



## Notice of Privacy Practices

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.

### **Understanding Your Health Record/Information**

Each time you visit a healthcare facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care or treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for facility planning and marketing
- A tool with which we can assess and continuously work to improve the care we render and the outcomes we achieve

By understanding what your medical record contains and how your health information is used, you can:

- Ensure the accuracy of its contents
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure of your record to others

### **How We Will Use or Disclose Your Health Information**

The following is a description of when a healthcare Provider is permitted or required to use or disclose your health information:

- (1) Treatment - We will use or disclose your health information with physicians and health care providers (hospitals, clinics, home health nursing homes, ambulance services, etc.) involved in your care.
- (2) Payment - We will use or disclose your health information so that claims for health care treatment, services, and supplies may be paid. We may also disclose your health information to other health care providers involved in your care to assist them in obtaining payment for their services.



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- (3) Health care operations - We will use or disclose your health information for our regular health operations. For example, we may use your health information for compliance reviews, quality assurance, to evaluate our staff's performance, or to contact you when necessary.
- (4) Business Associates - There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" may include, but are not limited to, accountants, consultants, and attorneys. We may disclose your health information to our business associates, so they can perform the job we've asked them to do. To protect your information, however, we require the business associate to appropriately safeguard your information.
- (5) Directory - Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.
- (6) Others Involved in Your Health Care: We may disclose your protected information to a friend or family member that is involved in your health care. We may also disclose your information to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status, and location.
- (7) Research - We may disclose information to researchers for health research when certain conditions have been met.
- (8) Transfer of information at death - We may use or disclose information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- (9) Organ procurement organizations - Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transportation of organs for the purpose of tissue donation and transplant.
- (10) Fund raising - We may contact you as a part of a fund raising effort, but you can tell us not to contact you again.
- (11) Food and Drug Administration (FDA) - We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.



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- (12) Worker's compensation - We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- (13) Public health - As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- (14) Law enforcement - We may disclose health information for law enforcement purposes as required by law or in response to a court or administrative order or a valid subpoena.
- (15) As Required by Law: We will disclose your health information when required by federal, state, or local laws. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**Your Health Information Rights** Although your health record is the physical property of the Facility, the information in your health record belongs to you. You have the following rights:

- Limit Information We Share: You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or the Facility's general health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care. You may also request that we not use or disclose your health information to a particular family member, other relative or close personal friend. We ask that such requests be made in writing. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health. We will make sure the person has the authority and can act for you before we take any action.
- Confidential Communications: If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and we will attempt to accommodate all reasonable requests.



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- **Inspection and Copies:** You may request to inspect and/or obtain copies of health information, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to your request we ask that you make such request in writing. If you request to have copies made, we may charge you a reasonable fee. If we deny your request, we will give you a letter letting you know why and explaining your options.
- **Amendment of Your Records:** If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. We may say “no” to your request, but we will tell you why in writing within 60 days.
- **Accounting of Disclosures:** You have a right to receive an accounting of disclosures that we have made of your health information during the time period you request (not to exceed 6 years). We ask that such requests be made in writing. Please note that an accounting will not apply to any of the following types of disclosures: (1) disclosures made for reasons of treatment, payment, or health care operations; (2) disclosures made to you or your legal representative, or any other individual involved with your care; (3) disclosures made pursuant to a valid authorization; (4) disclosures made to correctional institutions or law enforcement officials; (5) disclosures for national security purposes; and (6) disclosures incidental to an otherwise permitted use or disclosure. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you make thereafter, you may be charged a reasonable, cost-based fee.
- **Copy of Notice:** You have the right to obtain a paper copy of our Notice of Privacy Practices upon request even if you have requested it electronically. We will provide you with a paper notice promptly.
- **Revocation of Authorization:** You may revoke an authorization to our use or disclosure of health information, except to the extent that action has already been taken. Such a request must be made in writing.
- **Marketing** - We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment of such product or service. We will never share your information for marketing purposes or sell your information unless you give us written permission.

### **Our Responsibilities Regarding your Health Information**

We are required by law to:

- Maintain the privacy and security of your protected health information



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- Notify you in writing of any breach of your health information within 60 days of having discovered the breach
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by all terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests that you have made to have us communicate your health information to you in a certain way or certain location

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the PHS Privacy Officer at 337-991-9276 or send an email to [compliance@providerhealthservices.net](mailto:compliance@providerhealthservices.net).

You may also get more information at:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

If you believe that your privacy rights have been violated, you may file a complaint with the PHS Privacy Officer by calling 1-337-991.9276. These complaints must be filed in writing and can be sent by:

1. Mail: 1509 Dulles Drive, Lafayette, LA 70506
2. Fax: 337-991-9288
3. Email: [compliance@providerhealthservices.net](mailto:compliance@providerhealthservices.net)

You may, also, file a complaint with the Secretary of the Federal Department of Health and Human Services by sending a letter to 200 Independence Ave, S.W., Washington DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

There will be no retaliation for filing a complaint.

### **Acknowledgment**

I hereby acknowledge that I received a copy of PHS's Notice of Privacy Practices, effective 1/21/2015.

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Signature of Resident

Date

### **Changes to the terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request at our office and on our website at [www.providerhealthservices.net](http://www.providerhealthservices.net).