



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW YOUR
MEDICAL INFORMATION MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

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, and to tell you if there is a breach of your unsecured medical information. To better understand this law, you may want to read it. It is in 45 CFR Part 164.

We have the right to change this notice and our privacy practices in the future. Any changes made will apply to all the medical information we have about you at this time. If we make a change, we will put up a notice in our building. We will also give you a copy of the new notice if you ask for it.

WHO WILL FOLLOW THIS NOTICE

We are required by law to follow the terms of this notice. The following groups and people must also comply:

- Anyone who has read only access to or enters information into your hospital chart.
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff, and other hospital personnel.

HOW YOUR MEDICAL INFORMATION MAY BE USED

In general, we may use your medical information in four 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 by the doctors, nurses and other professionals who are treating you. For example, your medical information is used to help them find out your problems and to decide the best way to treat you. Also, we may use your medical information to contact you to remind you of appointments, and to give you information about treatment options, or other health-related benefits and services that may be of interest to you. However, when communicating appointment reminders, treatment options, or other related benefits and services includes receipt of cash or cash equivalents by our facility, you will be asked for your authorization.

To obtain payment. Your medical information may also be used by our business office to prepare your bill and process payments from you as well as from any insurance company, government program or other person who is responsible for payment.

For our healthcare operations. Your medical information may be used to review the quality and appropriateness of the care you receive. We may also use your medical information to put together information to see how we are doing and to make improvements in the services and care we give you. In some cases we may have students, trainees, or other health care personnel, as well as some non-health care personnel, who come to our facility to learn under the guidance of faculty to practice or improve their skills.

To create de-identified databases. We may use your medical information for the purpose of removing information that tells anyone who you are, and putting it in a computer program. Your information may be completely de-identified or partially de-identified. This information is often used for research purposes. If your information is partially de-identified, it is called a "limited data set."

HOW YOUR MEDICAL INFORMATION MAY BE DISCLOSED

In addition to using your medical information, we may disclose all or part of it to certain other people. This includes giving your information to:

You. In order to get your medical information, you will need to fill out an authorization form. You may also have to pay for the cost of some or all of the copies.

People You Ask Us To Give It To. 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. 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. Situations that will require your authorization include most uses and disclosures of psychotherapy notes, PHI for marketing purposes, and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this notice will be made only with your authorization.

Payers. We have the right to give your medical information to insurance companies, government programs such as **Medicare and Medicaid**, and the people who process their claims as well as to others who are responsible for paying for all or part of the cost of treatment provided to you. For example, we may tell your health insurance company what is wrong with you and what treatment is recommended or has been given. Also, if your treatment is or may be covered by worker's compensation, we may give medical information to the people who handle your worker's compensation, the Louisiana Office of Worker's Compensation Administration and to your employer.

Fundraising. We may use your medical information, or disclose it to a foundation related to us, to contact you for fundraising purposes. However, the only type of information we would release is contact information, such as your name and address, certain demographic information (date of birth and gender), dates of services, and certain other limited information. If you do not want the hospital to contact you for fundraising efforts, you will have the opportunity to opt out with each fundraising solicitation.

"Business Associates." Business associates are companies or people we contract with to do certain work for us. Examples include information to auditors, attorneys and specialized people providing management, analysis, utilization review or other similar services to us. Another example is giving medical information to a business

associate so that the business associate can create a de-identified data base. Business associates are required to agree to the same requirements for protecting your privacy as we are.

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 U.S. Department of Health and Human Services. The Secretary has the right to see your records in order to make sure we follow 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.

Law Enforcement Officers. We may reveal your medical information to the police if asked, for example, about criminal conduct at the hospital. We may also give your medical information to persons whose job is to receive reports of abuse, neglect or domestic violence. And if we believe that releasing this information is needed to prevent a serious threat to the health or safety of a person or the public, we are permitted to reveal your medical information.

Health Oversight Agencies. 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.

Courts and Administrative Agencies. We may reveal medical information as required by a judge for a legal issue, such as if you are involved in a lawsuit.

Coroners and Administrative Agencies. We may reveal medical information about persons who have died to coroners, medical examiners and funeral directors, as allowed by law.

Organ Transplant Services. We may reveal your medical information to agencies that are responsible for getting and transplanting organs.

Research. We may reveal your medical information in connection with certain research activities after going through a special approval process. With your authorization, we may disclose pertinent information such as your name, social security number, study name and dates of participation to our Accounts Payable department to issue research subjects reimbursement and/or compensation payment.

Specialized Governmental Functions. We may disclose 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 or treatment for mental health conditions or alcohol and drug abuse.

Required by Law. We may also reveal your medical information in any other circumstances where the law requires us to do so.

Shared Systems. We participate in one or more shared electronic health records systems and other patient information (“Shared Systems”) and may electronically share your medical information for treatment, payment, healthcare operations, and other purposes permitted under HIPAA with other participants in the Shared Systems. The Shared Systems allows your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes.

OBJECTIONS TO USES AND DISCLOSURES

In certain situations you have the right to object before your medical information can be used or revealed. This does 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:

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 disclose 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 about 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 persons who can help with your care.

Disaster Relief. We may reveal your medical information to a public or private disaster relief organization assisting with an emergency.

OTHER USES OF YOUR MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice, or the laws that apply to us, will be made only with your written permission. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of medical information, require your written permission. 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 disclosure of such medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**OTHER RIGHTS REGARDING YOUR
MEDICAL INFORMATION**

You also have the following rights regarding your medical information:

You have the right to ask us to treat your medical information in a special way, different from what we normally do. We do not have to agree, except if the requested restriction is on a disclosure of medical information to a health plan for a payment or health care operations purpose, and the medical information relates only to a health care item or service for which we have been paid out-of-pocket in full by you or someone on your behalf. If we do agree to your wishes, we have to follow your wishes until we tell you that we will no longer do so.

You have the right to tell us how you would like us to send your information to you. For example, you might want us to call you only at work or only at home. Or you may not want us to call you at all. If your request is reasonable, we must follow your request.

You have the right to look at your medical information and, if you want, to get a copy of it. We can charge you for a copy, but only a reasonable amount. Your right to look at and copy your medical records is based upon certain rules. For example, we can ask you to make your request in writing, or, if you come in person, that you do so at certain times of the day.

You have the right to ask us to change your medical information. For example, if you think we made a mistake in writing down what you said about when you began to feel bad, you tell us. If we do not agree to change your record, we will tell you why, in writing, and give you information about your rights.

You have the right to be told to whom we have given your medical information in the six years before you ask. This does not apply to all disclosures. For example, if we gave someone your medical information so they could treat you or pay for your care, we do not have to keep a record of that.

You have the right to receive notifications of breaches of your medical information.

You have the right to restrict disclosures of PHI to your medical information to your payor if you wish to pay out of pocket in full for items or services provided to you.

You have the right to opt out of receiving communications regarding fundraising.

You have the right to get a copy of this notice at no charge.

You have the right to complain to us or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. To complain to us, please contact our Patient Advocate Department at (504) 702-3600.

If you would like further information about your rights or about the uses and disclosures of your medical information, you may contact our Compliance/Privacy Officer at (504) 702-2964.

Or by writing to:

**University Medical Center
Office of Corporate Compliance
2000 Canal Street
New Orleans, LA 70112**

This Notice is effective as of June 24, 2013.

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