

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.

Delta Health System is dedicated to protecting your medical information. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health 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. Delta Health System is required by law to abide by the terms of this Notice.

Delta Health System is affiliated with separately owned legal covered entities that have designated themselves as a single covered entity for the purpose of providing joint privacy practices under the Health Insurance Portability and Accountability Act of 1996. Delta Health System is also affiliated with other health care providers or physicians under an Organized Health Care Arrangement where your protected health information can be shared among the participants of the arrangement and also for the purpose of providing joint privacy practices to you.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use and disclose 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.

Examples of Disclosures for Treatment, Payment, and Health Care Operations:

We will use and disclose your protected health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of

treatment that should work best for you. Your physician will document in your record the actions taken and his/her observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use and disclose your protected health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use and disclose your protected health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

We may also use and/or disclose your protected health 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.

Fund Raising: We may contact you to raise funds for Delta Health System, however you can tell us not to contact you again.

Marketing: We will never share your information unless you give us written permission for marketing purposes, sale of information and most sharing of psychotherapy notes.

Disclosure to Department of Health and Human Services: We may disclose your protected health information when required by the United States Department of Health and

Human Services as part of an investigation or determination of our compliance with relevant laws.

Facility Directory: Unless you object, we will include your name, location in Delta Health System, 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 protected health information to family members, other relatives or close personal friends when the information is directly relevant to that person's involvement with your care.

Notification: Unless you object, we may use or disclose your protected health 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 protected health 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 protected health 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 protected health 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 protected health information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings: We may disclose your protected health information in the course of certain judicial or administrative proceedings.

Law Enforcement: We may disclose your protected health information for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners and Funeral Directors: We may disclose your protected health information to a coroner, medical examiner or a funeral director.

Organ Donation: If you are an organ donor, we may disclose your protected health information to an organ donation and procurement organization.

Research: We may use or disclose your protected health information for certain research purposes if an Institutional Review Board or a 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 use or disclose your protected health information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Workers' Compensation: We may disclose your protected health information as authorized by laws relating to workers' compensation or similar programs.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your protected health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

AUTHORIZATIONS: We will not use or disclose your protected information for any other purpose without your written authorization except as otherwise permitted or required by law. Once given, you may revoke your authorization in writing at any time except to the extent that Delta Health System 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: Delta Health System, 1400 East Union Street, Greenville, MS 38704, 1-662-725.2815. Contact: HIM Director.

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 protected health information. We are not required to agree to your request, but if we do, we will honor it. If we do not honor your request you will be notified. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your healthcare plan. We will honor your request unless a law requires us to share that information.
- You have the right to receive communications from us in a confidential manner in any way you specify.
- Generally, you may inspect and have a copy of your protected health information. You may get this information in paper or in an electronic format. 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 make an amendment to your medical record if you think that there is something incorrect in your medical record.
- You have the right to receive an accounting of the disclosures of your protected health information made by Delta Health System except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types. We are required to retain your protected health information for accounting purposes for six years. The right to receive this information is subject to certain exceptions, restrictions and limitations. We'll provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.
- You may request a paper copy of this Notice of Privacy Practices, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- You have the right to complain to us, the United States Department of Health and Human Services, or the Office for Civil Rights 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. To complain to us, contact: Delta Health System, 1400 East Union Street, Greenville, MS 38704, Contact the Privacy Officer at 662-725-2815 or our Ethics Line at [1-844-910-4217](tel:1-844-910-4217).
- If you would like further information regarding your rights or regarding the uses and disclosures of your protected health information, you may contact: Delta Health System, 1400 East Union Street, Greenville, MS 38704, 1-662-725-2815. Contact person: Privacy Officer.

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003, AND APPLIES TO ALL PROTECTED HEALTH INFORMATION AS DEFINED BY FEDERAL REGULATIONS.

NOTICE OF PRIVACY PRACTICES FOR DELTA HEALTH SYSTEM

Designated as an Affiliated Covered Entity
And an
Organized Health Care Arrangement
Under
The Health Insurance Portability and
Accountability Act of 1996

Revision Date: November 14, 2023

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 Delta Health System, its affiliate clinics, our website and will make paper copies of the revised Notice of Privacy Practices available upon request.