NOTICE OF PRIVACY PRACTICES

Phoenix Psychiatry
218 S. Thomas St., Suite 116
Tupelo, MS 38801
Phone: (662) 922-2297
Email: dawn@phoenixtupelo.com

Effective Date: October 4, 2026

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.

Your Information. Your Rights. Our Responsibilities.

Phoenix Psychiatry is committed to protecting the privacy of your health information. This Notice of Privacy Practices explains how we may use and disclose your protected health information (PHI), your rights regarding your health information, and our responsibilities regarding the privacy of your information.

We are required by federal and Mississippi law to maintain the privacy of your protected health information and to provide you with this notice describing our privacy practices.

YOUR RIGHTS

You have the following rights regarding your protected health information:

Get a copy of your medical record

You may request to inspect or receive a paper or electronic copy of your medical and billing records, subject to applicable legal limitations.

Ask us to correct your medical record

You may request an amendment to health information that you believe is incorrect or incomplete. We may deny the request in certain circumstances as permitted by law, but we will provide you with a written explanation if we deny your request.

Request confidential communications

You may ask us to contact you in a specific way or at a specific location. For example, you may request that we contact you only through the patient portal, by telephone, or at a particular address.

We will consider reasonable requests and will accommodate reasonable requests when required by law.

Ask us to limit how we use or disclose your information

You may request restrictions on certain uses or disclosures of your health information. We are not required to agree to every requested restriction, except where required by law.

If you pay for a service completely out of pocket and request that the information concerning that service not be disclosed to your health plan for payment or health care operations, we will honor that request when required by HIPAA.

Receive an accounting of certain disclosures

You may request a list of certain disclosures of your health information made by us during the applicable period. Certain disclosures, including disclosures for treatment, payment, and health care operations, are excluded from this accounting as permitted by law.

Receive a copy of this Notice

You may request a paper copy of this Notice at any time. You may also view the current Notice on our website.

Choose someone to act for you

If you have given someone medical power of attorney or another person is legally authorized to act on your behalf, that person may exercise your rights and make decisions regarding your health information as permitted by law.

File a complaint

You may file a complaint with Phoenix Psychiatry or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

You will not be retaliated against for filing a complaint.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your protected health information without your written authorization as permitted or required by HIPAA and applicable Mississippi law.

Treatment

We may use or disclose your health information to provide, coordinate, or manage your psychiatric care.

For example, we may communicate with other health care professionals involved in your treatment, including physicians, therapists, counselors, pharmacies, hospitals, or other health care providers when permitted by law.

Payment

We may use or disclose your health information to obtain payment for services we provide.

For example, we may provide information to your health insurance company to obtain payment for your treatment or determine whether your insurance will cover a particular service.

Health Care Operations

We may use or disclose your health information for health care operations necessary to operate our practice.

Examples include quality improvement, reviewing treatment, auditing, compliance activities, credentialing, and administrative activities.

Appointment Reminders and Communication

We may use your contact information to remind you about appointments, communicate scheduling information, provide information about your treatment, or communicate regarding billing and other practice-related matters.

We may contact you by telephone, voicemail, text message, email, patient portal, or other communication methods you have provided or authorized.

You may request restrictions on how we communicate with you.

Individuals Involved in Your Care

When permitted by law, we may disclose relevant health information to a family member, friend, or other person involved in your care or payment for your care when you agree to the disclosure or when the circumstances otherwise permit the disclosure under applicable law.

Required by Law

We may use or disclose your health information when required to do so by federal, state, or local law.

Public Health Activities

We may disclose health information for certain public health activities as permitted or required by law, including reporting certain diseases, injuries, or other conditions; reporting adverse events; or assisting with public health investigations.

Abuse, Neglect, or Domestic Violence

We may disclose health information to appropriate governmental authorities when required or permitted by law to report suspected abuse, neglect, or domestic violence.

Health Oversight

We may disclose health information to governmental agencies for activities authorized by law involving oversight of the health care system, government programs, or compliance with applicable laws and regulations.

Legal Proceedings and Law Enforcement

We may disclose health information in response to a court order, subpoena, warrant, or other lawful process when the disclosure is permitted or required by applicable law.

