



NOTICE OF HIPAA PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We respect the privacy and confidentiality of your personal health information. This Notice describes our legal duties and privacy practices. This Notice applies to uses and disclosures we may make of all health information whether created or received by us.

I. Uses and Disclosures of Health Information:

The following categories describe the ways that we use and disclose health information. For each Category, we give examples. Although these examples do not include every use or disclosure possible within the category, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- a. **Treatment:** We may use your health to provide you with medical treatment. We may disclose your health information to doctors, nurses, therapists, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to order laboratory testing or x-rays to assist in making a diagnosis in treating you. In addition, the doctor may need to tell the dietician if you have diabetes so that the dietician can help you plan your meals. We also may disclose medical information about you to other people who may be involved in your medical care such as another hospital if you need to be transferred or to home care if you are discharged to your home.

For example, we may use medical information to review and evaluate performance of our staff. We also may review internally medical

information about patients to decide what additional services we should offer and whether certain new treatments are effective. We also may disclose information to doctors, nurses, therapists and other personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning your identity.

- b. **Payment:** We or the companies we contract with to provide services needed to your care may use and disclose your health information as necessary to obtain payment for services and supplies you receive. For example, we may confirm your eligibility for Medicare or Medicaid and provide supplemental insurers, worker's compensation insurers, or others with information needed to obtain payment for supplies and services.
- c. **Business Administration (Healthcare Operations):** We may use and disclose your health information for our health care operations. This is necessary to ensure that all of our patients receive quality care



II. Other Permitted Uses and Disclosures of Health Information: According to Federal Privacy Regulations, we may make the following uses and disclosures of your health information without obtaining written authorization from you:

a. Persons Involved in Your Care or Payment for Your Care: We can disclose your health information to your legally appointed personal representative just as we can disclose to you. If you do not object, we may also disclose to a family member, other relative, close personal friend, or any person you identify, health information directly relevant to that person's involvement with your health care or payment related to your health care. In addition, we may also disclose health information about you to an organization helping with disaster relief efforts so that your family can be notified about your condition, status and location.

b. Facility Practices: The following is a list of activities that may occur on a regular basis. Please review each of the following carefully:

- i. We may include your name in an internal newsletter or other publication.
- ii. We may include your name in articles that are published about us in the local newspaper, for examples, a story about an activity or special event
- iii. We may notify clergy/church of your admission and/or discharge.
- iv. We may display a name plate near the door of your room.
- v. We may display your photograph internally, however, we will not give the photographs of you to anyone outside of our location unless we have your permission. If someone who is not a part of our community takes pictures of you for publication or other purposes, we cannot guarantee these outside individuals will ask for your permission.

vi. We may post your name on a white board listing diagnostic tests, services, or therapy appointments. We will make every effort to locate the whiteboard in an area not accessible to the public and will limit as much as possible the amount of information about your medical condition that we post on the white board.

c. Directory: Unless you object, we may use and disclose limited information about you by telephone when someone calls to ask for you by name. This information may include your name and a confirmation that you are a patient.

d. Appointments: We may use or disclose health information to make or confirm an appointment for medical care or services.

e. Health Related Services and Benefit: We may disclose health information to inform you about health related benefits and services that we believe may be of interest to you.

f. Reporting Victims of Abuse, Neglect, Domestic Violence or Exploitation: We must disclose your health information to notify a protective services agency or government authorities as required by law if we believe that you have been a victim of abuse, neglect, domestic violence, or exploitation.

g. To Avert a Serious Threat to Health or Safety: When necessary to prevent a serious threat to your health or safety or health or safety to the public or another person, we may use or disclose your information to someone able to help lessen or prevent the threatened harm.



h. Public Health Activities: We may disclose your health information for public health activities such as to help prevent or control disease, injury or disability, to report problems with medication or products or to advise recalls of products.

i. As Required by Law: We may disclose your health information when required by law to do so. This includes laws relating to workers' compensation and similar programs.

j. Judicial and Administrative Proceedings: We may disclose your health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request or other lawful process that meets the requirements of Federal Privacy Regulations.

k. Law Enforcement: We may disclose your health information for certain law enforcement purposes. For example, we may disclose information to report emergencies or suspicious deaths, to identify or locate a suspect or missing person or to answer certain requests for information related to a crime. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information for certain purposes including your own health and safety as well as that for others.

l. Business Associates: We may disclose your health information to our "business associates" who provide contracted services (for example, accounting, legal services, or consulting). If we disclose health information to a business associate, we will only do so if the business associate has agreed to keep your information confidential by signing a written agreement.

m. Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. For example, state or federal agencies conduct audits and inspections to assure that we and our business associates comply with all laws and regulations.

