

MISSISSIPPI COAST OB/GYN

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!**

USES AND DISCLOSURES

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory test and procedures will be available in your medical records to all health professional who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Healthcare operations: Your health information may be used as necessary to support the day-to-day activities and management of the practice of Mississippi Coast Ob/GYN dba Gregory W. Horn, M.D. and William F. Moore, M.D. For example information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections or to facilitate law enforcement investigations and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision to revoke your authorization.

ADDITIONAL USES OF INFORMATION

Appointment reminders: Your health information will be used by our staff to send you appointment reminders. If you do not wish to receive appointment reminders, you must give specific instructions to the staff about phone calls, answering machine and messages left with other persons.

Information about treatment: your health information may be used to send you information that you may find interesting on the treatment and management of you medical condition. We may also send you information describing other health-related products and services that we believe may interest you

Individual Rights: You have certain rights under federal privacy standards.

The right to request restrictions on the use and disclosure of your protected health information.

The right to receive confidential communications concerning your medical conditions and treatments.

The right to inspect and copy your protected health information.

The right to amend or submit correction to your protected health information.

The right to receive an accounting of how and to who your protected health information has been disclosed.

The right to receive a printed copy of this notice.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Mississippi Coast OB/GYN, Gregory W. Horn, M.D., and William F. Moore, M.D. reserve the right to modify the privacy practices outlined in the notice.

SIGNATURE

I have received a copy of the Notice of Privacy practices for Mississippi Coast OB/GYN, Gregory W. Horn, M.D., and William F. Moore, M.D.

Print name of patient

Signature of patient

Date

Signature of patient representative
(required if the patient is a minor or an adult who is unable to sign this form)

Relation of patient representative