



PATIENT RIGHTS AND NOTICE OF PRIVACY PRACTICES

This document outlines patient rights and describes how individually identifiable health information may be used and disclosed. Please read it carefully.

At times it is necessary for this facility and its’ business associates to use and disclose confidential personal health information about patients. This information is specific individually identifiable health information or “protected health information” (PHI). HIPAA regulations require that this information be shared with patients in the form of a Notice of Privacy Practices that indicates the means of use and disclosure of PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations

HIPAA privacy rules permits the use and disclosure of PHI for the purposes of treatment, payment and certain health care operations without obtaining a specific written permission from you, known as an “authorization”.

FOR TREATMENT: This facility may use or disclose PHI to coordinate patient healthcare services. This may include consultation with other health care providers who are involved in a patient’s care. For example, information may be shared to create and carry out a plan for patient specific treatment.

FOR PAYMENT: This facility may use or disclose information to obtain payment for the health care services that are rendered. For example, PHI may be provided to a health plan for services provided to a patient.

FOR HEALTH CARE OPERATIONS: This facility may use or disclose information in performing certain business activities, which are referred to as health care operations. Certain areas within our operations allow us to improve the quality of care we provide.

APPOINTMENTS AND OTHER HEALTH INFORMATION: A patient may be sent reminders for individual upcoming medical services or other information that pertains to medications or treatments prescribed.

Other uses and disclosures for which authorization is not required.

In addition to using and disclosing PHI for treatment, payment and health care operations, the HIPAA Privacy Rule permits (or requires) us to use and disclose PHI without your written authorization under the circumstances described below:

AS REQUIRED BY LAW AND FOR LAW ENFORCEMENT: The use and disclosure of information when required or permitted by federal or state law or by a court order. If federal or state law creates higher standards of privacy, the higher standard will be followed.

FOR ABUSE REPORTS AND INVESTIGATIONS: If it is reasonably believed that a patient has been a victim of abuse or neglect, the facility may disclose PHI as required by law.

FOR GOVERNMENT PROGRAMS: This facility may use and disclose information for public benefits under other government programs. For example, we may be required to disclose information for the determination of Supplemental Security Income (SSI) benefits.

TO AVOID HARM: The facility may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.

FOR RESEARCH: PHI may be disclosed for the use of research, studies, and to develop reports.

DISCLOSURES TO FAMILY, FRIENDS AND OTHERS: PHI may be disclosed to specific listed family, friends, or other persons who are involved in the patient’s medical care. The patient has the right to revoke all or part of the list of persons upon written request.

Please list the names of the persons to whom PHI may be disclosed and state the relationship to the patient.

Name: _____ **Relationship:** _____ **Date:** _____

Name: _____ **Relationship:** _____ **Date:** _____

Name: _____ **Relationship:** _____ **Date:** _____

For certain situations, written authorization, and/or requests may be required before using or disclosing PHI. Authorization may be revoked or cancelled at any time in writing. Uses or disclosures that have already been initiated with proper authorization cannot be cancelled, revoked, or deleted.

PRIVACY PRACTICES:

RIGHT TO OBTAIN A PAPER COPY: The Notice of Privacy Practices is provided to all patients and/or guardians upon admission to facility for treatment and upon patient request at any time.

RIGHT TO FILE A COMPLAINT: Patients have the right to file a complaint with the facility management and with the Secretary of the Department of Health and Human Services regarding concerns pertaining to the use and disclosure of an individuals' PHI.

RIGHT TO REQUEST RESTRICTIONS: Patients have the right to request limitations and privacy restrictions on how their PHI information is used or disclosed. The facility President/CEO Officer will determine if request are agreeable. In the event that a patient self pays for a service or procedure, the facility may not disclose information regarding the service or procedure to the patients' health plan.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION: The patient has the right to request to receive confidential communication concerning use and disclosure of PHI.

RIGHT TO INSPECT AND COPY MEDICAL RECORDS: Patients have the right to request to inspect and obtain copies or transmission of medical records including EMR records. Individuals may be charged a fee for the cost of copying or transmitting records.

RIGHT TO AMEND: A patient or patient representative may request an amendment to supplement a patient's record. This does not apply to the deletion, erasure, removal or otherwise destruction of any part of the medical record. The request must be in writing with a specific reason for the request indicated. The request will be reviewed and acted upon within 60 days.

RIGHT TO REQUEST ACCOUNTING of DISCLOSURES: Patients have the right to ask for an accounting of disclosures made after April 14, 2003 not related to treatment, payment or other health care operations. If the facility uses or maintains EMR records, the patient has the right to an accounting of disclosures including treatment, payment and healthcare operations for the past 3 years.

RIGHT TO RECEIVE UPDATED NOTIFICATION OF PRIVACY PRACTICES: Patients have the right to receive notice of changes in the Privacy Practice on or after the effective date of the change.

Please address any questions, concerns or complaints about this Notice of Privacy Practices or privacy rights to:

**Steve Sellars
President and Chief Executive Officer
3333 Drusilla Lane, Suite A
Baton Rouge, LA 70809
(225) 214-9352**

I hereby acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES and give consent for the use and disclosure of PHI for treatment, payment and certain health care operations.

Print Patient or Representative Name

Patient or Representative Signature

Date

Additional authorization is required by the patient and/or guardian for use and disclosure of PHI for purposes other than treatment, payment, and certain health care operations.

Patient or Representative refused or unable to sign - stating reason: _____

Date: _____ Witness: _____