



7 Lakeland Circle, Suite 500
Jackson, MS 39216

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

1. OUR LEGAL DUTY

Zovielles Family Medical and Behavioral Health Care, LLC (“we,” “us,” or “our”) is required by **federal law under the Health Insurance Portability and Accountability Act (HIPAA)** and applicable **Mississippi state confidentiality laws** to maintain the privacy and security of your protected health information (PHI).

We are required to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of Privacy Practices
- Follow the terms currently in effect
- Notify you in the event of a breach involving unsecured PHI as required by law

We reserve the right to change our privacy practices and this Notice at any time. Any revised Notice will apply to all PHI we maintain. Updated versions will be made available upon request, posted in our office, and published on our website.

2. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your PHI without your written authorization for:

Treatment

To provide, coordinate, or manage your care, including:

- Urgent care services (illness, injury, infections, minor emergencies)
- Primary care services (wellness exams, chronic disease management)
- Behavioral and mental health services (therapy, counseling, medication management)

Payment

To obtain payment for services provided, including:

- Insurance billing and claims submission
- Eligibility and coverage determinations

Healthcare Operations

For operational purposes such as:

- Quality improvement and patient safety activities
 - Staff training and credentialing
 - Compliance, licensing, and administrative functions
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3. OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose your PHI without authorization as permitted or required by **federal law or Mississippi state law**, including:

- Public health reporting (e.g., communicable diseases, health threats)
- Health oversight activities (audits, investigations, inspections)
- Legal proceedings (court orders, subpoenas)
- Law enforcement purposes as permitted by law
- To prevent or reduce a serious threat to health or safety
- Workers’ compensation claims
- Specialized government functions (military, national security)



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Mississippi State Law Note:

Where Mississippi law provides greater privacy protection than federal HIPAA regulations, **Mississippi law will apply and govern disclosure requirements**, including enhanced confidentiality protections for certain medical, mental health, and sensitive health records.

4. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will not use or disclose your PHI without your written authorization for:

- Marketing purposes
- Sale of your health information
- Most uses or disclosures of psychotherapy notes (if applicable)

You may revoke any authorization at any time in writing, except where action has already been taken based on your prior authorization.

5. YOUR RIGHTS REGARDING YOUR INFORMATION

You have the right to:

- **Access and obtain copies** of your medical records
 - **Request amendments** to incorrect or incomplete information
 - **Request restrictions** on certain uses or disclosures
 - **Request confidential communications** (alternate phone, address, etc.)
 - **Receive an accounting of disclosures** of your PHI
 - **Obtain a paper copy** of this Notice at any time
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6. OUR RESPONSIBILITIES

We are required by law to:

- Protect the privacy of your PHI
 - Provide you with this Notice
 - Follow the terms of this Notice
 - Notify you of any breach involving unsecured PHI
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7. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Zovielles Family Medical and Behavioral Health Care, LLC

7 Lakeland Circle, Suite 500

Jackson, MS 39216

Phone: (601) 203-2906

Website: www.zovielles.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

You will not be penalized or retaliated against for filing a complaint.

8. ACKNOWLEDGMENT OF RECEIPT

You will be asked to sign an acknowledgment confirming receipt of this Notice. Your signature only confirms receipt and does not indicate agreement.

If you refuse to sign, you will still receive treatment and services, and your care will not be affected.

9. EFFECTIVE DATE AND CHANGES

This Notice is effective as of **December 1, 2025**

We may update this Notice at any time. Revised versions will apply to all PHI we maintain and will be made available upon request and posted in our office and on our website.