

## ***NOTICE OF PRIVACY PRACTICES***

Dear **OIL CENTER SURGICAL PLAZA** Patient:

It is the policy of **OIL CENTER SURGICAL PLAZA** (“Facility”) to maintain patient privacy and comply with governmental regulations related to medical information. The United States government created specific rules for the use and protection of medical information by health care providers. The rules are a result of the 1996 Health Insurance Portability and Accountability Act (“HIPAA”) and are meant to provide patients with standard privacy protections.

One rule requires health care providers to provide its patients with a Notice of Privacy Practices to explain how medical information is used. Along those lines, the following Notice of Privacy Practices (“Notice”) is provided to comply with the HIPAA rules and is intended to answer questions you may have about how medical information is used by Facility.

In accordance with HIPAA rules, please sign the Acknowledgement Form that came with this Notice. Signing the form will show that you have received the Notice; it will in no way affect the care you receive. If you have any questions about this Notice, please contact the Facility privacy officer at 337-289-7772.

Sincerely,

Jessie Hanks  
Director-Health Information Management/Privacy Officer  
Lafayette General Health System, Inc.

# NOTICE OF PRIVACY PRACTICES

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**Effective Date: January 1, 2016**

**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.**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information (your “Protected Health Information” or “PHI”). This notice applies to all PHI related to your care generated by **OIL CENTER SURGICAL PLAZA** (hereinafter, “Facility”). Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you (Treatment)**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Bill for your services (Payment)**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **Run our organization (Operations)**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

## **How else can we use or share your health information?**

### **As required by law**

We may disclose information about you if state and/or federal law(s) requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Public health activities**

We may disclose information about you for public health activities including, but not limited to:

- Preventing or controlling disease, injury or disability
- Reporting births and/or deaths
- Reporting disease or injury
- Conducting public health surveillance, investigations or interventions
- Helping with product recalls
- Reporting adverse events, product defects or problems
- Reporting known or suspect child abuse or neglect to a public health authority or other appropriate government authority authorized to receive such reports
- Reporting known or suspected adult abuse, neglect or domestic violence, to the extent the disclosure is authorized by law or you agree to the disclosure
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, as authorized by law
- At the direction of a public health authority, disclose health information to a foreign government agency that is acting in collaboration with a public health authority
- When we provide a health care service to you at the request of your employer, we may disclose your health information to the employer for purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs the information to comply with the Occupational Safety and Administration (OSHA), the Mine Safety and Health Administration (MHSa) or other similar state law
- A school, about an individual who is a student or prospective student, if the health information disclosed is limited to proof of immunization

### **Health oversight activities**

We may disclose your health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits, investigations and licensure.

### **Judicial and administrative proceedings**

We may disclose your health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court or administrative order, warrant or subpoena.

### **Law enforcement purposes**

We may disclose your health information to law enforcement officials for law enforcement purposes under the following circumstances:

- As required by law (including court orders, court-ordered warrants, subpoenas and administrative requests)
- To identify or locate a suspect, fugitive, material witness or missing person
- In response to a law enforcement official's request for information about a victim or suspected victim of a crime
- To alert law enforcement of a person's death if we suspect the death may have resulted from criminal conduct
- When we believe that the health information is evidence of a crime that occurred on this facility's premises
- In a medical emergency not occurring on this facility's premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of a crime or crime victims or the perpetrator of a crime

### **Coroners, medical examiners and funeral directors**

We may disclose health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. We may also disclose information to a funeral director as necessary to carry out his/her duties.

### **Organ, eye or tissue donation purposes**

We can share health information about you with organ procurement organizations.

### **Research purposes**

We may use or share your information for health research.

### **To avert a serious threat to health or safety**

We may use and disclose 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.

### **Specialized government functions**

We may disclose your health information deemed necessary by the appropriate governmental authority to carry out government functions such as military and veterans' activities, national security and intelligence activities, presidential protective services, medical suitability determinations and correctional institution/other law enforcement custodial activities.

### **Workers' compensation**

We may disclose information about you as authorized by, and to comply with, workers' compensation laws and other similar programs established by law, that provide benefits for work-related injuries or illnesses.

### **Individuals involved in your care or payment for your care and/or notification purposes**

We may disclose your information to your family member or friend who is involved in your medical care or who helps pay for your care, as it is relevant to that person's involvement in your care or payment of care. We may also use or disclose your information for the purpose of notifying (including identifying or

locating) a family member, your personal representative, or another person responsible for your care of your location and general condition, or death.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

### **Future Communications**

We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our facility is participating in.

### **We may also use and disclose health information:**

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives, therapies, health care providers or settings of care;
- For case management or care coordination;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals; and
- To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

## **Your Rights**

**When it comes to your health information, you have certain rights.** Although your health record is the physical property of the healthcare practitioner or Facility that compiled it, you have the **right to:**

### **Inspect and copy.**

You have the right to inspect and/or copy 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* and/or *information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding*. To inspect and copy medical information, you must submit your request in writing to the Facility Privacy Officer. If your health information is maintained electronically and you request an electronic copy, we will provide you with access in the electronic form you request if readily producible. We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

We may deny your request (in whole or in part) to inspect and copy in certain very limited circumstances. If you are denied access to health information, we will provide you with a written denial. You may request that the denial be reviewed in certain circumstances. 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 and we will comply with the outcome of the review.

