

TRACE REGIONAL HOSPITAL, TRACE CLINICS, AND FLOY DYER MANOR
NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE THAT DESCRIBES HOW YOUR HEALTH INFORMATION IS PROTECTED AND HOW IT MAY BE USED AND DISCLOSED. THIS NOTICE ALSO INFORMS YOU HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. THIS NOTICE IS EFFECTIVE AS OF SEPTEMBER 17, 2013.

Federal and state regulations require us to maintain the privacy of your health information and to implement policies and procedures to safeguard the confidentiality of your health information. We are required by law to provide you with this Notice of Privacy Practices (The Notice).

This Notice provides you with information about our privacy practices and describes the ways in which we may use or disclose your health information. This Notice also describes your rights and our legal obligations regarding any such uses or disclosures. This applies to all of your health information created and/or maintained at our facility, including any information that we receive from other healthcare providers. This Notice also applies to health information that we share with covered entities and business associates.

We will not use or disclose your Protected Health Information (PHI) without your written authorization, except as described or otherwise permitted by this Notice. We reserve the right to change this Notice and to make the revised Notice effective for all health information we already have about you, as well as any information we create or receive in the future. Whenever we revise this Notice, we will make the revised Notice available to you upon request on or after the effective date of the revised Notice, and we will have a copy of the Notice available at all our healthcare facilities to take with you.

Protected Health Information (PHI) is any information that identifies the past, present, and/or future physical and/or mental health of an individual, and that information includes electronic, written, and/or verbal communications.

WHO WILL FOLLOW THIS NOTICE

This Notice is followed by Trace Regional Hospital, Trace Clinics, and Floy Dyer Manor Nursing Home staff and by any independent and third party entity affiliated with the same. Because we understand that your medical information is personal, we are committed to protecting your PHI by:

- Following the terms of this Notice that are currently in effect,
- Notifying you of our legal duties and privacy practices with respect to your PHI, and
- Making sure your PHI is kept private.

HOW WE USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose your PHI. We have provided you with examples in certain categories. However, not every use or disclosure in a category will be listed.

For Treatment - To healthcare personnel at Trace Regional Hospital, Trace Clinics, and/or Floy Dyer Manor Nursing Home or independent and/or third party entities who are involved in taking care of you.

For Payment - To bill you, your insurance company, and/or a third party for various payment-related functions.

For Healthcare Operations - To review our treatment and services and to evaluate the performance of our staff in caring for you and to disclose information to doctors, nurses, nursing staff, technicians, and other personnel for review and learning purposes.

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WE ARE PERMITTED TO DISCLOSE YOUR PHI FOR THE FOLLOWING PURPOSES:

For Appointment Reminders and Followup Calls - To leave a message with an answering service or on your answering machine or other similar voicemail or recording device.

To Communicate with Individuals Involved in Your Care or Payment for Your Care - We may disclose to a family member, other relative, close personal friend, or any other person you identify, any PHI directly relevant to that person's involvement in your care or payment related to your care.

For Research - To facilitate or to be used regarding medical research purposes, under certain circumstances.

As Required By Law - To comply with the provisions of federal, state, and/or local law.

To Avert a Serious Threat to Health or Safety - To assist with or to help prevent threat to your or another person's health and safety.

Organ and Tissue Donation - To assist organizations that handle organ procurement and/or organ, eye, and/or tissue transplantation.

Military/Veterans - To comply with requirements of military command authorities, if you are a member.

Workers' Compensation - To comply with requests from Workmen's Compensation or similar programs.

Public Health Risks - To facilitate public health activities.

Health Oversight Activities - To comply with activities authorized by law for any government health agency, which may include audits, investigations, inspections, licensure, and/or disciplinary actions.

Lawsuits and Disputes - To respond to a court or administrative order, subpoena, discovery request, or other lawful process that involves you.

Law Enforcement - To comply with a legal request of a law enforcement official, as appropriate.

Coroners, Medical Examiners, and Funeral Directors - To assist a coroner, medical examiner, and/or funeral director, as applicable, by law.

National Security and Intelligence Activities - To comply with federal officials in connection with activities regarding national security, as authorized by law.

Victims of Abuse and/or Neglect - We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse and/or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

OTHER USES AND DISCLOSURES OF PHI

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of a written revocation, we will stop using and disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

MARKETING AND FUND RAISING RULES

LIMITATIONS ON THE DISCLOSURE OF PHI REGARDING REMUNERATION

The disclosure or sale of your PHI without authorization is prohibited. Under the new HIPAA Omnibus Rule, this would exclude disclosures for public health purposes, for treatment/payment for health care, for the sale, transfer, merger, or consolidation of all or part of this facility, a patient or beneficiary upon request, and as required by law. In addition, the disclosure of your PHI for research purposes or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is "a reasonable, cost-based fee" to cover the cost to prepare and transmit your PHI which would be expressly permitted by law.

