Baton Rouge General Physicians

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. If you have any questions about this notice or if you need more information, please contact our Privacy Officer at 225-237-1588. The information in this notice describes the privacy practices of Baton Rouge General Physicians and those of

- Any health care professional at the physician office who is treating you and has access to the Protected Health Information in your record
- All Baton Rouge General Physicians employees, staff, independent contractors, vendors, and workforce members at any Baton Rouge General Physician clinic/office

Understanding Your Health Record/Information:

Each time you visit a physician, hospital, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents. This information is stored in an electronic medical record system which allows for sharing and collaboration in your health care across all of our affiliated clinics. All of this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication amongst the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

How We May Use or Disclose Your Protected Health Information:

Pursuant to law and any consent form which you have signed:

- **We will use your health information for treatment.** For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
- **We will use your health information for payment.** For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies and other organizations, as is necessary to collect for services rendered.
- **We will use your health information for regular health operations.** For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Baton Rouge General Physicians participates in an organized health care arrangement in which your health information will be shared among those participating healthcare providers and other entities owned and operated by General Health as necessary to carry out treatment, payment, or healthcare operations of the joint arrangement. This means that your medical information flows freely between entities in order to carry out your treatment, payment for your treatment, and for health care operations.

Other Permitted Uses and Disclosures:

- **Required by law:** As required by law, we may use and disclose your health information.
- **Business associates:** There are some services provided in our physician offices through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, collection agencies, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that 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.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- **Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Genetic test results:** Louisiana law provides special protection for genetic test results and we will not release these results without specific authorization from you.
- **Minors:** We may disclose Protected Health Information of children, who are considered to be minors, to their parents or legal guardians unless such disclosure in prohibited by law.
- **Photographs:** We may use photography or other means of image recording to capture pictures and imaging in an effort to offer better patient identification for work force members, security purposes, and billing procedures.
- **Electronic mail (email) messages:** You may request for us to communicate certain information with you via email messages. We use a secure network to transmit email messages containing Protected Health Information.
- **Health Information Exchange:** We participate in Louisiana's Health Information Exchange (HIE) which facilitates participating health care providers with a timely, secure, and authorized exchange of patient health information for treatment and operational purposes. The services offered by the Louisiana Health Information Exchange are based on national standards for secure exchange of health information. Patients will have the opportunity to opt-in to the Health Information Exchange. Patients who opt-in will be required to provided written authorization and may revoke their authorization at any time.
- **Research:** We may disclose information to researchers when the research proposal or protocol has been reviewed by an institutional review board and protocols to ensure the privacy of your health information.
- **Sale of PHI:** General Health System strictly prohibits any sale of PHI to a third party.
- **Psychotherapy notes:** Most sharing of psychotherapy notes requires your written permission.
- **Health oversight activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
- **Judicial and administrative proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.
- **Deceased person information:** We may disclose your health information to coroners, medical examiners and funeral directors.
- **Public safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Patient portal to the electronic health record.** We have established a web-based system, called a Patient Portal, which allows us to securely communicate and transfer health care information to you. We make certain portions of the medical record available electronically through the patient portal. In order to access records through the patient portal, the patient (or patient's representative) must provide their written authorization.
- **Specialized government functions:** We may disclose your health information for military and national security purposes.
- **Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Marketing:** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. All other disclosures of your information for marketing purposes require your written permission.
- **Appointment reminders:** We may contact you to provide appointment reminders.
- **Fundraising:** We may contact you as part of a fundraising effort, but you can tell us not to contact you again.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law enforcement:** We may disclose certain health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Change of ownership:** In the event that this Physician practice is sold or merged with another organization, your health information will become the property of the new owner.
- **Other disclosures:** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Other Uses of Your Medical Information:

We will not use or disclose your health information without your consent or authorization except as provided by law or described in this notice. Other uses of Protected Health Information not covered in this notice or under the laws that apply to us will be made only with your written authorization. If you provide us with your written authorization to use or disclose Protected Health Information, you may revoke that authorization at any time in writing. If you revoke your authorization, we will no longer disclose Protected Health Information subject to the authorization; however, the revocation will not apply to disclosure previously made with your permission. To do this, you must complete a "Request for Authorization Revocation" form.

