

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.

Uses and Disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization

- Treatment
- Payment
- Health care operations
- When release is required by law, including in judicial settings, to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).
- To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
- In fundraising for ourselves.
- To the sponsor of your health plan.
- All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

Your rights: You have the following rights concerning your PHI:

- **Restrictions:** To request restricted access to all or part of your PHI. To do this, you must contact our privacy officer or contact. We are not required to grant your request.
- **Confidential communications:** To receive correspondence of confidential information by alternate means or location. To do this, you must contact our privacy officer or contact.
- **Access:** To inspect or receive copies of your protected health information. To do this, you must contact our privacy officer or contact.
- **Amendments:** To request changes by made to your PHI. To do this, you must contact our privacy officer or contact. We are not required to grant your request.
- **Accounting:** To receive an accounting of the disclosures by us of your PHI in the six years prior to your request. To do this, you must contact our privacy officer or contact.
- **This notice:** To get updates or reissue of this notice, at your request.
- **Complaints:** To complain to us or the U.S. Dept. of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, please contact our privacy officer. The law forbids us from taking retaliatory action against you if you complain.

Our duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update OF THIS NOTICE.

Privacy contact: For more information about our privacy practices, please contact:

Vinod Pareek, Administrator
Horn Lake Family Practice

3102 Goodman Rd.

662-342-6676

Effective date: 06-01-08

I acknowledge receipt of this notice: Sign: _____ Date: _____

Print name of Patient: _____

If you are signing as the patient's representative: _____

Print your name: _____ Describe your authority: _____