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Notice of Our Health Information 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.

Understanding Your Health Record/Information: Each time you visit a hospital, physician, 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. 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 among 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

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Inspect and obtain a paper or electronic copy of your health record as provided in R.S. 40:1299.96 and 45 CFR 164.524. To do that, you must contact the Health Information Management Department at (337) 898-6542. You will need to sign a medical authorization allowing the hospital to allow you to inspect your medical record or to release copies of your medical record. The request will be handled within 30 days of your request. Pictured identification will be required. Patients may receive ten pages of their medical record free of charge. You may decide which ten pages you wish to receive. If you desire to have more than ten pages copied, the charge will be \$1.00 per page for pages 11-25, \$.50 per page for pages 26-500, and \$.25 per page for pages 501 and above.
- Request that your paper or electronic health information be amended when you believe it is incorrect or incomplete as provided in 45 CFR 164.528. To do that, you must submit a written request to the Privacy Officer of the Health Information Management Department who can be reached at (337) 898-6557. You must state that you wish to have your medical record amended. The Request for Amendment Form will be given to you to complete. The request should be handled within 60 days. The facility can deny a request for amendment, but you will be notified in writing of the reason. If a request is denied, the facility will allow you to submit a written statement of disagreement to be made a permanent part of your medical record.
- Request a restriction on certain uses and disclosures of your information for treatment, payment, or healthcare operations, as provided by 45 CFR 164.522, although we are not required to agree to those restrictions. To do that, you must contact the Privacy Officer of the Health Information Management Department who can be reached at (337) 898-6557. The Request for Additional Privacy Protection Form will be given to you for completion. Your concern and request is important to us.
- Obtain a paper or electronic copy of the Notice of Health Information Privacy Practices. This will be provided to you at the time of registration as a patient at Abbeville General Hospital. You may also request a copy at any time by going to the Patient Access Department of Abbeville General Hospital.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528, except those for treatment, payment, healthcare operations, or patient authorized disclosures. To do that, you must contact the Privacy Officer of the Health Information Management Department at (337) 898-6557. This accounting must be provided to the patient within 60 days of the request. No accounting of disclosures made prior to April 14, 2003 will be provided. The patient is entitled to

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one free accounting of disclosure every twelve months. The patient will have to pay for any subsequent account of disclosure requests within the twelve - month period.

- Receive your health information through a reasonable alternative means or at an alternative location as provided by 45 CFR 164.522. To do that, you must alert the Patient Access Department at the time of registration. The Request for Additional Privacy Protection Form will be given to you to complete. Your concern and request is important to us. The hospital will contact patients at the telephone number and/or address provided by the patient at the time of registration. If the patient does not wish to be contacted at that location, an alternate location must be provided to the Patient Access Department. This information will be forwarded to the appropriate parties within the hospital.
- Permit someone appointed as medical power or attorney or legal guardian to exercise your rights and make choices about your health information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. To do that, you must contact the Privacy Officer of the Health Information Management Department at (337) 898-6557. A written request will be required.

Our Responsibilities: This organization is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Ensure medical power of attorney or legal guardian has authority and can act before any action is taken.
- Promptly notify you if a breach occurs that may have compromised the privacy or security of your 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.

Genetic test results: Louisiana law, recorded as R.S. 22:213.7, provides special protection for genetic test results, and we will not release these results without specific authorization from you.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the new version available to you upon request, on our website, and we will mail a copy to you.

For More Information or to Report a Problem: If you have a question, you may contact the Privacy Officer of the Health Information Management Department at (337) 898-6557. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer of Abbeville General Hospital or with the Secretary of Department of Health and Human Services Office of Civil Rights at 200 Independence Ave. S.W., Washington DC 20201, by calling 1-877-696-6775, or at www.hhs.gov/ocr/privacy/hipaa/complaints/. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations: Pursuant to law and the consent form which you have signed:

Abbeville General Hospital may participate in one or more health information exchanges (HIEs) and we may share protected health information for treatment, payment and healthcare operations purposes with other participants in the HIEs.

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 once you're discharged from this hospital.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays

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for the health care services recommended for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. 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. If you pay for a service or healthcare 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, unless the law requires us to share that information, per HITECH 13405 (a).

We will use your health information for regular healthcare 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 service we provide. We may also use or disclose, as needed, your protected health information in order to train medical and nursing students. Additionally, we may have to call you by name in a waiting room when it is your turn to be treated.

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 organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, collection agencies, transcription services used to type your medical reports, 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.

Directory: Unless you notify us that you object, we will use your name, location in the facility, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: Unless you object, 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. We may also share information in a disaster relief situation. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Communication with family: Health professionals, using their best judgement, 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.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

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 proceedings.

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.

Specialized government functions: We may disclose your health information for military, national security, and prisoners.

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.

Fund raising: We may contact you as part of a fund-raising effort, however, you may request that we not 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.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

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 organization 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.

Your information will not be shared without your written permission for marketing, sale of your information, or sharing of psychotherapy notes.

Effective Date: October 23, 2013