Our Duties and Responsibilities:

- **Legal Duties.** We are required by law to satisfy the following duties:
  - Maintain the privacy of Protected Health Information
  - Provide you with a notice of our legal duties and privacy practices with respect to Protected Health Information
  - In the event of a breach of your unsecured Protected Health Information, we will provide you with written or other notification in accordance with federal and state law.
- **Terms of this Notice.** We are required by law to abide by the current terms in the notice.
- **Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make the changed notice effective for Protected Health Information we already have about you as well as information we may gather in the future. We will post a clear copy of our current notice in each of our facilities. Should our information practices change, we will make the new version available to you upon request in our office and on our website.

Your Health Information Rights:

When it comes to health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Right to Inspect and Copy.** You have the right of access to inspect and copy your Protected Health Information that may be used to make decisions regarding your treatment and plan of care. To do this, you must complete an "Authorization for Use or Disclosure of Protected Health Information" form obtained by contacting the Front Desk of the Physician Office. We will make every reasonable attempt to provide you with access to your medical information within thirty (30) days of your request if the records are stored on site. We also reserve the right to charge a reasonable and cost-based fee for the costs of copying, mailing, and other supplies and resources associated with your request. We may deny your request in certain circumstances, for example when the information contains psychotherapy notes.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in electronic format, you have the right to request a copy of that information to be given to you or transmitted to another individual or entity in electronic form. We will make every effort to provide you with the information in the form or format you request, if it is readily available in such form or format. If the information is not readily producible in the form or format you request, your record will be provided in either our standard electronic form or a readable hard copy. We reserve the right to charge you a reasonable, cost-based fee for the labor and resources associated with transmitting the electronic record.
- **Right to Request Amendments.** If you feel that the Protected Health Information we have about you is incorrect, inaccurate, or incomplete, you may ask us to amend that information. You have the right to request this amendment as long as the information is kept by us and for our records. A request for amendment must be made in writing. To do this, you must complete a "Request for Amendment of Health Information" form. We may say "no" to your request, but we'll tell you why in writing within 60 days. In certain cases, we may deny your request for amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to Request Restrictions.** You have the right to ask us to limit the Protected Health Information we use or disclose about you for treatment, payment, research, or other healthcare operations. You may also request that any part of your Protected Health Information not be released to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If your health care provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use

or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. To request a restriction, you must complete a "Request for Additional Privacy Protection" form. To terminate a previously issued restriction, you must complete a "Request for Restriction Termination" form.

- **Right to a Paper Copy of this Notice.** You may ask us to give you a copy of this notice at any time. You may obtain a paper copy by asking any Baton Rouge General Physician office employee or by contacting General Health's Privacy Officer at (225) 237-1588. You may also print a copy from our website.
- **Right to Accounting of Disclosures.** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will generally provide you with your accounting within sixty (60) days of your request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. To do this, you must complete a "Request for Accounting of Disclosures of Health Information" form.
- **Right to Request Confidential Communications.** You have the right to request that we contact and communicate with you only in certain ways to preserve your privacy and Protected Health Information. For example, you may request that we only contact you by mail at a specific address or via your home phone number and not workplace number. We will accommodate every reasonable request. To do this, you must complete a "Request for Alternative Communication Methods" form.
- **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone else is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

How to Exercise Your Rights:

To exercise any of your rights described in this notice, please send your request, in writing, to General Health's Privacy Officer at the address listed below. We may ask that you fill out a form that we will provide to you or to contact the facility directly where you received services.

General Health System, Corporate Compliance Department
Attn: Privacy Officer
8490 Picardy Avenue, Bldg. 100A
Baton Rouge, LA 70809

Privacy Complaints:

If you believe your privacy or any of your rights as described in this notice have been violated, you may file a complaint with us and/or the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint. We may not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual or other person for filing a complaint. To file with us, please contact our Privacy Officer at 225-237-1588. You may also file your privacy complaint by submitting your written complaint to the following address:

General Health System, Corporate Compliance Department
Attn: Privacy Officer
8490 Picardy Avenue, Bldg. 100A
Baton Rouge, LA 70809

To file a complaint with the U.S. Department of Health and Human Services, you may call toll free 1-800-368-1019 or visit the website of the Office of Civil Rights at http://www.hhs.gov/ocr/privacy. You can also mail a written request to:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

Effective Date of Privacy Notice: April 14, 2003
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Date of Last Review of Privacy Notice: September 1, 2015