

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

HATTIESBURG G.I. ASSOCIATES, PLLC, and DIGESTIVE DISEASES CENTER OF HATTIESBURG, LLC are dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. HATTIESBURG G.I. ASSOCIATES, PLLC, and DIGESTIVE DISEASES CENTER, LLC are required by law to abide by the terms of this Notice, making any revision applicable to all the PHI we maintain. If we revise the terms of this Notice, we will post a revised notice at the Office and will make paper copies of this Notice of Privacy Practices. Your PHI is available for review upon request.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information (MI) as part of rendering patient care. For example, your medical information (MI) may be used by the healthcare professional treating you, by the business office to process your payment for the services rendered, and by administrative staff reviewing the quality and appropriateness of the care you received.

We may also use and/or disclose your information in accordance with federal/state laws for the following:

- We may contact you to provide appointment reminders or information about treatment alternatives of other health-related benefits that may be of interest to you.
- We may disclose MI when required by the U.S. Department of Health and Human Services as part of an investigation or determination of the Practice's compliance with relevant laws.
- Unless you object, we may disclose to family members, other relatives, or close personal friends the MI directly relevant to such person's involvement with your care.
- Unless you object, we may use or disclose your MI to notify a family member or other person responsible for your care of our location and your general condition or death.
- We may use or disclose your MI for public health activities, including the reporting of disease, injury, and the conduct of public health surveillance.
- We may disclose your MI concerning abuse, neglect, or violence in accordance with federal and state law.
- We may disclose your MI in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes/other specialized governmental functions.
- We may use or disclose your MI for certain research purposes.
- We may use or disclose your MI to prevent or lessen a serious threat to the health and safety of another or the public.
- We may disclose your MI as authorized by laws relating to Workers Comp or other programs.

We will not disclose your medical information for any other purpose without your written authorization. Once given, you can revoke your authorization at any time.

Initials _____

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- The right to request restrictions on certain uses and disclosures of your Medical Information (MI). We are not required to agree to your requested restriction, but if we do, we will honor it.
- The right to receive communications from us in a confidential manner.
- The right to inspect and copy your MI. This right is subject to certain specific exceptions and you may be charged a reasonable fee for any copies of your records.
- The right to request an amendment of your medical information. We may deny your request for certain specific reasons, and, if denied, we will provide you with written explanation for the denial and information regarding further rights you would have at that point.
- The right to receive an accounting of the disclosures of your medical information in the six years prior to your request (following April 14, 2003), except for disclosures for treatment, payment, or practice operational purposes, disclosures pursuant to an authorization and certain other specific disclosure types.
- The right to request a paper copy of this Notice of Privacy Practices for Protected Health and Human Services if you believe that the Practice has violated your privacy rights. To complain to the Practice, please call:

Suzette Barnes, Compliance Officer at Hattiesburg G.I. Associates, PLLC, and Digestive Diseases Center of Hattiesburg, LLC.

If you choose to file a complaint, you will not be retaliated against in any way.

THIS NOTICE IS EFFECTIVE AS OF 02/01/2003.

I have received and had an opportunity to ask questions concerning the Practice's Notice of Privacy Practices for Protected Health Information.

Patient or Patient's Representative

Date