

NOTICE OF PRIVACY PRACTICES

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.

Protected Health Information will be referred to as PHI throughout this Notice. Acadiana Medicine Clinic may be referred to as AMC.

WHO WILL FOLLOW THIS NOTICE

This notice describes our clinic's practices and that of:

- any medical staff member or other health care professional authorized to enter information into your clinic chart or otherwise participate in your care,
- any student or volunteer we allow to help you while you are at the clinic,
- all employees, staff and other clinic personnel, and AMC business associates

for care provided in any clinic setting, department, or satellite office

Under an Organized Health Care Arrangement your protected health information will be shared with the medical staff and other credentialed health care professionals as necessary to carry out treatment, payment or health care operations related to care provided in any clinic setting or department.

OUR POLICY REGARDING PROTECTED HEALTH INFORMATION

We understand that PHI about you and your health is personal. We create a record of the care and services you receive at the clinic. We need this record to provide you with quality care and the comply with certain legal requirements. This notice applies to all of the records of your care generated by the clinic; whether made at our main office or any of our satellite offices.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- make sure that PHI that identifies you is kept private,
- give you this notice of our legal duties and privacy practices with respect to PHI about you, and
- follow the terms of the notice that is currently in effect.
- Notify you if there is a breach (an inappropriate use or disclosure of your PHI that the law requires us to report)

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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.

- Treatment. We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical or nursing students, or other clinic personnel who are involved in taking care of you at the clinic. An example would be if your clinic provider discloses your health information to another doctor for the purposes of a consultation. Different departments of the clinic also may share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to people outside the clinic who may be involved in your medical care after you leave the clinic, such as family members, clergy or others we use to provide services that are part of your care.
In an emergency, if you are incapacitated or otherwise unable to understand the information in this Notice, health care providers may use their professional judgment regarding the use and disclosure of your PHI during their treatment of your condition. As soon as you are stabilized and/or the emergency condition has been resolved, and as soon as is reasonably practicable, you will be provided with the Notice.
- Payment. We may use and disclose PHI 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 need to give your health plan information about care or treatment you received at the clinic so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- Health Care Operations. We may use and disclose PHI about you for the clinic operations. These uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical, nursing, and allied health students, and other clinic personnel for review and learning purposes. We may also combine the PHI we have with PHI from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are.
- Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at the clinic.
- Treatment Alternatives. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care. We may release PHI 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 in the clinic. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- Research. We may disclose PHI for certain research projects that have been evaluated and approved through a research approval process that takes into account a patient's need for privacy.
- As Required By Law. We will disclose PHI about you when required to do so by federal, state, or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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.

SPECIAL SITUATIONS

- Organ and Tissue Donation. If you are an organ donor, we may release PHI 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. If you are a member of the armed forces, we may release PHI about you as required by military command authorities, as published by notice in the Federal Register. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation. PHI related to workers' compensation claims may be disclosed as permitted by law, including to the compensation carrier and the employer.
- Public Health Risks. We may disclose your PHI for public health activities, including:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - 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;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- Health Oversight Activities. We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Clinic and of the providers who treated you at the Clinic. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.
- Lawsuits and Disputes. We may disclose your medical information to respond to a court or administrative order or a search warrant. We also may disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
- Law Enforcement. Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official.
- Medical Examiners and Funeral Directors. We may disclose your medical information to a medical examiner or funeral director so they may carry out their duties.
- National Security. We may disclose your medical information to authorized federal officials for national security activities authorized by law.
- Protective Services. We may disclose your medical information to authorized federal officials so they may provide protection to the President and other persons.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the Clinic 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 law enforcement officer or the correctional institution.

YOUR PRIVACY RIGHTS

Right to Review and Right to Request a Copy. You have the right to review and copy medical information in your medical and billing records. The Medical Records Department has a form you can fill out to request to review or copy your medical information, and to tell you how much it will cost. The Clinic will tell you if it cannot fulfill your request. If you are denied the right to see or copy your medical information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

Right to Amend. If you feel your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request. The Contact Person listed below can help you with your request.

Right to an Accounting of Disclosures. You have the right to make a written request for a list of certain disclosures the Clinic has made of your medical information. This list is not required to include all disclosures we make.

Disclosure for treatment, payment, or Clinic administrative purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized, and other disclosures are not required to be listed. The Contact Person listed below can help you with this process, if needed, and can tell you how much it will cost.

Right to Request Restrictions on Disclosures. You have the right to make a written request to restrict or put a 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 your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. 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 you apply, for example, disclosures to your adult children.

Right to Request Confidential Communications. You have the right to make a written request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. The Contact Person listed below can help you with these requests if needed.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of the Notice at any time even if you have agreed to receive this Notice electronically. You may receive a paper copy of this Notice from the Contact Person listed below.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as for any information we receive in the future. We will post the current Notice in the Clinic.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Clinic or with the Secretary of the Department of Health and Human Services or HHS. Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within the 180 days of when you knew or should have known of the act or omission. To file a complaint with the Clinic, contact the Privacy Officer(s) at 1200 Hospital Drive, Opelousas, LA 70570. You will not be denied care or discriminated against by the Clinic for filing a complaint.