

LSU HEALTH SHREVEPORT NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

LSU Health Shreveport is committed to protecting medical, mental health and personal information about you ("Health Information"). We are required by law to maintain the privacy of your Health Information, provide you information about our legal duties and privacy practices, inform you of your rights and the ways in which we may use Health Information and disclose it to other entities and persons.

HOW YOUR MEDICAL INFORMATION MAY BE *USED*:

In general, we may **use** your medical information in the following ways:

- **For Treatment.** We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose Health Information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. 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. A doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you. We may also share Health Information about you with other non-LSU Health System providers. The disclosure of your Health Information to non-LSU Health System providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your LSU Health System records to coordinate services for you.

LSU Health Shreveport participates in shared electronic health records systems and other patient information ("Shared Systems") and may electronically share your health information for treatment, payment, healthcare operations, and other purposes permitted under HIPAA with other participants in the Shared Systems. The Shared Systems allows your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes.

- **To obtain payment.** Your medical information may also be used by our business office to prepare your bill and process payments from you as well as from any insurance company, government program or other person who is responsible for payment. Also, we may use your medical information to raise funds for our organization.
- **For our healthcare operations.** Your medical information may be used to review the quality and appropriateness of the care you receive. We may also use

your medical information to put together information to see how we are doing and to make improvements in the services and care we give you. In addition we may have students, trainees, or other health care personnel, as well as some non-health care personnel, who come to our facility to learn under our guidance to practice or improve their skills.

- **Appointment reminders.** We may contact you to remind you that you have an appointment at LSU Health Shreveport. Our disclosure of this information about you if you are hospitalized in a psychiatric hospital will be more limited.

HOW YOUR MEDICAL INFORMATION MAY BE *DISCLOSED*:

In addition to using your medical information, we may **disclose** all or part of it to certain other people. This includes giving your information to:

- **You (the patient).** In order to get your medical information, you will need to fill out an authorization form. You may also have to pay for the cost of some or all of the copies.
- **People you ask us to give it to.** If you tell us that you want us to give your medical information to someone, we will do so. You will need to fill out an authorization form. You may stop this authorization at any time. We are not allowed to force you to give us permission to give your medical information to anyone. We cannot refuse to treat you because you stop this authorization. Situations that will require your authorization include most uses and disclosures of psychotherapy notes, protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this Notice and not required or permitted by law will be made only with your authorization.
- **Individuals involved in your care or payment for your care.** We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.
- **Disaster relief efforts.** We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.
- **Payers.** We have the right to give your medical information to insurance companies, government programs (such as Medicare and Medicaid) and the people who process their claims as well as to others who are responsible for paying for all or part of the cost of treatment provided to you. For example, we may tell your health insurance company what is wrong with you and what treatment is recommended or has been given. Also, if your treatment is or may be covered by worker's compensation, we may give medical information to the people who handle your worker's compensation, the Louisiana Office of Worker's Compensation Administration and to your employer.

- **Our “business associates.”** Business associates are companies or people that we contract with to do certain work for us. Examples include information to auditors, attorneys and specialized people providing management, analysis, utilization review or other similar services to us. Another example is the giving of health information to a business associate so that the business associate can create a de-identified data base. Business associates are required to agree to take reasonable steps to protect the privacy of your medical information.
- **Limited data set recipients.** If we use your information to make a “limited data set,” we may give the “limited data set” that includes your information to others for the purposes of research, public health action or health care operations. The persons who receive “limited data sets” are required to agree to take reasonable steps to protect the privacy of your medical information.
- **The Secretary of the U. S. Department of Health and Human Services.** The Secretary or designee has the right to see your records in order to make sure we follow the law.
- **Public health authorities.** We may disclose your medical information to a public health authority responsible for preventing or controlling disease, maintaining vital statistics or other public health functions. We may also give your medical information to the Food and Drug Administration in connection with FDA-regulated products.
- **Law enforcement officers.** We may reveal your medical information to the police. We may also give your medical information to persons whose job is to receive reports of abuse, neglect or domestic violence. If we believe that releasing this information is needed to prevent a serious threat to the health or safety of a person or the public, we are allowed to reveal your medical information.
- **Health oversight agencies.** We may give your medical information to agencies responsible for health oversight activities, such as investigations and audits, of the health care system or benefit programs, as allowed by law.
- **Courts and administrative agencies.** We may reveal your medical information as required by a judge for a legal issue.
- **Coroners and funeral directors.** We may reveal medical information about persons who have died to coroners, medical examiners and funeral directors, as allowed by law.
- **Organ transplant services.** We may reveal your medical information to agencies that are responsible for getting and transplanting organs.
- **Workers' compensation.** We may use or disclose Health Information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

- **Research.** We may use and disclose your health information to researchers either when you authorize the use and disclosure of your health information, or an approved Institutional Review Board approves an authorization waiver for the use and disclosure of your health information for a research study. In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Authorization. When approved through a special review process, other studies may be performed using your Health Information without requiring your authorization. These studies will not affect your treatment or welfare, and your Health Information will continue to be protected.
- **To create de-identified databases.** We may use your medical information for the purpose of removing information that tells anyone who you are, and putting it in a computer program. Your information may be completely de-identified or partially de-identified. This information is often used for research purposes. If your information is partially de-identified, it is called a “limited data set.”
- **Specialized governmental functions.** We may disclose your medical information for certain specialized governmental functions, as allowed by law. Such functions include:
 - Military and veterans activities
 - National security and intelligence activities
 - Protective services to the President and others
 - Medical suitability determinations
- **Inmates.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your health information to the institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- **Required by Law.** We may also reveal your medical information in any other circumstance where the law requires us to do so.
- **Protective services for the president and others.** As required by law, we may disclose Health Information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.
- **Louisiana health information exchange.** LSU Health Shreveport facilities participate in the Louisiana Health Information Exchange, a statewide internet-based health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of

care and assist providers and public health officials in making more informed decisions.

