We will not disclose your health information without your consent, unless otherwise permitted or required by law, as described in this Notice. We reserve the right to change our Notice at any time. If we make a change, the revised Notice will be effective for information we already have about you, and will be implemented for any new information we receive after the date of the change. You will be informed about any changes in our Notice by posting it on our website and/or by distributing a summary of changes to our Notice.

1. Purpose of Notice:

This Notice describes how health 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 225-257-5588.

The information in this Notice describes the privacy practices of Baton Rouge General Physicians and their affiliates:

• Your health care practitioner, who is treating you and has access to the Protected Health Information in your record
• Baton Rouge General Physicians employees, staff, independent contractors, vendors, and workforce members at any Baton Rouge General Physicians clinical office

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 below. You may revoke your consent or authorization at any time, in writing, unless you have already been treated for emergency care. If you revoke your consent or authorization, we will no longer use or disclose your Protected Health Information subject to the revocation, except as provided by law or described below. However, we will disclose your Protected Health Information subject to the revocation, except as provided by law or described below. You may revoke your consent or authorization at any time, in writing, unless you have already been treated for emergency care. If you revoke your consent or authorization, we will no longer use or disclose your Protected Health Information subject to the revocation, except as provided by law or described below.

Your Health Information Rights:

It is important that your information be accurate and complete. You or your representative may ask us to make changes to corrected information. We will provide a copy of this notice to you at any time you request one. You may obtain a copy of this notice at any time. You may obtain a copy of this notice at any time you request one. You may obtain a copy of this notice at any time you request one. You may obtain a copy of this notice at any time you request one.