

**Central Mississippi Civic Improvement Association, Inc.  
D/b/a Jackson-Hinds Comprehensive Health Center  
NOTICES 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.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a Federal program that requires all medical records and individually identifiable health information used or disclosed by Jackson-Hinds Comprehensive Health Center (JHCHC) in any form, whether electronically, on paper, or orally, are kept confidential. HIPAA gives you, the patient, and the right to understand and control how your protected health information is used. JHCHC collects health information about you and stores it in a medical record. JHCHC is the parent organization of the South Clinic, Merit Health Clinic, Jackson Medical Mall Clinic, Utica Clinic, James Ivory Homeless Clinic, Jim Hill High School Clinic, Tougaloo Clinic, Vicksburg-Warren Clinic, Copiah Clinic, Medical Mall Clinic, Woodrow Wilson Clinic, Mobile Units 1, 2 & 3, Bolton Edward Clinic, Bryam Middle School Clinic, Terry High School, Gary Road Intermediate Clinic, Gary Road Elementary Clinic, Pecan Park School Clinic, Utica Elementary School Clinic, Village Apartments Clinic and Commonwealth Apartment Clinic. This is your medical record; which is the property of JHCHC, but the information in the medical record belongs to you. JHCHC is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

**How JHCHC May Use and Disclose Your Information**

**Appointments.** JHCHC may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Treat you.** JHCHC can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization.** JHCHC can use and share your health information to run or improve our organization, evaluate the performance of our staff, improve your quality and effectiveness of care provided by JHCHC, and JHCHC will contact you when necessary. Information may also be shared with our "business associates", such as our billing service, that perform administrative services for us. *Example: We use health information about you to manage your treatment and services.*

**Bill and receive payment for your services.** JHCHC can use and share your health information to bill and get payment from health plans or other entities. *Example: JHCHC give information about you to your health insurance plan so it will pay for your services.*

**Public health and safety issues.** JHCHC can share health information about you for certain situations such as: Preventing disease, Helping with product recalls, Reporting adverse reactions to medications, Reporting suspected abuse, neglect, or domestic violence, and Preventing or reducing a serious threat to anyone's health or safety

**Do research.** JHCHC can use or share your information for health research.

**Organ and tissue donation requests.** JHCHC can share health information about you with organ procurement organizations.

**Medical examiner or funeral director.** JHCHC can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Workers' compensation, law enforcement, and other government requests.** JHCHC can use or share health information about you: For workers' compensation claims, law enforcement purposes or with a law enforcement official, health agencies for activities authorized by law, special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions.** JHCHC can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Comply with the law.** JHCHC will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. HIPAA provides an extensive list of permitted disclosures, however, where state laws provide greater privacy protections or privacy rights with respect to protected health information, state laws will apply, overriding HIPAA.

## **Our Responsibilities**

JHCHC is required by law to maintain the privacy and security of your protected health information. Our organization will let you know promptly if a breach occurs that may have compromised the privacy or security of your information using various methods as appropriate. JHCHC 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 tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. More information needed please visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Your Rights.**

**Copy of medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. JHCHC will provide copies in your requested form or format if it is readily producible, or we will provide you with an alternative format you find acceptable. If we can't agree and we maintain the record in an electronic format, we will provide your records in your choice of a readable electronic or hard copy format. JHCHC will also send a copy to any person you designate in writing and provide a copy or a summary of your health information, usually within 30 days of your request. There may be a charge of reasonable, cost-based fee. Ask us to correct your medical record if any discrepancies.

**Limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations, but JHCHC is not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. JHCHC will say "yes" unless a law requires us to share that information. Get a list of those with whom we've shared information; by asking for a list (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. JHCHC will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked JHCHC to make). JHCHC will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.** JHCHC will provide you with a paper copy promptly.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. JHCHC will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.** You can complain if you feel JHCHC have violated your rights. You can file a complaint with JHCHC and U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/Complaints/](http://www.hhs.gov/ocr/privacy/hipaa/Complaints/). JHCHC will not retaliate against you for filing a complaint.

**Your Choices.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and JHCHC will follow your instructions. In these cases, you have both 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, and Include your information in a hospital directory.