- **Future communications.** We may provide communications to you with newsletters or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facility is participating.
- **Marketing.** LSU Health Shreveport may ask you to authorize us to use and disclose your health information for marketing purposes. Marketing is a communication about a product or service that you may be interested in purchasing. If LSU Health Shreveport receives payment of any kind from a third party in order for LSU Health Shreveport to promote the product or service to you, then LSU Health Shreveport is required to obtain your written authorization before we can use or disclose your health information. LSU Health Shreveport is not required to obtain your authorization to discuss with you about LSU Health Shreveport's health-related products or services that are available for your health care treatment, case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care, providing face to face discussions and offering samples or promotional gifts of nominal value. You have the right to revoke your marketing authorization and LSU Health Shreveport will honor the revocation. To opt out of these communications, you may contact the LSU Health Shreveport Compliance Office at 318.675.5067 or send a written request to: LSU Health Shreveport, Compliance Office, 1501 Kings Highway, Shreveport, LA 71103.

OBJECTIONS TO USES AND DISCLOSURES:

In certain situations, you have the right to object before your medical information can be used or revealed. This does not apply if you are being treated for certain mental or behavioral problems. If you do not object after you are given the chance to do so, your medical information may be used:

- **Patient directory.** In most cases, this means your name, room number and general information about your condition may be given to people who ask for you by name. Also, information about your religion may be given to members of the clergy, even if they do not ask for you by name. You have the opportunity to limit the release of directory information by telling LSU Health Shreveport at the time of your hospitalization.

Our disclosure of this information about you if you are hospitalized in a psychiatric hospital will be more limited.

- **Family and friends.** We may disclose to your family members, other relatives and close personal friends, any medical information that they need to know if they are involved in caring for you. For example, we can tell someone who is assisting with

your care that you need to take your medication or get a prescription refilled or give them information about how to care for you. We can also use your medical information to find a family member, a personal representative or another person responsible for your care and to notify them where you are, about your condition or of your death. If it is an emergency or you are not able to communicate, we may still give certain information to persons who can help with your care.

- **Disaster relief.** We may reveal your medical information to a public or private disaster relief organization assisting with an emergency.

OTHER RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You also have the following rights regarding your medical information:

- **Right to request a restriction.** You have the right to ask us to treat your medical information in a special way, different from what we normally do. Unless you have the right to object to the use of the information, we do not have to agree with you. If we do agree to your wishes, we have to follow your wishes until we tell you that we will no longer do so. If you pay out of pocket for a service you have the right to restrict the disclosure of the information concerning the service(s) you paid for to your health plan.
- **Right to confidential communications.** You have the right to tell us how you would like us to send your information to you. For example, you might want us to call you only at work or only at home. Or you may not want us to call you at all. If your request is reasonable, we will follow your request.
- **Right to inspect and copy.** You have the right to look at your medical information and, if you want, to get a copy of it. We can charge you for a copy, but only a reasonable amount. Your right to look at and copy your medical records is based upon certain rules. For example, we can ask you to make your request in writing or, if you come in person, that you do so at certain times of the day.
- **Right to request an amendment or addendum.** You have the right to ask us to change your medical information. For example, if you think we made a mistake in writing down what you said about when you began to feel bad, you can tell us. If we do not agree to change your record, we will tell you why, in writing, and give you information about your rights.

We may deny your request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected or your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- Was not created by LSU Health Shreveport;
- Is not part of the Health Information kept by or for LSU Health Shreveport;

- Is not part of the information which you would be permitted to inspect and copy; or
 - LSU Health Shreveport believes to be accurate and complete.
- **Right to an accounting of disclosures.** You have the right to be told to whom we have given your medical information in the six years before you ask. This does not apply to all disclosures. For example, if we gave someone your medical information so that they could treat you or pay for your care, we do not have to keep a record of that.
 - **Right to request restrictions.** You have a right to restrict disclosures of your medical information to your payor if you wish to pay out of pocket in full for items or services provided to you.
 - **Right to opt out.** You have the right to opt out of receiving communications regarding fundraising.
 - **Right to receive a paper copy.** You have the right to receive a paper copy of this notice at no charge.
 - **Right to be notified of a breach.** You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health Information about you.
 - **Right to complain.** You have the right to complain to us or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be penalized in any way.

CHANGES TO OUR PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change our privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at key locations throughout LSU Health Shreveport. In addition, at any time you may request a copy of the current Notice in effect.

If you would like further information about your rights or about the uses and disclosures of your medical information, you may contact the Compliance/Privacy Office at 1.800.447.8477 or by writing to the Compliance/Privacy Office, 1501 Kings Highway, Shreveport, LA 71103.

This notice is effective as of September 20, 2013.
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