



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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**Original Effective Date:** 05/29/2007

**Revised Effective Date:** 04/14/2022

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE NOTICE BELOW CAREFULLY.**

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*Si necesita esta información en español, consulte a su proveedor de MSDH o llame 1-866-458-4948 o comuníquese con su oficina local de MSDH. Información de contacto de las oficinas esta localizado en el sitio web de MSDH [www.msdh.ms.gov](http://www.msdh.ms.gov).*

The Mississippi State Department of Health (MSDH) is required by law to maintain the privacy of your Protected Health Information (PHI). MSDH may get PHI from you when you visit one of our clinics by creating a record of care and services you receive. PHI may include your name, address, birth date, phone number, Social Security number, and medical information. This information is part of your medical record that MSDH stores and files on a computer. MSDH is required by law to give you this Notice of Privacy Practices (Notice) which describes its legal duties and privacy practices regarding your PHI.

### **How MSDH May Use or Disclose Your Protected Health Information**

MSDH may use or share your PHI for many different reasons including to provide you with quality and comprehensive care and to comply with state and federal requirements. In order to carry these tasks out, MSDH may contract with others outside the agency for services. When this is done, the law and MSDH require that company, called a “business associate”, to follow the law just like MSDH does and to keep all of your PHI safe and private.

### **MSDH may use or disclose your PHI for the following purposes:**

1. **Treatment.** MSDH may use or share PHI about you to provide you with health care treatment or services. MSDH may share PHI about you from one health department clinic to another, to physicians, nurses, technicians, health students, or other personnel who are involved in your care to make sure you get the care you need. For example, a MSDH patient may receive prenatal care at a local health department and then deliver at an area hospital. The patient’s medical record would be sent to the appropriate hospital before delivery to assure the best medical outcome for both the mother and child.

2. **Payment.** MSDH may use or share PHI about you to obtain payment for services that we provide you. For example, MSDH may share your PHI to claim and obtain payment from your health insurer or another company that arranges or pays the cost of some or all of your health care to verify that your Payor will pay for your health care. If you are not the policy holder, note that certain information may be disclosed to the policy holder by the insurance carrier.

3. **Health care operations.** MSDH may use or share PHI about you for our own health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses, and other health care workers. We may share your PHI with our administrative staff to conduct medical reviews, needs assessment, and to check the quality control of services available.

4. **Notification and communication with family.** MSDH may use or share your PHI to tell a family member, your personal representative, or another person responsible for your care about where you are, your general condition, or if you die. If you are able and can agree or object, MSDH will give you a chance to object prior to making this notification. If you are unable or cannot agree or object or it is an emergency or disaster relief situation, MSDH will use its best judgment in telling your family and others. If you are deceased, MSDH may disclose to a family member, a personal representative, or another person who was involved in your care or payment for health care prior to your death, your PHI that is relevant to such person's involvement, unless doing so is inconsistent with any of your prior expressed preferences that are known to MSDH.

5. **Required by law.** MSDH may use or share your PHI when required by federal, state, and local laws, or by court order.

6. **Public health activities.** When required or permitted by law, MSDH may use or share your PHI for public health activities, such as: preventing or controlling communicable disease, injury, or disability; reporting births and deaths; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

7. **Health oversight activities.** MSDH may use or share your PHI with health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.

8. **Judicial and administrative proceedings.** MSDH may use or share your PHI in the course of any administrative or judicial proceeding under certain circumstances such as in response to orders or subpoenas.

9. **Law enforcement and government authorities.** MSDH may use or share your PHI with a law enforcement official or government authority for purposes such as: identifying or locating a suspect, fugitive, material witness, or missing person; complying with a court order, subpoena, or similar process; reporting suspicious wounds, burns, or physical injuries; reporting child abuse, neglect, or domestic violence; and relating to the victim of a crime.

10. **Deceased person information.** MSDH may use or share your PHI with coroners, medical examiners, and funeral directors as necessary to carry out their duties.

11. **Organ, eye, or tissue donation.** MSDH may use or share your PHI with organizations involved in procuring, banking, or transplanting organs, eyes, or tissues.

12. **Research.** MSDH may use or share your PHI with researchers doing research that has been approved by MSDH.

13. **Public safety.** MSDH may use or share your PHI with appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. **Specialized government functions.** MSDH may use or share your PHI for military, national security, correctional institution, government benefits, and other specialized government purposes.

15. **Worker's compensation.** MSDH may use or share your PHI as necessary to comply with worker's compensation laws.

