.

Unless you object, your religious affiliation may be given to members of the clergy, even if they do not ask for you by name.

Family and Friends

Unless you object, we may disclose your medical information 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 object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

Disaster Relief

We may disclose your medical information 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.

Health Oversight Activities

We may use or disclose your medical information for public health activities, including the reporting of disease, immunizations, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information 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 medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings

We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement

We may disclose your medical information for law enforcement purposes or other specialized government functions.

Coroners, Medical Examiners and Funeral Directors

We may disclose your medical information to a coroner, medical examiner or a funeral director.

Organ Donation

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Research

We may use or disclose your medical information 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 on only decedent's information.

Fund Raising

We may contact you to raise funds for Rush. You will be given an opportunity to opt in and receive fund raising communications or opt out and not receive the communications.

Public Safety

We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Workers' Compensation

We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

Business Associates

We may disclose your medical information to a business associate with whom we contract to provide services on our behalf. To protect your medical information, we require our business associates to appropriately safeguard the medical information of our patients.

Health Information Exchanges

We may participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide care for you. This exchange will allow us to electronically share your protected health information with other providers who may need to treat you.

PROHIBITED USES AND DISCLOSURES:

Your genetic information will not be used or disclosed for underwriting purposes.

AUTHORIZATIONS:

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization. Other uses and disclosures that are not described above will be made only with your written authorization. Once given, you may revoke your authorization in writing at any time except to the extent that Rush has taken an action in reliance on the use or disclosure as indicated in the authorization, or as needed to maintain the integrity of a research study. To request a Revocation of Authorization form, you may contact:

**Corporate Compliance @ 601-703-9493
1314 19TH AVENUE, MERIDIAN MISSISSIPPI 39301**

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

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

- You may ask us to restrict certain use and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to restrict disclosures to a health plan if you or someone on your behalf has paid the covered entity in full. This option will be made available at registration.
- 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.
- You have the right to receive an accounting of disclosures of your medical information made by Rush during the last six years (or following April 14, 2003), 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 complain to us and/or to 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. To complain to us or to obtain further information regarding your rights or regarding the uses and disclosures of your medical information, please contact:

CORPORATE COMPLIANCE @ 601-703-9493

1314 19TH AVENUE

MERIDIAN, MISSISSIPPI 39301

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 Rush and will make paper copies of the revised Notice of Privacy available upon request.

THIS NOTICE IS EFFECTIVE AS OF SEPTEMBER 24, 2002

REVISED DATE: April 12, 2014

Please visit our website: rushhealthsystems.org