

**The Baton Rouge Clinic, AMC  
Various Providers of Franciscan Missionaries of Our Lady Health System (“FMOLHS”)**

**NOTICE OF 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.**

The Baton Rouge Clinic, AMC (the “Clinic”) participates in a shared medical record with numerous providers of the Franciscan Missionaries of Our Lady Health System (“FMOLHS”). Your medical record will be maintained in electronic form as a single unified medical record and may be shared with FMOLHS solely for treatment, payment and healthcare operations purposes. Any request for your medical record will encompass the entire unified record unless otherwise specified by you in a written authorization.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the Clinic’s practices and that of:

- All team members, staff, volunteers, contractors and other personnel.
- Any member of a volunteer group we allow to help you while you are in our care.
- Any physician or allied health professional who is involved in your care.

**UNDERSTANDING YOUR HEALTH RECORD / INFORMATION**

Each time you visit the Clinic a record of your visit is made. This information, often referred to as your health or medical record, serves as a;

- Documentation of your symptoms, examinations and test results, diagnoses and treatment
- Means of communication among the many health care providers who contribute to your care,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A source for information for public health officials charged with improving the health of the state and the nation,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure it is correct, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE**

You will be asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and healthcare operations when necessary.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. The following categories describe these different circumstances. For each category of uses or disclosures we will explain what we mean and list an example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the Clinic also may share medical information about you in order to coordinate the different things you need, such as medications, lab work and x-rays.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Clinic may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day operations and functions. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at the Clinic. We may also disclose information to doctors, nurses, technicians, medical students, and other Clinic personnel for review and learning purposes.
- **Health-Related Benefits and Services.** We may contact you about health-related benefits or services that may be of interest to you.
- **Communications.** We may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave the Clinic.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat Of Health or Safety.** We may use and disclose health 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.

## SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to Organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report to state and federal tumor registries;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  
- **Victims of Abuse, Neglect or Domestic Violence.** We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
  
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the Clinic; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  
- **Judicial and Administrative Proceedings.** We may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal to the extent expressly authorized by such order; or in response to a subpoena, discovery request, or other lawful process.
  
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner and funeral directors as necessary to carry out their duties.

We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at the Clinic. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Except as described above, disclosures of your health information will be made only with your written authorization. For example, we must obtain your written authorization for the following types of disclosures:

- **Most Disclosures of Psychotherapy Notes.**
- **Marketing.**
- **Sale of Protected Health Information.**

You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

## **YOUR RIGHTS:**

You have the following rights regarding health information we maintain about you:

- **Right to 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 health care 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request unless you or someone on your behalf has paid for an item or service in full and you have requested we not disclose information regarding such item or service to your health plan and we are not otherwise required by law to disclose such information to your health plan. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Clinic's HIPAA Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request communications, you must make your request in writing to the Clinic's HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Inspect and Copy Health Information.** You have the right to inspect and 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, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act.

Despite your general right to access your protected health information, access may be denied in limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Clinic's HIPAA Privacy Officer. If you request a copy of the information, in accordance with Louisiana state law, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Request Amendment.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Clinic.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Clinic;
- Is not part of the information which you would be permitted to inspect and copy; or

- Is accurate and complete.

To request an amendment, your request must be made in writing and submitted to the Clinic's HIPAA Privacy Officer. In addition, you must provide a reason that supports your request.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" made during the six-year period preceding the date of your request. Note that certain restrictions apply to the accounting. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known) and a brief description of the information disclosed and the purpose of the disclosure.

To request this list or accounting of disclosures, you must submit your request in writing to the Clinic's HIPAA Privacy Officer. Your request must state a time period. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to a Paper Copy of This Notice.**

You may obtain a copy of this notice at our website, which is [www.batonrougeclinic.com](http://www.batonrougeclinic.com)

To obtain a paper copy of this notice, contact the Clinic's HIPAA Privacy Officer at (225) 769-4044.

#### **OUR RESPONSIBILITIES**

- We are required by law to make sure that health information that identifies you is kept private;
- We are required to provide you this Notice of our legal duties and privacy practices;
- We are required to notify you if you are affected by a breach of unsecured protected health information; and
- We are required to follow the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and at the Clinic, and will be available from us upon request.

#### **FOR MORE INFORMATION OR TO REPORT A CONCERN**

If you have questions and would like additional information, you may contact the HIPAA Privacy Officer at the Baton Rouge Clinic, AMC at (225) 769-4044.

This notice was published and became effective on November 15, 2016.

If you believe your privacy rights have been violated, you can file a complaint with the Clinic's HIPAA Privacy Officer, or with the Office of Civil Rights. There will be no retaliation for filing a complaint with either the HIPAA Privacy Officer or the Office of Civil Rights. The address for the Office of Civil Rights is: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.