



Notice of Privacy Practices

This Notice tells how your medical information may be used or shared. Please read it carefully. Ask us if you have any questions. Or call the Privacy Office at (601) 266-5390.

Please also review Patient's Rights and Responsibilities.

Uses and Disclosures of Protected Health Information:

Your protected health information may be used and disclosed by our organization, our office staff, and others outside of our office that are involved in your care and treatment, to pay your health care bills, to support the operation of the organization, and any other use required by law. We use electronic record systems to manage your care. These systems have safeguards to protect the information in them. We also have policies and training that limit the use of information to those who need it. Doctors and other people who are not employed by Moffitt Health Center may share information they have about you with our employees in order to care for you.

Moffitt Health Center may share medical information about you without your consent for many reasons:

Treatment: We will 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. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Billing and Payment: Your protected health information will be used, as needed, to obtain payment for your health care services.

For Business Reasons: We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment, employee review, to train and educate, internal or external audits, or patient satisfaction surveys. In emergencies in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may share your medical information with a law enforcement official as authorized or required by law. We may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may share your medical information as directed by a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

We may call you by name while you are at our facility. We may contact you by mail, phone, text, or email for many reasons, including: to remind you about an appointment, register you for a procedure, give you test results, ask about insurance, billing, or payment, follow up on your care, or to ask you how well we cared for you. We may leave voice messages at the telephone number you give to us.

You have the right to get a paper copy of this Notice. You may get a copy: at any of our facility, by contacting the Privacy Office.

We have the right to change this Notice at any time. Any change could apply to medical information we already have about you, as well as information we receive in the future.