

OUTREACH HEALTH SERVICES, INC.

130 North High Street
P.O. Box 527
Shubuta, MS 39360

TELEPHONE: (601) 687-1391
687-1542
687-1259
FAX NUMBER: (601) 687-0051
(601) 687-5408

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.

Outreach Health Services, Inc. uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Outreach Health Services, Inc.

How Outreach Health Services, Inc. May Use or Disclose Your Health Information

For Treatment – Outreach Health Services, Inc. may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment – Outreach Health Services, Inc. may use and disclose your health information to others for purposed of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations - Outreach Health Services, Inc. may use and disclose health information about you for operational purposed. For example, your health information may be disclosed to members of the medical staff, risk or quality, improvement personnel, and others to:

*evaluate the performance of our staff;

Outreach Health Services, Inc.

- * assess the quality of care and outcomes in your cases and similar cases;
- * learn how to improve our facilities and services; and
- * determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments – Outreach Health Services, Inc. may use your information to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

Fund Raising – Outreach Health Services, Inc. may use your information to contact you to raise funds for Outreach Health Services, Inc.

Required by law – Outreach Health Services, Inc. may use and disclose information about you as required by law. For example, Outreach Health Services, Inc. may disclose information for the following purposes:

- *for judicial and administrative proceedings pursuant to legal authority;
- * to report information related to victims of abuse, neglect or domestic violence; and
- * to assist law enforcement officials in their law enforcement duties;

Public Health – Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents – Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation – Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research – Outreach Health Services, Inc. may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and safety – Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions – Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Worker's Compensation – Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

Other uses –Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except the extent Outreach Health Services, Inc. has taken action in reliance on the authorization.

Your Health Information Rights

You have the right to:

- * request a restriction on certain uses and disclosures on your information; however, Outreach Health Services, Inc. is not required to agree to a requested restriction;
- * obtain a paper copy of the notice of information practices upon request;
- *inspect and obtain a copy of your health record;
- *request that your health record be amended;
- *request communications of your health information by alternative means or at alternative locations; and
- *receive an accounting of disclosures made of your health information

Complaints

You may complain to Outreach Health Services, Inc. and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Outreach Health Services, Inc.

Outreach Health Services is required by law to:

- *maintain the privacy of protected health information;
- *provide you with this notice of its legal duties and privacy practices with respect to your health information;
- *abide by the terms of this notice;
- *notify you if we are unable to agree to a requested restriction on how your information is used or disclosed and;
- *accommodate reasonable requests you may make to communicate health information by alternative locations

Outreach Health Services, Inc. reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting a copy of this notice in a prominent place on our premises.

Dispute Resolution (New Clause)

Dispute not resolved by complaint procedure shall be resolved by binding arbitration in Jackson, Mississippi, under the rules of the American Arbitration Association with each party to pay its own attorney's fees and costs.

Outreach Health Services, Inc.

Effective Date

This notice is effective as of: April 14, 2003.

Contact Information

If you have any questions or complaints, please contact: Outreach Health Services, Inc. Private Contact

Name: Outreach Health Services, Inc.

Address: 130 North High Street, P.O. Box 527 Shubuta, MS 39360

Telephone Number: (601) 687-1391

**ACKNOWLEDGEMENT OF RECEIPT OF OUTREACH HEALTH SERVICES, INC.'S
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Outreach Health Services, Inc.'s Notice of Privacy Practices.

Individual's Signature

Individual's Name

Date

(ORGANIZATION) Use Only _____

Date acknowledgment received: _____

-OR-

Reason acknowledgement was not obtained:

Witness's Name

Employee's Name and Title