16. **Appointment Reminders and health-related benefits.** MSDH may use your PHI to provide appointment reminders or give you information about test results or treatment alternatives. Please let us know if you do not wish to have us contact you for this purpose or if you wish us to use a different address or means to contact you for this purpose.

17. **Immunization information only.** MSDH may share PHI for immunization purposes only to the patient, parent, legal custodian/guardian, other provider (private or public), the patient's school or the patient's day care facility.

18. **Health Information Exchanges.** MSDH may make your health information available electronically to other health care providers or other health care entities, such as your health plan or health insurer, for treatment, health care operations, or payment purposes, as permitted by law, through Health Information Exchanges (HIEs) in which MSDH participates. For example, information about your past medical care and current medical conditions and medications can be available to MSDH or to your non-MSDH primary care physician or hospital, if they participate in the HIE as well. HIEs enable your healthcare providers to quickly and securely share your health information electronically among a network of healthcare providers who have a valid reason to access your information. This allows for faster access to health information, better coordination of care, and assist providers and public health officials in making more informed decisions regarding your care.

### **When MSDH May Not Use or Disclose Your Health Information**

Most uses or disclosures of **psychotherapy notes**, uses or disclosures of PHI for **marketing purposes**, and disclosures that constitute the **sale of PHI** require your written authorization.

Except for those purposes described in this Notice, MSDH will not use or share your PHI without your written authorization. If you do authorize MSDH to use or share your PHI in other ways not described in this Notice, you may take back your authorization in writing at any time. However, this revocation of your authorization will not be effective for PHI that MSDH has used or shared before you took back your authorization.

MSDH is required by law to notify you if there is a breach of your unsecured PHI.

### **Patient Rights and Responsibilities**

1. **You have the right to ask for restrictions and/or authorizations for certain uses and disclosures of your PHI.** For example, you may request that any part of your PHI not be disclosed to your family members or others who may be involved in your care. MSDH does not have to agree to the restriction(s) that you ask for unless it involves communication with a health plan for services you have paid for out-of-pocket in full.

2. **You have the right to have MSDH contact you confidentially in a certain way or at a certain location.** For example, you have the right to request that we send information to you at an alternate address or by alternative means. MSDH will grant your request if it is reasonable and you believe it is needed for your safety. You will be told in advance of any fees or charges for this process.

3. **You have the right to inspect and obtain a copy of your PHI.** MSDH may deny this request under federal law in the following situations: requests for psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to federal and/or

state law that prohibits access. In addition, state and federal laws protect portions of a minor's medical record and we will not make those portions available to the parent or legal guardian.

If the request is granted, there may be fees or charges assessed. MSDH will make every effort to minimize the cost to the patient.

**4. You have the right to ask MSDH to change PHI in your record that you believe is not correct or not complete.** If you believe there is a mistake or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and the reason for the request in writing. We will respond within sixty (60) days of receiving your request. We may deny your request in writing if the PHI (a) is correct and complete, (b) was not created by us, (c) is not allowed to be disclosed, or (d) is not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to ask that your original request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the changes to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**5. You have the right to get a list of disclosures of your PHI made by MSDH,** except that MSDH does not have to include disclosures for certain purposes, including: treatment, payment, health care operations, information provided to you, certain government functions, and certain other limited purposes.

**6. You have the right to request a paper copy of this Notice.** You may also obtain a copy of this Notice on the MSDH website at [www.msdh.ms.gov](http://www.msdh.ms.gov).

#### **Changes to this Notice of Privacy Practices**

MSDH reserves the right to change this Notice at any time in the future, and to make the new provisions effective for all information that is kept on file, including information that was created or received prior to the date of such change. Until such change is made, MSDH must comply with this notice. If we change this Notice, we will post the new notice in waiting areas and on our internet site at [www.msdh.ms.gov](http://www.msdh.ms.gov) and have copies available upon your request.

#### **Complaints**

If you believe your privacy rights described in this Notice have been violated, you may submit a complaint to:

Privacy Officer  
Mississippi State Department of Health  
570 East Woodrow Wilson  
Suite O-450  
P.O. Box 1700  
Jackson, MS 39215-1700  
(601) 576-7874

You may also submit a complaint to:  
Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909

Toll-free: (800) 368-1019  
Telecommunications device for the deaf: (800) 537-7697

If you file a complaint, MSDH will not retaliate against you in any way.

**Questions**

If you have any questions about this Notice or MSDH's privacy practices, or you wish to use any of the privacy rights explained in this Notice, please contact the MSDH Privacy Officer at the address or number listed above.

