

**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 ("Notice") is provided to you as a requirement of the Health Insurance Portability and Accountability Act ("HIPAA"). We are required by law to follow the terms of this Notice and to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

The law requires us to make sure that medical information that tells who you are is kept private. It also requires us to give you this Notice of our legal duties and privacy practices to tell you what we do with the medical information about you. To better understand this law, you may want to read it. It is in 45 CFR part 164.

We reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all protected health information that we maintain. The new Notice will be available, upon request in our Facilities and on our website.

## WHO WILL FOLLOW THIS NOTICE

LCMC Health is a health system operating as an Organized Health Care Arrangement ("OHCA"). This Notice describes the privacy practices of LCMC Health and its affiliated entities and facilities. LCMC Health entities (each, a "Facility") include, but are not limited to: Children's Hospital, Touro Infirmary, University Medical Center New Orleans, New Orleans East Hospital, West Jefferson Medical Center and LCMC Health Anesthesia Corp., and each Facility's subsidiaries and affiliates and all associated clinics, facilities, and other service delivery sites.

All LCMC Health entities and Facilities participate in the OHCA and follow this same Notice. All of the entities and Facilities participating in the OHCA may share your medical information with each other for treatment, payment, or healthcare operation relating to the OHCA, and as otherwise permitted by applicable law. This list may not reflect recent acquisitions or sales of entities, sites, or locations. This Notice additionally applies to all employees, volunteers, students, and healthcare providers of any LCMC Health affiliated Facility or entity.

## OUR USES AND DISCLOSURES

We typically use or disclose your medical information in the following ways. These descriptions do not list every permitted use or disclosure in each category.

**To Provide Patient Care to You.** Your medical information may be used or shared by the doctors, nurses, technicians, residents, medical students, or other personnel who are involved in taking care of you. Different departments of the hospital, as well as the different entities, may also share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, X-rays, and follow-up care. We may disclose medical information about you to people and entities outside the hospital who may be involved in your ongoing medical care. For example, a doctor treating you for an injury may ask another doctor about your overall health condition.

**To Obtain Payment.** Your medical information may be used or shared to prepare your bill, collect, and process payments from you as well as from any insurance company, government program (Medicare, Medicaid, Worker's Comp., etc.), or other person who is responsible for payment. For example, we give information about you to your health insurance plan so it will pay for services.

**For our Healthcare Operations.** Your medical information may be used or shared to run our organization, review the quality and appropriateness of the care you receive, and contact you when necessary. For example, we use health information about you to manage your treatment and services. We may also use or share your healthcare information to perform healthcare operations on behalf of the organized healthcare arrangement described above.

**To Create De-identified Databases.** We may use your health information to create "de-identified" information in accordance with applicable law. After removing information that tells anyone who you are, your de-identified limited medical information may be put into a computer program which may be used for research purposes. If your information is partially de-identified, it is called a "limited data set," and may be used for similar research purposes in accordance with applicable law and regulations.

## OTHER WAYS WE MAY USE OR DISCLOSE YOUR INFORMATION

In addition to using or sharing your medical information for our own treatment, payment, and healthcare operations as described above, we may use or share your information as follows:

**As Required by Law.** We will disclose health information about you if we are required to do so by federal or state law.

**People to Whom You Ask Us to Give It.** If you tell us that you want us to give your medical information to someone, we will do so. You will need to fill out an authorization form which gives us permission to release your medical information. You may stop this authorization at any time. We are not allowed to force you to give us permission to give your medical information to anyone. We cannot refuse to treat you because you stop this authorization.

**Fundraising Activities.** We may use or disclose your information to contact you for fundraising activities. If you do not want to be contacted for fundraising efforts, you have the right to opt-out of such communications.

**"Business Associates."** Business associates are companies or people we contract with to do certain work for us. Examples include providing information to a copying service we use when making copies of your health record, or an auditor who may review hospital bills for appropriate charging processes. To protect your health information, we require the business associate to

appropriately safeguard your information.

**Limited Data Set Recipients.** If we use your information to make a "limited data set," we may give the "limited data set" that includes your information to others for the purpose of research, public health action or health care operations. The persons who receive the "limited data set" are required to agree to take reasonable steps to protect the privacy of your medical information.

**The Secretary of the United States Department of Health & Human Services.** The Secretary, or designee, has the right to see your information in order to make sure we follow the law.

**Public Health Authorities.** We may disclose your medical information to a public health authority responsible for preventing or controlling disease, maintaining vital statistics or other public health functions. We may also give your medical information to the Food and Drug Administration in connection with FDA-regulated products.

**Health Oversight Activities.** We may give your medical information to agencies responsible for health oversight activities, such as investigations and audits of the health care system or benefits programs, as allowed by law.

**Public Health and Safety.** We can share information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medication, reporting suspected abuse, neglect or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.