n. Coroners and Funeral Directors, and Others: We may release your health information, upon your death, to a coroner, medical examiner or funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

o. National Security: We may disclose health information to authorized federal officials as required by lawful national security activities.

p. Active Members of Military and Veterans: Your health information may be used or disclosed in order to comply with laws related to military serve or veterans' affairs.

q. Treatment of Health-Related Benefits Information: We or our business associates may contact you to provide information about your treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services and medication.

r. Research

s. Disaster Relief

t. Worker's Compensation

u. Marketing Communications



III. Authorization

- a. Your written authorization (Authorization) is required for uses and disclosures not described in the categories listed above.
- b. The Authorization will describe the particular health information to be used or disclosed, the name of the person or entity receiving information, the purpose of use or disclosure and a date or even when the authorization will expire.
- c. You may revoke authorization previously given by you at any time, but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified except where we have already taken actions in reliance on your Authorization.

IV. Your Rights Regarding Your Health Information

- a. **Right to Request Restrictions:** You may ask us to limit the way we use or disclose your health information as described in the Notice, although we are not required to agree to what you ask except where this Notice makes your permission required or unless the disclose is to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item service for which you have paid in full out of pocket. You must submit your request in writing to the address listed at the end of this Notice. If we do agree to a restriction, we will honor that restriction except in the event of an emergency.
- b. **Right to Request Communication in a Special or Alternative Manner:** You may ask us to contact you in a special way. For example, you may ask that we contact you only by mail to a post office box. We will accommodate reasonable requests. You must make your request in writing to the address given in the attachment to this Notice.
- c. **Right of Access to Personal Health Information:** You have the right to look at or get copies of your health information. If we maintain your information in an electronic record you may obtain from us a copy of your information in an electronic format and direct us to transmit such copy directly to an entity or person designated to you. You must submit your request in writing to the address listed in the attachment to this Notice. We will notify you of any costs involved for copying, mailing or other services associated with your request and you may choose to modify or withdraw your request and you may request to inspect or receive copies only in certain circumstances, such as if you are requesting psychotherapy notes or a licensed health care professional has determined that your access to the information may endanger the life or physical safety of another person. If you are denied access to health information, in some cases, you will have the right to request a review of the denial. We must allow you to inspect records within 24 hours (SNFs) or 30 days (hospitals) of your request for copies of the records, we must provide you with copies within 5 days (for SNFs).
- d. **Right to Request Amendment:** If you feel that the health information we have about you is incorrect or incomplete, you may request that we amend your health information. Your request must be in writing and must state the reason you believe the information is incorrect and are seeking an amendment or we may deny it. We may also deny your request for amendment in certain other circumstances. If we deny your request for amendment, we will give you a written denial notice, explaining the reason for the denial. You have the right to submit a written statement disagreeing with the denial and that statement will be attached to your clinical record.



e. **Right to an Accounting of Disclosures:** Beginning on April 14, 2003 and going forward, we will keep an accounting of persons or organizations we give your health information to if you do not ask us to share it, or if we shared it for reasons other than treatment, payment, or business administration (healthcare operations), national security or to law enforcement personnel. If, however, we implement the use of electronic health records disclosures for treatment, payment and health care operations purpose will be included in the accounting requested by you. You may get a copy of the list for six (6) years back from the date of your request (or within three (3) years if we implement the use of electronic health records) (However, the list was not kept before April 14, 2003). You must submit your request in a 12 month period, we will notify you of the costs for copying, mailing or other services associated with your request. You may choose to modify or withdraw your request before any costs are incurred.

f. Paper *copy of this notice: You may request a paper copy of this Notice at any time.*

V. Duty to notify you of Breach

- a. Duty to Notify
- b. Timing and Method of Notification
- c. Contents of Notification

VI. Special Restrictions under State Law: Some states have laws that provide you with more protection than the HIPAA Privacy Regulations. If this is true in your state, we will follow the law that provides you with the most protection.

VII. Our Responsibilities: We are required by law to protect the privacy practices and the terms of this Notice at any time as permitted by applicable law. The new provisions will be effective for all health information we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the revised Notice available upon request.

VIII. Questions and Complaints: If you have any complaint about the handling of your health information or would like further information about this Notice, please contact the **Corporate Compliance Officer** at our main office:



Telephone :(985) 400-4895

Fax :(985) 892-7017

Or send a written complaint to

Attention Corporate Compliance Officer

P.O. Box 1089

Hammond, LA 70404

You may also submit a written complaint to:

The Region IV, Office of Civil Rights,

US Department of Health and Human Services

Atlanta Federal Center

61 Forsyth SW

Suite 3B70

Atlanta, GA 30303-8909

We will not retaliate in any way if you file a complaint.