**Ask us to correct your health record.**

You can ask us to correct health information about you that you think is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Facility. Any request for an amendment must be sent in writing to the Facility Privacy Officer and must include the reason for your amendment request. We may say “no” to your request, but we’ll tell you why in writing within 60 days; in the event we are unable to provide you with a response within 60 days, we will extend the time for action by no greater than 30 additional days.

**Request confidential communications.**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You must make this request in writing to the Facility Privacy Officer. We will say “yes” to all reasonable requests.

**Request restrictions.**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or our operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Officer and must specify (1) what information you wish to restrict or limit, (2) whether you want to restrict or limit our use, disclosure or both, and (3) to whom the limit applies (for example, you may request that we restrict disclosure of your surgery information to your sister).

We are required to agree to your request only if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, or (2) your health information pertains solely to health care services for which you (or another person on your behalf) have paid out-of-pocket in full.

***For all other requests, we are not required to agree.*** However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency medical treatment.

**Get a list of those with whom we’ve shared information**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You must submit your request for accounting in writing to the Facility Privacy Officer and include a time period and in what form you want the list (i.e. paper or electronic). We will act on your request no later than 60 days after receipt of your request; if we are unable to provide you with the

accounting requested within 60 days, we will let you know why and extend the time to provide the accounting by no more than 30 days. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Breach notification**

You have the right to be notified following a breach of your unsecured health information. The notice of breach must (1) be in written form, (2) be provided without unreasonable delay (but in any event, no later than 60 days following the discovery of the breach) and, (3) to the extent possible, include a brief description of the breach, a description of the types of information that were involved, the steps you should take to protect yourself against potential harm, a brief description of what we are doing to investigate the breach, mitigate the harm to individuals and to protect against any further breaches, and contact procedures for you to ask questions or learn additional information.

### **Choose someone to act for you**

If you have given someone health care power of attorney or if someone is your legal guardian under Louisiana law, that person can exercise your rights under this notice and make choices about your health information. However, we may choose not to treat a person as your personal representative if the Facility or your physician reasonably believes that the person might endanger you in situations of domestic violence, abuse, or neglect.

### **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by contacting the Facility Privacy Officer. Your complaint must be submitted in writing. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## **Your Choices**

### **For certain health information, you can tell us your choices about what we share.**

We may rely on your informal permission to use and disclose information in the following circumstances. You generally have the right to agree or object to these uses and disclosures; just tell us what you want us to do, and we will follow your instructions.

- We may include your information in a hospital directory while you are a patient at the Facility. This information may include your name, location in the hospital, your general condition (e.g. good, fair, stable, etc.) and your religious affiliation.
- We may disclose health information to your friend(s) or family member(s) involved in your health care decision-making and/or payment of care.

- We may disclose health information to notify, or assist in the notification of, a family member, personal representative or another person responsible for your care of your location, general condition or death.
- We may disclose health information about you to an entity assisting in a disaster relief effort.

*If you are not able to tell us your preference, for example if you are unconscious or in an emergency situation, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission or as otherwise provided for under HIPAA:

- Marketing purposes
- Sale of your information
- Most sharing of Psychotherapy notes

In the case of Fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

### **FACILITY PRIVACY OFFICER CONTACT INFORMATION**

JESSIE HANKS  
1214 Coolidge Blvd.  
Lafayette, Louisiana 70503  
337-289-7772



**OIL CENTER SURGICAL PLAZA**  
**Acknowledgment of Receipt of Notice of Privacy Practices**

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we will try to give you our Notice of Privacy Practices and get your signature acknowledging receipt of the Notice as soon as we can after the emergency.

I have received a copy of **OIL CENTER SURGICAL PLAZA** Notice of Privacy Practices.

\_\_\_\_\_  
**Patient's Name - Print**

\_\_\_\_\_  
**Patient's Signature or Personal Representative's Signature**

\_\_\_\_\_  
**Date**

If signed by Patient's Personal Representative:

\_\_\_\_\_  
**Personal Representative's Name - Print**

\_\_\_\_\_  
**Relation to Patient/Role**

\_\_\_\_\_  
**Date**

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**OIL CENTER SURGICAL PLAZA USE ONLY**

Date Acknowledgement Received: \_\_\_\_\_

**If Acknowledgement was NOT received:**

1. The patient or his/her Personal Representative did not sign this Acknowledgment Form because:

- Patient/Personal Representative did not respond
- Patient/Personal Representative declined to sign
- Emergency treatment and patient left before signature obtained
- E-mail receipt verification
- Other: \_\_\_\_\_

2. The following good faith efforts were made to obtain signature:

- Face to face presentation
- Telephone contact
- Mailings
- E-mail
- Other: \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_