**Workers' Compensation.** We can use or share health information about you for workers' compensation claims.

**Law enforcement officers.** We may share your medical information in response to certain law enforcement requests, including:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to help identify or locate a suspect, fugitive, material witness or missing person;
- in response to inquiries as to the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- in response to inquiries regarding a death we believe may be the result of criminal conduct;
- in response to inquiries regarding criminal conduct at a Facility; and
- in emergency situations to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Courts and Administrative Agencies.** We may share health information about you in response to a court or administrative order, or in response to a subpoena.

**Coroners.** We may share medical information about persons who have died to coroners, medical examiners, or funeral directors, as allowed by law.

**Organ Transplant Services.** We may share your medical information with organ procurement organizations.

**Research.** We may use or share your medical information in connection with certain research activities after going through a special approval process for that research.

**Correctional Institutions.** We may share medical information about you with a correctional institution or law enforcement official if you are an inmate of a correctional institution or in the custody of a law enforcement official. This release would be necessary for: (1) 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.

**Specialized Governmental Functions.** We may share your medical information for certain specialized governmental functions, as allowed by law. Such functions include:

- Military and veteran activities;
- National security and intelligence activities;
- Protective service to the President and others;
- Medical suitability determinations;
- Correctional institutions; and
- Other law enforcement custodial situations.

**Special Categories of Information.** In some circumstances, your medical information may be restricted in a way that limits some of the uses and disclosures described in this Notice. For example, there are special restrictions on the use or disclosure of certain categories of information, e.g. tests for HIV, treatment for mental health conditions, or alcohol or drug abuse related treatment information.

## OBJECTIONS TO USES AND RELEASES/ DISCLOSURES

In certain situations, you have the right to object before your medical information can be used or released. This may not apply if you are being treated for certain mental or behavioral problems. If you do not object after you are given the chance to do so, your medical information may be used in the following ways:

**Patient Directory.** In most cases, this means your name, room number and general information about your condition may be given to people who ask for you by name. Also, information about your religion may be given to members of the clergy, even if they do not ask for you by name.

**Family and Friends.** We may release to your family members, other relatives, and close personal friends, any medical information that they need to know if they are involved in caring for you. For example, we can tell someone who is assisting with your care that you need to take your medication or get a prescription refilled, or give them information on how to care for you. We can also use your medical information to find a family member, a personal representative, or another person responsible for your care and to notify them where you are, about your condition, or of your death. If it is an emergency, or you are not able to communicate, we may still give certain information to a person who can help with your care.

**Disaster Relief.** We may share your medical information with

a public or private disaster relief organization assisting with a disaster or emergency.

## OTHER USES OF YOUR MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this Notice, or required by law, will be made only with your written permission. In the following cases we will never share your information unless you give us written permission: (1) marketing purposes, (2) sale of your information, and (3) most sharing of psychotherapy notes. If you provide us permission to use or disclose such medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or release of such medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission.

## YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You also have the following rights regarding your medical information:

**Right to Obtain an Electronic or Paper Copy of Your Medical Record.** You can ask to see or get an electronic or paper copy of your medical record we have about you. All requests must be in writing. Ask us how to do this. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Right to Request Restrictions.** You can ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and may say "no" if it would affect your care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share information for purpose of payment or our operations with your health insurer. We will say "yes" to such a request unless a law requires us to share that information.

**Right to Request Confidential Communications.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests. Ask us how to do this.

**Right to Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.

**Right to an Accounting of Releases/ Disclosures.** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.

We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Right to Receive a Paper Copy of this Notice.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly. To obtain a paper copy of this Notice, contact the Facility's Privacy Officer or pick one up from the Patient Access – Registration Area of one of our Facilities.

**Right to File a Complaint.** You have the right to file a complaint with us or to the United States Department of Health & Human Services Office of Civil Rights if you believe that we have violated your privacy rights. To complain to us, please contact the Facility's privacy officer at the phone number listed below, or in writing to the following address:



Privacy Officer  
**University Medical Center**  
2000 Canal Street  
New Orleans LA 70112  
504-702-3532



Privacy Officer  
**Children's Hospital**  
200 Henry Clay Avenue  
New Orleans, LA 70118  
504-894-5395



Privacy Officer  
**West Jefferson Medical Center**  
1101 Medical Center Boulevard  
Marrero, LA 70072  
504-347-5511



Privacy Officer  
**Touro Infirmary**  
1401 Foucher Street  
New Orleans, LA 70115  
504-897-8338



Privacy Officer  
**New Orleans East Hospital**  
5620 Read Boulevard  
New Orleans, LA 70127  
504-592-6600

You will not be penalized or otherwise retaliated against for filing a complaint.

**Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take action.

**This Notice is effective April 6, 2018.**