

## NOTICE OF PRIVACY PRACTICES

Effective Date: October 20, 2014

**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.**

### LGMD'S COMMITMENT TO YOUR PRIVACY

LGMD is dedicated to maintaining the privacy of your Identifiable Health Information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of Protected Health Information that identifies you. We also are required by law to provide you with this Privacy Notice that specifies our legal duties and privacy practices and your rights concerning your Protected Health Information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- ◆ How we may use and disclose your Protected Health Information;
- ◆ Your privacy rights of your Protected Health Information; and
- ◆ Our obligations concerning the use and disclosure of your Protected Health Information.

**The terms of this Privacy Notice apply to all records containing your Protected Health Information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this Privacy Notice will be effective for all of your records LGMD has created or maintained in the past and for any of your records we may create or maintain in the future. LGMD will post a copy of our current notice in our offices in a prominent location and you may request a copy of our most current notice at any time.**

**We are required by law to:**

- ◆ Make sure that medical information that identifies you is kept private;
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Follow the terms of the Privacy Notice that is currently in effect.

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

The following categories describe different ways that we use and disclose medical information. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **For Payment.** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We can give information about you to your health insurance plan so it will pay for your services.*
- **For Health Care Operations.** We can use and share your health information to run our practice, improve your care and contact you when necessary. *Example: We can use health information about you to manage your treatment and services.*
- **Treatment Alternatives.** We may use and disclose medical information 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 medical information to tell you about health-related benefits or services that may be of interest to you.
- **Hospital Directory.** We may include certain limited information about you in the Lafayette General Medical Center hospital directory if and while you are a patient at the hospital, if you have not objected to this use. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation.
- **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 of your condition, unless there is a specific written request to the contrary. In addition, we may disclose medical 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.
- **As Required By Law.** We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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 medical 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.
- ◆ **Research.** We may use or share you information for health research.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ◆ **Workers' Compensation.** We may release medical 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 medical 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 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. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **Health Oversight Activities.** We may disclose medical 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.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

◆ **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 or hospital; 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.

◆ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the clinic or hospital to funeral directors as necessary to carry out their duties.

◆ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

◆ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

◆ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

◆ **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*. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Office Manager**.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by LGMD will review your request and the denial. The person conducting the review will not be the person who denied your request.

We will comply with the outcome of the review.

◆ **Right to Amend.** If you feel that medical 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 LGMD. To request an amendment, your request must be made in writing and submitted to the **Office Manager**. In addition, you must provide a reason that supports your request. 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 LGMD;
- Is not part of the information which you would be permitted to inspect and copy; or

➤ Is accurate and complete.

◆ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, except for those about treatment, payment and/or operations. To request this list or accounting of disclosures, you must submit your request in writing to the **Office Manager**. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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 may 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 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 is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the **Office Manager**. 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 medical 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 confidential communications, you must make your request in writing to the **Office Manager**. 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.

◆ **Right to 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.

### 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 any information we receive in the future. We will post a copy of the current notice in the medical clinic. The notice will contain the effective date.

### COMPLAINTS

◆ If you believe your privacy rights have been violated, you may file a complaint with LGMD or with the Secretary of the Department of Health and Human Services. To file a complaint with the LGMD, contact the **Office Manager**. All complaints must be submitted in writing. LGMD will not retaliate against you for filing a complaint pursuant to this notice.

**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.

**MARKETING**

All psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute the sale PHI require authorization.

**FUNDRAISING**

An individual has the right to opt out of such fundraising communications in the event that the provider is engaged in fundraising activities.

**RESTRICTED DISCLOSURES**

An individual has the right to restrict certain disclosures of PHI to a health plan where the individual or someone on his or her behalf pays out of pocket for the health care item or service provided.

**BREACH NOTIFICATION**

An individual has the right to be notified following a breach of their unsecured PHI. The covered entity is only required to disclose a simple statement of breach notification and is not required to disclose how the breach will evaluate whether PHI has been comprised under the Breach Notification Rule or include a description of the regulatory requirements.

**Other USES and DISCLOSURES**

All other uses and disclosures not described in the covered entity's Notice of Privacy Practice will be made only with the authorization of the individual.