Additional restrictions may apply to mental-health records and other specially protected information.

Serious Threat to Health or Safety

We may use or disclose information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by law.

Mississippi law also provides specific circumstances under which information may be disclosed when a patient communicates an actual threat of physical violence against a clearly identified or reasonably identifiable potential victim or victims.

Coroners, Medical Examiners, and Funeral Directors

We may disclose health information as permitted by law to a coroner or medical examiner for purposes such as identifying a deceased person or determining the cause of death.

Organ and Tissue Donation

We may use or disclose health information as permitted by law for organ, eye, or tissue donation and transplantation purposes.

Workers' Compensation

We may disclose health information as authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs established by law.

Specialized Government Functions

We may disclose health information for certain specialized government functions, including authorized military, national security, and protective services activities when permitted by law.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other than the uses and disclosures described in this Notice, we will generally obtain your written authorization before using or disclosing your protected health information.

For example, your written authorization generally will be required for:

- Most uses and disclosures of psychotherapy notes;
- Uses or disclosures for marketing when authorization is required by law; and
- Other uses and disclosures not otherwise permitted by law.

If you provide an authorization, you may revoke it in writing at any time to the extent permitted by law. Revocation will not affect information already used or disclosed based on the authorization.

We will not sell your protected health information without your written authorization when authorization is required by law.

MENTAL HEALTH INFORMATION

Because Phoenix Psychiatry provides psychiatric services, additional protections may apply to mental-health information.

Mississippi law provides confidentiality protections for certain records and information concerning individuals receiving mental-health treatment. Information may be disclosed only in circumstances permitted by law, which may include written authorization, a court order, disclosures necessary for continued treatment, certain legally authorized governmental or benefit-related purposes, and certain circumstances involving an actual threat of physical violence. Miss. Code § 41-21-97.

HIPAA and Mississippi law may both apply to your health information. When a state or federal law provides greater privacy protection, Phoenix Psychiatry will follow the applicable legal requirements.

SUBSTANCE USE DISORDER RECORDS

If Phoenix Psychiatry creates or maintains records that are subject to the federal confidentiality requirements applicable to substance use disorder records under **42 CFR Part 2**, those records will be handled in accordance with the applicable federal requirements.

Part 2 provides additional protections for certain substance use disorder treatment records. Federal requirements effective February 16, 2026 include specific privacy rights and requirements concerning Part 2 records.

Part 2 records will not be used or disclosed except as permitted by applicable federal law and other applicable privacy laws.

YOUR RIGHT TO RECEIVE NOTICE OF A BREACH

We will notify you as required by law if a breach occurs involving your unsecured protected health information.

OUR RESPONSIBILITIES

Phoenix Psychiatry is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect;
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your information; and
- Provide you with a copy of this Notice upon request.

We reserve the right to change our privacy practices and this Notice when permitted or required by law. Any revised Notice will apply to all protected health information we maintain.

The current Notice will be available on our website and upon request.

YOUR RIGHT TO FILE A PRIVACY COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with Phoenix Psychiatry.

Privacy Contact:
Dawn Begner, PMHNP-BC
Phoenix Psychiatry
218 S. Thomas St., Suite 116
Tupelo, MS 38801
Phone: (662) 922-2297
Email: dawn@phoenixtupelo.com

You may also file a complaint with the:

U.S. Department of Health and Human Services
Office for Civil Rights

You may submit a complaint through the HHS Office for Civil Rights complaint process.

You will not be retaliated against for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT

At the time of your first service, Phoenix Psychiatry will make a good-faith effort to obtain your written acknowledgment that you received this Notice of Privacy Practices.

Your signature acknowledges receipt of the Notice. It does **not** constitute authorization for uses or disclosures beyond those permitted by law.

If you decline to sign the acknowledgment, we may still provide treatment, and we will document our good-faith effort to obtain your acknowledgment as required by law.

EFFECTIVE DATE

This Notice of Privacy Practices is effective October 4, 2026.

This Notice applies to Phoenix Psychiatry locations and services operated by Phoenix Psychiatry.

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