For instructions on how to obtain this information in Braille, another language, or other available formats, please ask your MSDH provider or call 1-866-458-4948 or contact your local county health department. Contact information for these offices can be found on the MSDH website at [www.msdh.ms.gov](http://www.msdh.ms.gov)

**PENALTY WARNING:**

A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested. SSNs will be verified and used for Federal and State data matches, including but not limited to Social Security and program disqualifications. State and Federal laws provide for fines, imprisonment, or both for any person guilty of obtaining assistance to which he/she is not entitled by willfully withholding or giving false information. Information may be verified through collateral contact when discrepancies are found.

**Mississippi State Department of Health**

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES FOR  
PROTECTED HEALTH INFORMATION**

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By signing below, I acknowledge that I have received a Notice of Privacy Practices for Protected Health Information from the Mississippi State Department of Health.

Name of Patient (Please Print): \_\_\_\_\_

Name of Personal Representative (if signing for patient) (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian of Minor Patients

\_\_\_\_\_ Date: \_\_\_\_\_  
Other

*(If not signed by the Parent or Guardian of a minor patient, please indicate your relationship to the Patient and provide any required documentation confirming your authority to act for the Patient)*

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**FOR PROVIDER TO COMPLETE ONLY IF PATIENT REFUSES TO SIGN ACKNOWLEDGEMENT:**

A good faith effort was made by \_\_\_\_\_ (provider name) to obtain written Acknowledgement of Receipt of the Notice of Privacy Practices from \_\_\_\_\_ (patient name), but he/she (or their representative or guardian) refused to sign such an acknowledgement for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Provider Representative (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## NOTICE OF PRIVACY PRACTICES FOR MSDH MEDICATIONS FOR SUBSTANCE USE DISORDER PROGRAM

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EFFECTIVE DATE: 02/16 /2026

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.**

**YOU HAVE A RIGHT TO RECEIVE A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE MSDH PRIVACY OFFICER AT (601) 576-7446 OR VIA EMAIL TO [HIPAA.PRIVACY@MSDH.MS.GOV](mailto:HIPAA.PRIVACY@MSDH.MS.GOV).**

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*Si necesita esta información en español, consulte a su proveedor de MSDH o llame 1-866-458-4948 o comuníquese con su oficina local de MSDH. Información de contacto de las oficinas esta localizado en el sitio web de MSDH*

### **MSUD Program Duties.**

MSDH is required by law to maintain the privacy of your Substance Use Disorder (SUD), Part 2 Information, which protects records related to substance use disorder treatment. This includes any information created or received from an MSDH program that provides diagnosis, treatment, or referral for treatment of a substance use disorder, as defined under 42 CFR Part 2.

MSDH is required by law to give you this Notice of Privacy Practices (Notice) which describes its legal duties and privacy practices regarding your SUD Part 2 information. We are required to abide by the terms of our Notice for as long as it remains in effect.

### **Uses and Disclosures**

1. **Single Consent.** 42 CFR Part 2 provides that a patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
2. **Treatment, Payment and Health Care Operations.** Records that are disclosed to MSUD (a Part 2 program), a covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by MSUD, a covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
3. **Sharing Your Part 2 Information.** MSDH may use or share your Part 2 information for many different reasons, including to provide you with quality and comprehensive care and to comply with state and federal requirements. To carry these tasks out, MSDH may contract with others outside the agency for services. When this is done, the law and MSDH require that the partner follow the law just like MSDH does and to keep all your Part 2 information safe and private.

## **How MSDH May Use or Disclose Your Part 2 Information (Exceptions to Consent Requirement)**

Under 42 CFR Part 2, SUD information may be disclosed without written consent only in limited situations:

1. **Medical Emergencies.** MSDH may disclose SUD information when the patient's life is in danger and consent cannot be obtained.
2. **Research.** MSDH may disclose SUD information with specific safeguards and Institutional Review Board (IRB) approval for research.
3. **Audits and Evaluations.** MSDH may disclose SUD information for audits and evaluations by government agencies or third-party payers.
4. **Court Order.** MSDH may disclose SUD information pursuant to a court order if it meets Part 2's strict criteria.
5. **When a Crime Happens on Program Premises or Against Program Personnel.** MSDH can make limited disclosures to law enforcement.
6. **Qualified Service Organizations (QSOs).** MSDH is allowed to make disclosures to entities providing services to the Part 2 program under a written agreement.
7. **Child Abuse Reporting.** MSDH may disclose SUD information as required by law, but follow-up disclosures are restricted.

