

GASTROENTEROLOGY CLINIC OF ACADIANA, LLC

337.232.6697

NOTICE OF PRIVACY PRACTICES

Effective Date: March 26, 2013

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 our facility 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. This notice applies to all of the records of your care generated by this facility and its Physicians and personnel.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information as well as ePHI and provide you a description of our privacy practices. We will abide by the terms of this notice.

USES AND DISCLOSURE

How we may use and disclose medical information about you.

For treatment: We may use medical information about you to provide treatment or services to you. We may disclose medical information to our doctors, our nurses or other clinical personnel this is to coordinate the different things you may need, such as prescriptions, lab work, and x-rays. We may provide to your referring physician or a subsequent healthcare provider (a physician, hospital, or outpatient facility) a copy of your medical information to facilities your testing or treatment. For example: Your doctor may order an ultrasound of your abdomen and it will be done at your local hospital. The radiology doctor will need to know your symptoms in order to evaluate your ultrasound appropriately.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about your examination so they will pay us for your treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purpose. We may combine medical information we have with that of other similar facilities to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy. We may also use and disclose medical information:

- To business associates we have contacted with to perform the agreed upon services and billing for it;
- 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 or health-related benefits or services;
- For population based activities related to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professionals

Business Associates: There are some services provided in our facility through contracts with business associates. For example: The dieticians provide diet instructions under contract. We may disclose your health information to our business associate so 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 we require the business associate to appropriately safeguard your information.

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 or who helps pay for your care.

Research: We may disclose information to researches when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Future Communications: We may communicate with you via newsletter, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

As Required by Law: We may also use and disclose health information for the following types of entities, including but not limited to:

Food and Drug Administration, Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability, Correctional Institutions, Workers Compensation Agents, Organ and Tissue Donation Organizations, Military Command Authorities, Health Oversight Agencies, Funeral Directors, Coroners and Medical Directors, National Security and Intelligence Agencies, and Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State-Specific Requirements: We may disclose health information to the State Public Health Department for the purpose of improving health and reducing health care costs.

Authorization: Without your authorization, we may not use or disclose your psychotherapy notes, we may not use or disclose your health information for our own marketing, and we may not sell your health information.

Breach Notification: We are required to maintain the privacy of your health information and, to provide you with notice of our legal duties and privacy practices relating to your health information. If there is a breach (an inappropriate use or disclosure of your health information that the law requires us to report), we must notify you.

You're Health Information Rights

Although your health record is the physical property of the healthcare provider that compiled it, you have the right to:

- **Inspect and copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances.
- **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or health care operations.
- **Request Restrictions:** You have the right to request a restriction or limitation on the medical 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 medical 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. If we do agree, we will comply with your request unless the information needed is needed to provide you emergency treatment. You have the right to request that we not use or disclose your health information. If you request that we not disclose your information to your insurer about a specific health product or service, and you pay for that product or service, we must agree to your request. Otherwise, we are not required to agree to the restrictions you request.
- **Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by the U.S. Mail. The facility will grant requests for confidential communications at alternative locations and/or by alternative means only if the requests include a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website (www.gastroclinic.com).

To exercise any of your rights, submit your request in writing.

CHANGES TO 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 include the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this facility by calling the main phone number and asking for the Facility Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be given in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

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