



NOTICE OF PRIVACY PRACTICES

**Our Promise to You,
Our Patients**

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 is important and confidential. Our ethics and policies require that your information be held in strict confidence.

HIPAA PRIVACY

A federal regulation, known as the “HIPAA Privacy Rule”, requires that we provide detailed notice in writing of our privacy practices.

WHO WILL FOLLOW THIS NOTICE

This notice describes our facility’s practices and that of:

- Any health care professional authorized to enter information into your facility chart.
- All departments and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff, and other facility personnel.

PROTECTED HEALTH INFORMATION

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient.

OUR PLEDGE REGARDING “PROTECTED HEALTH INFORMATION”

We understand that medical information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you received at the facility in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- Make sure that the protected health information that identifies you is kept private,
- Give you notice of our legal duties and privacy practices with respect to protected health information about you, and
- Follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected health information. For each category of uses and disclosures we will explain what we mean and try to provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ❖ For Treatment. We may use your protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in your care at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share protected health information about you in order to coordinate the different things you need such as prescriptions, lab work, and x-rays. We also may disclose protected health information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as family members, clergy or others we use to provide services that are part of your care.
- ❖ For Payment. We may use and disclose protected health information about you so that the treatment and services you received at the facility may be billed to and payment may be collected from you, and your insurance company or a third party. For example, we may need to give your health plan some information about a surgery you received at the facility so your health plan will pay us or reimburse you for the surgery. We may

also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- ❖ For Health Care Operations. We may use and disclose protected health information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services to evaluate the performance of our staff in caring for you. We may also combine protected health information about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other facilities to compare how we are doing and see where we can make improvement in the care and services we offer. We remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning the identity of specific patients.
- ❖ Treatment Alternatives. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ❖ Health-Related Benefits and Services. We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
- ❖ Individuals Involved in Your Care or Payment for Your Care. We may release protected health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care.
- ❖ As required by Law. We will disclose protected health information about you when required to do so by federal, state or local law.

- ❖ To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- ❖ Military and Veterans. If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ❖ Worker's Compensation. We may release protected health information about you for worker's compensation programs. These programs provide benefits for work-related injuries or illnesses.
- ❖ Public Health Risks. We may disclose protected health information about you for public health activities. These activities generally include the following:
 - ✓ To prevent or control disease, injury or disability:
 - ✓ To report births and deaths
 - ✓ To report child abuse or neglect:
 - ✓ Reactions to medications or problems with products
 - ✓ To notify people of recalls of products they may be using:
 - ✓ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or conditions:
 - ✓ To notify the appropriate government authority, if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ❖ Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are

necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- ❖ Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ❖ Law Enforcement. We may release protected health information if asked to do so by a law enforcement official:
 - ✓ In response to a court order, subpoena, warrant, summons, or similar process:
 - ✓ To identify or locate a suspect, fugitive, material witness or missing person:
 - ✓ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement:
 - ✓ About a death we believe may be the result of criminal conduct:
 - ✓ About criminal conduct at the facility: and
 - ✓ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ❖ National Security and Intelligence Activities. We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.
- ❖ Protective Services for the President and Others. We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized person or foreign head of state or conduct special investigations.

- ❖ Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

- ❖ Right to Inspect and Copy. You have the rights to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to our office. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ❖ Right to Amend. If you feel the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to our office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ✓ Was not created by us, unless the person or entity that created the information is no longer available to make amendments:
 - ✓ Is not part of the protected health information kept by or for the facility:
 - ✓ Is not part of the information which you would be permitted to inspect and copy; or
 - ✓ Is accurate and complete.
- ❖ Right to Request Restrictions. You have the right to request restrictions on the protected health information that we may use for treatment, payment, healthcare operations and restrict certain individuals involved in your care that would normally be permitted by the privacy rule to use that information. To request restrictions, you must make the request in writing to our Privacy Officer. In your request, include:
 - ✓ The information you want to restrict:
 - ✓ How you want to restrict the information: and
 - ✓ To whom you want those restrictions to apply.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST.

- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must send your request in writing to our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for the protected health information we already have about you as well as any information we received in the future. We will post a copy of the current notice in the facility. The notice will contain on the first page, in the bottom left-hand corner, the effective date. In addition, each time you register at the facility for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact our Privacy Officer at 337-721-7236. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorizations.

PRIVACY OFFICER CONTACT

You may contact our Privacy Official at the following address and phone number:

Margaret Janssen
1747 Imperial Boulevard
Lake Charles, LA 70605
337-721-7236