

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

Primary Care Medical Center of Gulfport is dedicated to protecting your medical information. We are required by law to maintain the privacy of your medical information and to provide you with this Notice of our legal duties and privacy practices with respect to your medical information. Primary Care Medical Center of Gulfport is required by law to abide by the terms of this Notice.

Primary Care Medical Center of Gulfport has an Organized Health Care Arrangement (OHCA) with its medical staff. When using protected health information obtained for treatment of a patient at Primary Care Medical Center of Gulfport and for payment or health care operations related to these services, members of the medical staff will follow this Notice of Privacy Practices. At their private offices, medical staff members will follow their own Notices of Privacy Practices.

Primary Care Medical Center of Gulfport participates in the Mississippi Gulf Coast Health Information Exchange. Through this exchange, your medical records will be accessible by other health care providers on the Mississippi Gulf Coast with whom you may have a treatment relationship. Each participating provider is individually responsible for complying with the HIPAA privacy and security rules with regard to your health information.

The medical staff consists of credentialed physicians and allied health professionals who have been granted the privilege of using Primary Care Medical Center of Gulfport for the care and treatment of their patients. Most members of the medical staff are independent practitioners rather than employees of Primary Care Medical Center of Gulfport. The physicians on medical staff include, but are not limited to, anesthesiologists, pathologists, radiologists, internists, cardiologists, oncologists, urologists, nephrologists, psychiatrists, pediatricians, surgeons and other specialists.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered, and by administrative personnel reviewing the quality of the care you receive.

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

Appointment Reminders

We may contact you to provide appointment reminders.

Treatment Information

We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising

We may contact you to raise funds for Primary Care Medical Center of Gulfport. You may elect to opt out of fundraising communications.

Facility Directory

Unless you object, we will include your name, location in Primary Care Medical Center of Gulfport, your condition described in general terms and your religious affiliation in our directory of individuals. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name, unless you object.

Family and Friends

Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification

Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

Disaster Relief

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts

Health Oversight Activities

We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect

We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings

We may disclose your medical information in the course of certain judicial or administrative proceedings.

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Law Enforcement

We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners and Funeral Directors

We may disclose your medical information to a coroner, medical examiner or a funeral director.

Organ Donation

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Research

We may disclose your medical information for certain research purposes if an Institutional Review Board or privacy board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.

Public Safety

We may disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Worker's Compensation

We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

Business Associates

We may disclose your medical information to a business associate with whom we contract to provide services on our behalf. To protect your medical information, we require our business associates to appropriately safeguard the medical information of our patients.

AUTHORIZATIONS

We will not use or disclose your medical information for any other purpose without your written authorization except as otherwise permitted or required by law. Once you present an authorization to us, you may revoke that authorization in writing at any time except to the extent that Primary Care Medical Center of Gulfport has taken an action in reliance on the use or disclosure as indicated in the authorization. To request a Revocation of Authorization form, you may contact:

Primary Care Medical Center of Gulfport
15444 Dedeaux Road, Suite B
Gulfport, MS 39503
Tel: (228) 832-9038 Fax: (228) 832-9990
Email: brobicheaux@primarycaregpt.com

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

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

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it. If your bill is paid in full, we will honor your request not to disclose information about your bill to a third-party payor.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. You may request an electronic copy of your record. These rights are subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your medical information.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by Primary Care Medical Center of Gulfport during the last six years or following April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- You may request a paper copy of this Notice of Privacy Practices.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way.

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

Primary Care Medical Center of Gulfport
Bobbie Robicheaux
15444 Dedeaux Road, Suite B
Gulfport, MS 39503
Tel: (228) 832-9038 Fax: (228) 832-9990
Email: brobicheaux@primarycaregpt.com

This notice is effective as of April 13, 2003. Revised June 30, 2009.

REVISION OF NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at Primary Care Medical Center of Gulfport and will make paper copies of the revised Notice available upon request.