

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read it carefully.**

With your knowledge, the practice is permitted by federal privacy laws to make use of and disclose your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of use of your health information for treatment purposes:

An assistant obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with the specialist and obtain input.

Example of use of your health information for payment purposes:

We submit a request for payment to your health insurance company which then request information from us regarding medical care given. We will provide information to them about you and the care given.

Example of use of your information for health care operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, accrediting, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

### **Your Health Information Rights**

The health record and billing records we maintain are the physical property of the practice. The information in it, however; belongs to you. You have a right to:

- Request** a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any reasonable request.
- Request** that you be allowed to inspect and request a copy of your health and billing records---you may exercise this right by delivering and request in writing to our office.
- Appeal** a denial of access to your protected health information except in certain circumstances.
- Request** that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File** a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- Obtain** an accounting of disclosures of your health information as required by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- Request** that communication of your health information be made by alternate means or at an alternative location by delivering the request in writing to our office.
- Revoke** Authorization that you previously made to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Justine Mason at (985) 643-2284 or come to our office at 315 Robert Boulevard, Ste. B, Slidell, LA 70458 during normal working hours, or submit a request in writing. She will assist you on the steps to take to exercise your rights.

### **Our Responsibilities**

The practice is required to:

- Maintain** the privacy of your health information as required by law.
- Provide** you with a notice of our duties and privacy practices as to the information we collect and maintain about you.
- Abide** by the terms of this notice.
- Notify** you if we cannot accommodate a requested restriction or request.
- Accommodate** our reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices, access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our notice or by visiting our office to pick up a copy.

### **To Request Information or File A Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Justine Mason at (985) 643-2284.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Justine Mason. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is 1301 Young Street, Suite 1169 Dallas, TX 75202, (214) 767-4056.

-We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the practice.

-We cannot and will not retaliate against you for filing a complaint with the Secretary.

### **Other Disclosures and Uses**

#### **Notification**

Unless you object, we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, about your location and your general health condition or your death.

#### **Communication with Family**

Using our best judgment and if you do not object, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care or in an emergency.

#### **Food and Drug Administration (FDA)**

We may disclose to the FDA your protected health information to adverse event with respect to products and product defects, or post-marketing survey information to enable product recall, repairs, or replacements.

#### **Workers Compensation**

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

#### **Public Health**

As required by law, we may disclose your protected health information to public health or legal authorities chartered with preventing or controlling disease, injury, or disability.

#### **Abuse or Neglect**

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

#### **Correctional Institutions**

If you are an inmate of a correctional institution we may disclose to the institution or its agents, your protected health information necessary for your health and the health and safety of other individuals.

#### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes as required by law when required by a court order or in cases involving felony prosecutions, or to the extent an individual is in custody of law enforcement.

#### **Health Oversight**

Federal law allows us to release your protected health information to appropriate health oversight agencies for their activities.

#### **Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

#### **Other Uses**

Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously stated.

#### **Web Site**

If we begin to maintain a web site that provides information about our entity, this notice will be on the web site.

---

Signature

Date