

# NOTICE OF PRIVACY PRACTICES HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

This notice describes how your medical information (Protected Health Information) may be used and disclosed and how you can obtain access to this information. This notice describes your rights and certain obligations we have regarding the use and disclosure of medical information. Please read it carefully.

We are required by law to:

- Assure that your medical information is kept private and secure and to notify you following a breach of unsecured Protected Health Information.
- Give you notice of our legal duties and privacy practices in regards to your medical information
- Follow the term of the notice.

## USE AND DISCLOSURE

We are permitted to use and disclose your medical information without obtaining authorization from you in certain instances.

**Treatment.** This facility may use or disclose medical information to provide treatment, services, coordinate patient healthcare services, or consultation with other health care providers who are involved in a patient's care.

**Payment.** This facility may use or disclose medical information in order for the treatment and services rendered to be billed and to obtain payment from you, insurance companies or a third party.

**Health Care Operation.** This facility may use or disclose medical information in performing business operations that allow us to improve the quality of care we provide and business associates who perform services on behalf of our facility and have agreed in writing to maintain confidentiality.

**Appointments and Follow Up.** This facility may use or disclose medical information to contact you about reminders for upcoming medical services or follow up that pertains to medications or treatments prescribed.

**Treatment Alternatives.** This facility may use or disclose medical information to inform you about or recommend possible alternative treatment options that may be of interest to you.

**Health-related Benefits and Services.** This facility may use or disclose medical information to inform you of health-related benefits or services that may be of interest to you.

**Individuals Involved in your Care or Payment for Your Care.** This facility may discuss, use or disclose medical information about you to a family member or close personal friend who is involved in your care or payment of your care as long as you have not specifically objected to it and we deem it reasonable that it is in your best interest. This applies to the use and disclosure of medical information of the deceased as well.

**Required By Law.** This facility may use or disclose medical information when required or permitted by federal, state or local law.

**Avoid Harm.** This facility may use or disclose medical information to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.

**Special Purposes.** This facility may use or disclose medical information for the purpose of specifically approved Research, Childhood Immunization Programs, Immunization Records to Schools, Organ and Tissue Donation, Military and Veteran Authorities, Workman's Compensation Programs, Elder or Child Abuse or Neglect, Domestic Violence, Public Health Risk, Government Programs, National Security, Individual Risk of Disease Exposure, Health Care Oversight, Inmate Affairs, Coroner, Medical Examiners and Funeral Directors. Medical information may be used for fundraising purposes only when the recipient is notified prior and given a clear opportunity to opt out receiving further fundraising communications.

## OTHER USES OF MEDICAL INFORMATION

Other uses of medical information not covered by this Notice will require a written authorization. These uses may include the request for

psychotherapy notes, activities in which payment is received such as marketing or fundraising and the sale of PHI. You must be given an option to opt out of future fund raising and marketing communications. You may revoke that authorization, in writing, at any time, and we will no longer use or disclose that information for the reasons covered on the authorization. We cannot take back any information that was used prior to the written revocation.

## YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have certain rights regarding your medical information. If you wish to exercise these rights, you must submit specific request in writing. The request will be reviewed and acted upon in a timely manner.

**Right to Inspect and Copy.** You have the right to inspect and request copies of paper and electronic medical information that may be used to make decisions about your care as well as billing information, except for psychotherapy notes, information for civil or criminal proceedings, and certain information governed by the Clinical Laboratory Improvement Act. The facility may charge a fee for the cost of copying, mailing or transmitting records.

**Right to Amend.** If you feel that the medical information in you record is incorrect or incomplete, you may ask that it be amended. You must provide a reason that supports the request to amend. This does not apply to the deletion, erasure, removal or otherwise destruction of any part of the medical record.

**Right to Request Restriction or Limitation.** You have the right to request a restriction on how your medical information is used or disclosed. If you self pay for a service or procedure, the facility may not disclose information regarding the service or procedure to your health plan if you so request provided that the release is not necessary for your treatment or required by law. You also have to right to request a limitation on the information given to family and friends.

**Right to an Accounting of Disclosures.** You have the right to request a paper or electronic list of an "accounting of disclosures" of your medical information for specific dates not longer than six years and may not include dates prior April 14, 2003. The first 12 month period will be at no charge. The facility has the right to charge fees for additional months.

**Right to Request Confidential Communication.** You have the right to request and receive confidential communication concerning use and disclosure of your medical information, in a specific way, such as email, phone, etc., or location such as home, work, cell, etc., or to receive your electronic medical information.

**Right to File a Complaint.** You have the right to file a complaint with the facility administration or directly with the Secretary of the Department of Health and Human Services regarding concerns pertaining to the use and disclosure of your medical information if you feel your rights have been violated.

**Right to a Paper Copy.** This notice will be posted at the facility and on the facility website. You have the right to request a paper copy of this notice at any time.

## CHANGES TO THIS NOTICE

We reserve the right to make revisions to this notice and to make the revised notice effective for medical information we already have as well as medical information we receive in the future. Any changes to this notice will be posted at the facility and on the facility website.

## PRIVACY NOTICE CONTACT

Submit written request, questions or concerns to the facility administration; Privacy Officer.

10319 Jefferson Hwy  
Baton Rouge, LA 70809  
(225) 214-9352