



Miss-Lou GI  
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## **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.**

**If you have any questions about this Notice please contact our Privacy Officer Katie Watts. This Notice of Privacy Practices describes how Miss-Lou GI may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights with respect to your Protected Health Information. "Protected Health Information" is medical information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services.**

**1. Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations: The following are examples of the types of uses and disclosures of your Protected Health Information that Miss-Lou GI is permitted to make for the purposes of treatment, payment, and health care operations. These examples are not meant to be exhaustive, but only to give examples of the types of uses and disclosures that may be made by our office for these purposes.**

**Treatment: We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party such as with your physician's office.**

**Payment: Your Protected Health Information may be used, as needed, to obtain payment for health care services that we provide to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.**

**Health Care Operations: We may use or disclose your Protected Health Information in order to support the business activities of Miss-Lou GI. The activities include, but are not limited to, quality assessment activities, and employee review activities.**

**For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when it is time for your treatment. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.**

**2. Other Uses and Disclosures of Your Protected Health Information: We may also use and disclose your Protected Health Information in the following ways:**

**Business Associates: We may share your Protected Health Information with third parties "business associates" that perform various activities (e.g., billing, computer services) for Miss-Lou GI. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information. Business associates are required by federal law to appropriately safeguard your information.**

**Other Information:** We may use your Protected Health Information to provide information about treatment alternatives or health-related benefits and services that may be of interest to you. For example, we may send you a newsletter about Miss-Lou GI or services that we offer.

**3. Other Permitted and Required Uses and Disclosures of Your Protected Health Information That May Be Made Without Your Authorization:** The following are descriptions of each of the other purposes for which Miss-Lou GI is permitted or required by the HIPAA Privacy Regulations to use or disclose Protected Health Information without an individual's authorization.

We may use or disclose your Protected Health Information in the following situations without your authorization.

These situations include:

**Required by Law:** We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

**Abuse or Neglect:** We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your Protected Health Information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration: (a) to collect or report information regarding adverse events, product defects or problems, or biologic product deviations; (b) to track products; (c) to enable product recalls; (d) to make repairs or replacements; or (e) to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain conditions, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose your Protected Health Information, provided applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (a) legal processes and otherwise required by law, (b) limited information requests for identification and location purposes, (c) pertaining to victims of a crime, (d) alerting law enforcement of a death if there is a suspicion that death occurred as a result of criminal conduct, (e)

in the event that a crime occurs on the premises of Miss-Lou GI, and (f) medical emergency (not on Miss-Lou GI's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may also disclose your Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.

We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may also disclose your Protected Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (a) for activities deemed necessary by appropriate military command authorities; (b) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (c) to foreign military authority if you are a member of that foreign military services. We may also disclose your

Protected Health Information to authorized federal officials for conducting national security and intelligence activities.

**Workers' Compensation:** Your Protected Health Information may be disclosed by us in compliance with workers' compensation laws and other similar legally-established programs.

**Inmates:** If you are an inmate, we may, under certain conditions, use or disclose your Protected Health Information to the correctional facility having custody of you.

**4. Other Uses and Disclosures of Protected Health Information That May Be Made With Your Opportunity to Agree or Object:** We may use and disclose your Protected Health Information

in the following instances when you have an opportunity to agree or object to the use or disclosure.

If you are not present or able to agree or object to the use or disclosure of the Protected Health

Information, then your treating practitioner may, using professional judgment, determine whether the

disclosure is in your best interest. In this case, only the Protected Health Information that is relevant

to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable

to agree or object to such a disclosure, we may disclose such information as necessary if we determine

that it is in your best interest based on our professional judgment. We may use or disclose Protected

Health Information to notify or assist in notifying a family member, personal representative