## **When MSDH May Not Use or Disclose Your Health Information (Written Consent Required)**

Under 42 CFR Part 2, Part 2 programs cannot disclose SUD treatment records without written consent in the circumstances described below:

1. **To Other Healthcare Providers (Even for Treatment).** Consent is required, even for coordination of care.
2. **To Insurers or Payers.** Patient consent is required to disclose for billing or reimbursement.
3. **To Employers, Family, or Friends.** Explicit written consent by the patient is required to share treatment information with family, friends, or an employer.
4. **To Law Enforcement.** Disclosures to law enforcement are not allowed unless there is a valid court order under Part 2. The exception is if it involves a crime on program premises or against staff.
5. **For Public Health or Research.** Written consent is required to disclose treatment information unless specific conditions, such as IRB approval or data de-identification, are met.
6. **To Other Entities Within the Same Organization.** Even internal sharing (e.g., between departments of the same organization) requires consent unless the recipient is part of the same Part 2 program and needs the information for treatment.

Any Use or Disclosure of Part 2 information that is not listed in this notice will only be made with the patient's consent.

## **Revocation of Consent**

You may revoke your consent at any time, except to the extent that MSUD has acted in reliance upon it. You may revoke consent by [submitting](#) a request in writing to MSDH Privacy Officer at (601)576-7446 or [HIPAA.Privacy@msdh.ms.gov](mailto:HIPAA.Privacy@msdh.ms.gov), or you may request a reasonable accommodation for an alternative revocation process by contacting the Privacy Officer at the same contact information above in this paragraph.

## **SUD Treatment Through the Criminal Legal System**

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order.

Records shall only be disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

## **Prohibition on Redisclosure**

Any information disclosed under 42 CFR Part 2 is protected from redisclosure. Recipients of Part 2 information must receive the following notice:

“This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.”

## **Breach Notification**

MSDH is required by law to notify you if there is a breach of your unsecured Part 2 information.

## **42 CFR Part 2 Program Patient Rights**

Your rights with respect to your Part 2 records are as follows:

1. You have the right to request restrictions on disclosures made with your prior consent for purposes of treatment, payment, and health care operations.
2. You have the right to request and obtain restrictions on disclosures of records under this part to your health plan for those services for which you have paid in full, in the same manner.
3. You have the right to an accounting of disclosures of electronic records under this part for the past three years.
4. You have the right to a list of disclosures by an intermediary for the past three years.
5. You have the right to obtain a paper or electronic copy of this Notice from the Part 2 program upon request.
6. You have the right to discuss this Notice with a designated contact person or office identified by the Part 2 program.
7. You have the right to elect not to receive fundraising communications.

## **Changes to this Notice**

MSDH may change this Notice at any time. Updated versions will be posted at MSDH facilities and on the MSDH website at [www.msdh.ms.gov](http://www.msdh.ms.gov). Changes apply to all Part 2 information maintained by MSDH, including information created or received before the date of the revision.

## **Complaints**

If you believe your privacy rights have been violated, you can file a complaint, in writing, to the MSDH Privacy Officer at the address below. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services (HHS) at the address below:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
Toll-Free Call Center: 1-877-696-6775  
Or go online to: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

Privacy Officer  
Mississippi State Department of Health  
570 East Woodrow Wilson Avenue  
Suite O-450  
P.O. Box 1700  
Jackson, MS 39215-1700  
(601) 576-7446

If you file a complaint, MSDH will not retaliate against you in any way.

## **Questions**

If you have any questions about this Notice or MSDH's privacy practices, or you wish to have any of the privacy rights explained in this Notice, please contact the MSDH Privacy Officer at the address or number listed above.

For instructions on how to obtain this information in Braille, another language, or other available formats, please ask your MSDH provider, call 1-866-458-4948, or contact your local county health department. Contact information for the local county health department offices can be found on the MSDH website.

**Mississippi State Department of Health**

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES  
FOR MSDH PART 2 PROGRAM**

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By signing below, I acknowledge that I have received a Notice of Privacy Practices for Part 2 Program Information from the Mississippi State Department of Health.

Name of Patient (Please Print): \_\_\_\_\_

Name of Personal Representative (if signing for patient) (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian of Minor Patients

\_\_\_\_\_ Date: \_\_\_\_\_  
Other

*(If not signed by the Parent or Guardian of a minor patient, please indicate your relationship to the Patient and provide any required documentation confirming your authority to act for the Patient)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Provider Representative (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_