



PLAQUEMINES MEDICAL CENTER

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.

This Notice of privacy practices regarding use and disclosure of your Protected Health Information. It also describes your rights and our obligations regarding the use and disclosure of your Protected Health Information and how you can get access to your Protected Health Information.

Your “**Protected Health Information**” or “**PHI**” is information that may individually identify you or that relates to your past, present or future physical or mental health or condition and your related health care services.

Our Duties To You Regarding Protected Health Information

We are *required by law* to:

- Make sure that your PHI is kept private.
- Give you this Privacy Practice Notice of our legal duties and privacy practices with respect to your PHI
- Communicate any changes in our Privacy Practice Notice to you.
- Notify you following a breach of your unsecured PHI.

Changes To This Privacy Practices Notice

We reserve the right to and may change the terms of the Privacy Practice Notice at any time. The new Privacy Practices Notice will be effective for all PHI that we already have about you, as well as any we receive in the future. Each Privacy Notice will contain the effective date at the bottom of each page.

How We May Use and Disclose Protected Health Information About You

The following categories describe different ways that we may use and disclose your PHI. For each category we will explain what we mean and try to give some examples of those types of uses and disclosures. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one of the categories.

For Treatment: We may use your PHI to provide, coordinate or manage your health care and related services at Plaquemines Medical Center. This includes coordination and management of your health care with others providing treatment to you not associated with PMC. For example, we will disclose your PHI from time to another physician or health care provider such as a specialist, pharmacist, laboratory or home health agency, who, at the request of you or your doctor, becomes involved in your care. In emergencies, we will use and disclose your PHI to provide the treatment you require.

For Payment: We may use and disclose your PHI as needed to obtain payment for your health care services. For example, we may give your health plan information about your surgery at the Hospital so that your health plan will pay the Hospital and your doctors or reimburse you for the surgery. We may also tell your health plan about a treatment your doctor recommends to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your PHI to others, not associated with Plaquemines Medical Center, but involved in your care so that they may bill and collect from the person responsible for payment of their items or services.

For Health Care Operations: We may use and disclose your PHI for operations. These uses and disclosures are necessary to run the clinic and to make sure that all of our patients receive quality care. For example, we may use PHI to review the treatment and services of the clinic and its medical staff or to evaluate the performance of individuals caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose your PHI to educate and train nurses, technicians, medical students, and other non-health professionals and for accreditation, licensing and credentialing purposes. We may also combine the PHI we have with PHI from other health care entities 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 you are. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Business Associates: Certain aspects and components of our services are preformed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, *etc.* At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our healthcare operations. In all cases, those business associates are required to appropriately safeguard the privacy of your information.

Appointment Reminders: We may use disclose your PHI to contact you as a reminder that you have an appointment for treatment or health care at the clinic.

Treatment Alternatives and Health Related Benefits and Services: We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives or other health

related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payments for Your Care: Using our professional judgment, we may release your PHI direct relevant to a friend, family member or other person who you identify as being involved in your care or involved with payment of your health care, unless you tell us otherwise. We may also notify a friend or family member that you are in the clinic and advise them of your general condition unless you object. In addition, we may disclose your PHI 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 State or Federal Law: We will use or disclose your PHI when required to do so by federal, state or local law or regulation. For example, Louisiana law permits o requires certain disclosures of PHI to state agencies regarding birth defects, cancer, and communicable diseases.

Criminal Activity: Under applicable federal, state and local laws, we may use and disclose your PHI when we believe it necessary to prevent or lessen a serious and immediate threat to the health and safety of a person or the public.

Special Situations:

Coroners, Funeral Directors and Organ Donation: We may release PHI to a coroner or medical examiners for identification, to determine the cause of death, or for the performance of other duties as authorized by law. We may also release PHI about patients of the clinic to funeral directors as necessary to carry out their duties. PHI may be used and disclosed for organ procurement or organ, eye or tissue donations.

Military Activities and National Security: When appropriate conditions apply, if you are a member of the military we may use and disclose your PHI: (1) as required by military command authorities; and (2) to an appropriate foreign military if you are a member of a foreign military service. We may also release your PHI to authorized federal officials for lawful

intelligence and other national security activities, including protective services for the President, other authorized persons or foreign heads of state.