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Notably, under the Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the disclosure of limited data sets (a form of PHI with a number of identifiers removed in accordance with specific HIPAA requirements) for remuneration pursuant to existing agreements is permissible until September 22, 2014, so long as the agreement is not modified within one year before that date.

IMPROVEMENTS TO REQUIREMENTS FOR AUTHORIZATIONS RELATED TO RESEARCH

Under the HIPAA Omnibus Rule, we may seek authorizations from you for the use of your PHI for future research. However, we would have to make clear, in detail, what those uses would be. Also, if we request of you a compound authorization with regard to research, we would clarify that, when a compound authorization is used and research-related treatment is conditioned upon your authorization, the compound authorization will differentiate between the conditioned and unconditioned components.

YOUR RIGHTS

You have the following rights:

Right to obtain a paper copy of the Notice upon request - You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from Trace Regional Hospital, any of the Trace Clinics, or Floy Dyer Manor Nursing Home via a mail service location or from the Privacy Office.

Right to Request Restrictions - You have the right to restrict the use and disclosure of your PHI. However, we are not required to agree to any restrictions you request, but, if we do so, we will be bound by the restrictions to which we agree, except in emergency situations. If you tell us not to disclose information to your commercial health plan concerning healthcare items or services for which you paid for in full out of pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and we will notify you of our decision.

Right to Obtain a Copy and to Inspect - You have the right to obtain a copy of and inspect your PHI that may be used to make decisions about your care. We will provide you with a copy of the requested record and format that record if it is readily producible, or we will provide you with an alternative format you find acceptable. If we cannot agree, and we maintain the record in an electronic format, you will be provided your choice of a readable electronic or hardcopy format record.

Right to Amend - You have the right to request, in writing, for us to amend the information we have about you if you feel it is incorrect. If your request is denied, we will provide you a written denial that explains the reason for the denial.

Right to an Accounting of Disclosures - You have the right to request, in writing, for us to provide you a list of the disclosures we have made of your PHI, except for treatment, payment, or other healthcare operations, releases made at your request to persons involved in your health care, for national security, and/or for intelligence purposes, and of disclosures made to correctional institutions or law enforcement officials. You have the right to receive an accounting of the disclosures we have made of your PHI, after April 14, 2003, for most purposes other than treatment, payment, or healthcare operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify the time period for the accounting. The time period may not be longer than six (6) years and may not include dates before April 14, 2003.

Right to Request Communications of PHI by Alternative Means or at Alternative Locations - For instance, you may request that we contact you at a different residence or post office box. To request

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confidential communication of your PHI, you must submit a request in writing to the Privacy Office. Your request must document how and/or where you would like to be contacted. We will accommodate all reasonable requests.

AUTHORIZATION RULE

We will not use or disclose your PHI for any purpose or to any person, other than as stated in the rules above, without your signature on our specifically-worded written Authorization/Acknowledgement form (not a Consent or an Acknowledgement). If we need your Authorization, we must obtain it via a specific Authorization Form, which may be separate from any Authorization/Acknowledgement we may have obtained from you. We will not condition your treatment here on whether or not you sign the Authorization.

INCIDENTAL DISCLOSURES

Trace Regional Hospital, Trace Clinics, and Floy Dyer Manor Nursing Home will make reasonable efforts to avoid incidental disclosures of protected health information (PHI). An example of an incidental disclosure would be a conversation that may be overhead between the hospital staff and another patient or family member in the emergency room as a result of curtains that separate the treatment areas.

However, in the event there is a breach in protecting your PHI, we will follow Federal Guidelines of the HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Guidelines to HIPAA Omnibus Rule 4-Factor Formula for Breach Assessment. We will then document the situation, retain copies of the situation assessment on file, and report all breaches (other than low probability as prescribed by the Omnibus Rule) to the US Department of Health and Human Services at:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/bringstruction.html>

We will also make proper notification available to you and/or any other parties of significance, as required by HIPAA Law.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We, Trace Regional Hospital, Trace Clinics, and Floy Dyer Manor Nursing Home, reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes/modifications we make can be effective for any health information we have about you and any information that we might obtain. Each time you receive services from our facilities, we will provide to you the most current copy of our Notice of Privacy Practices. The most recent version of our Notice of Privacy Practices will be posted in our buildings.

FOR MORE INFORMATION, YOU MAY CONTACT EITHER:

Debra May
Compliance Officer
Trace Regional Hospital
POB 626
Houston, MS 38851
1.662.456.1037

or

Office of Civil Rights
US Department of Health and Human Services

Effective Date of This Notice: September 17, 2013