



## NOTICE OF PRIVACY PRACTICES

### **Your Information. Your Rights. Our Responsibilities.**

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.**

Five Horizons Health Services is committed to protecting the privacy of our patients' protected health information (PHI) and complying with the Health Insurance Portability and Accountability Act (HIPAA). We are providing this notice to explain how we may use and disclose PHI about you, as well as your rights and our obligations with respect to such information.

1. **Uses and Disclosures of PHI:** We may use and disclose your PHI for treatment, payment, and healthcare operations purposes. For example, we may use and disclose your PHI to coordinate your care with other healthcare providers, bill for services rendered, or evaluate the quality of care you received.
2. **Uses and Disclosures Requiring Your Authorization:** For uses and disclosures outside of treatment, payment, and healthcare operations, we must first obtain your written authorization. You have the right to revoke such authorization at any time, in writing, except to the extent that action has already been taken in reliance on the authorization.
3. **Your Rights:**
  - **Right to access:** You have the right to access and receive a copy of your health information, including medical and billing records.
  - **Right to privacy:** You have the right to have your health information protected from unauthorized access, use, or disclosure.
  - **Right to receive a notice of privacy practices:** You have the right to receive a notice explaining how your health information may be used and disclosed.
  - **Right to request restrictions:** You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or healthcare operations.
  - **Right to amend:** You have the right to request that health information be amended if you believe it is incorrect or incomplete.
  - **Right to file a complaint:** You have the right to file a complaint if you believe your privacy rights have been violated.
4. **Our Legal Duties:** We are required by law to maintain the privacy of your PHI and to provide you with this notice of our privacy practices. We will not use or disclose your PHI other than as described in this notice unless required or permitted by law.
  - **Protecting your privacy:** We must keep your health information confidential and secure and comply with HIPAA's privacy requirements.
  - **Providing notice of privacy practices:** We must provide you with a notice of privacy practices that explains how your health information may be used and disclosed.
  - **Obtaining your authorization:** We must obtain your written authorization before using or disclosing your health information for any purpose other than treatment, payment, or healthcare operations.



# FIVE HORIZONS

## HEALTH SERVICES

- Implementing security measures: We must implement reasonable and appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of your electronic health information.
  - Responding to your requests: We must respond to your requests for access to or amendment of your health information.
  - Reporting breaches: In the event of a breach of your unsecured protected health information, we must report it to you. Also in the event of multiple patients' PHI being compromised, FHHS is required by law to report the Department of Health and Human Services.
  - Training our workforce: We must train our workforce on HIPAA privacy and security requirements.
5. Complaints: If you believe your privacy rights have been violated, you may file a complaint with Five Horizons Health Services or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.
6. Changes to this Notice: We reserve the right to change this notice at any time and will promptly post any revised notice at Five Horizons Health Services and provide a copy to patients upon request.

We understand that your privacy and security are important to you and want to ensure that you feel confident in the handling of your health information.

If you believe that your HIPAA rights have been violated, we encourage you to take the following steps:

Contact us: Please reach out to us as soon as possible to let us know of your concerns by calling or by writing a letter addressed to the following:

**Dothan: 334-673-0494; 1865 Honeysuckle Road, Suite 3, Dothan, AL 36305**

**Tuscaloosa: 205-759-8470; 2703 7<sup>th</sup> Street, Tuscaloosa, AL 35401**

**Montgomery: 334-280-3349; 2900 McGehee Road, Montgomery, AL 36111**

**Selma: 334-386-5048; 1023 Medical Center Parkway, Suite 308, Selma, AL 36701**

**Starkville: 662-268-6278; 900 Stark Road, Starkville, MS 39759**

**Meridian: 769-249-4288; 1926 23<sup>rd</sup> Avenue, Meridian, MS 39301**

**Oxford: 662-636-6062; 2890 S Lamar Blvd., Oxford, MS 38655**

1. We will do our best to address your concerns and resolve any issues in a timely manner.
2. File a complaint with the Office for Civil Rights (OCR): If you feel that your HIPAA rights have been violated, you have the right to file a complaint with the OCR, which is responsible for enforcing HIPAA privacy and security rules. You can file a complaint by calling 1-800-368-1019 or visiting the OCR website at <https://www.hhs.gov/hipaa/filing-a-complaint>.
3. Seek legal assistance: If you believe that your rights have been violated and cannot be resolved through other means, you may consider seeking legal assistance.

**For more information on HIPAA, we encourage you to visit the U.S. Department of Health and Human Services website at <https://www.hhs.gov/hipaa/index.html>. You can find detailed information about HIPAA and your rights.**

**Thank you for choosing Five Horizons Health Services.**