Workers' Compensation: We may release your PHI if your employer has a workplace related medical surveillance program and to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Public Health Activities: We may disclose your PHI to a public health authority who is allowed, by law, to use or receive the information. Such use and disclosure may be necessary to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report reactions to medications, foods and dietary supplements or problems with products and to notify of product recalls, repairs or replacements
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence
- Report to your employer for the conduct of an evaluation relating to medical surveillance or to evaluate whether you have a work related illness or injury.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These health oversight activities are necessary for the government to monitor and oversee the health care system, government benefit programs, and compliance with civil rights laws.

Legal Proceedings: We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena,

discovery request, or other lawful process, 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 PHI for law enforcement purpose including:

- To respond to legal proceedings or otherwise comply with law
- To identify or locate a suspect, fugitive, material witness, or missing person
- To report information about the victim of a crime
- To alert law enforcement about a death we believe may be the result of criminal conduct
- To report criminal conduct at the Clinic
- In a medical emergency not at a PMC location, to report a suspected crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Inmates: We may use and disclose your PHI to your correctional facility or a law enforcement official if you are an inmate in a correctional institution or under the custody of a law enforcement official. Any disclosure 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.

Our Uses and Disclosure Requiring Your Authorization

Psychotherapy Notes: We must obtain your prior written authorization for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure by PMC.

Right to Inspect and Copy: You have the right to inspect and copy, or direct copies to a third party, PHI, that we maintain in a "designated record set" for as long as we maintain it. A designated record set

contains medical and billing records and any other records used to make decisions about your health care. If you request a copy of the information, we may charge for costs of copying, mailing or other supplies associated with your request. If you request a summary of your PHI, we may charge a fee. Your right to inspect and copy does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, civil, criminal or administrative actions, or information that is subject to laws that prohibit access.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information for so long as we maintain the information. Your request must include the reason or reasons you are requesting the amendment.

Right to an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of your PHI. This accounting will not include disclosures that we made to carry out treatment, payment, or health care operations and certain other disclosures, for instance, disclosures to you or to others at your request. The disclosures must have been made no more than six (6) years prior to the date of your request. You will be charged a fee for any additional accounting(s) in any 12-month period, but we will notify you in advance of any fees and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations and to others involved in your care, or the payment of your care, lie a family member or friend. We are not required or permitted, in some circumstances, 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 and we will request that your PHI not be further disclosed. We must agree not to disclose your PHI to a health plan for payment or for healthcare operations purposes, if that PHI pertains to a healthcare item or service for which we have been involved and which has been paid out-of-pocket in full. In your request, you must tell us (1) what information you want to limit; (2) whether you want

the limits to apply, for example, disclosures to your spouse. We will terminate that restriction if you contract our Privacy Officer and request us to do so. We reserve the right to terminate an agreed upon restriction if we believe such termination is appropriate and notify you of such termination.

Request to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request and will accommodate all reasonable requests, when possible.

Right to a Paper Copy of This Privacy Practices: You have the right to, and may ask us to give you, a paper copy of this Privacy Notice at any time upon request. In addition, each time you register at, or we will offer you a copy of the current Privacy Practice Notice in effect. You will be asked to acknowledge, in writing, your receipt of our Privacy Notice.

Complaints/Additional Information

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. You may also file a complaint with us by contracting our Administrator by telephone at: 504-564-3344 or in writing at 27136 Hwy 23 Port Sulphur, LA 70083. You will not be penalized or retaliated against for filing a complaint.

If you would like additional information, you may contact our Administrator as indicated above. 504-564-3344 or in writing 27136 Hwy 23 Port Sulphur, LA 70083.

Office for Civil Rights Headquarters

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-800-368-1019
TTD Number: 1-800-537-7697

Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this Privacy Practices Notice will be made only with your written permission. If you provide us permission to

use or disclose your PHI, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons permitted by your written authorization. Please be aware that we are unable to take back any disclosures we have already made with your permission and that we are required to retain records of the care that we provide to you.

This Privacy Practices Notice is being provided to you solely for purposes of HIPAA compliance.

If you have any questions about this Privacy Practices Notice, please contact Plaquemines Medical Center at 27136 Hwy 23 Port Sulphur, LA 70083 or 504-564-3344.

Revised: 10/26/17; 07/24/2019