This NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This Notice applies to all of our covered entities, which includes LCMC Health entities (each, a “Facility”) located within the New Orleans East Hospital, New Orleans East Hospital, West Jefferson Medical Center, CommUnity Health and Wellness, New Orleans East Hospital’s Community Development Corporation, and each Facility’s subsidiaries and associated clinics, facilities, and other service delivery sites.

We may use or disclose health information that we have about you for the purposes described in this Notice. In most cases, this means your name, address, phone number, email address, Social Security number, and other identifying information about you.

Noah James, D.O.
Medical Director, Department of Surgery
LCMC Health
1101 Medical Center Boulevard
New Orleans, Louisiana 70118
504-894-5395

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 that we have about you. All requests, if in writing, ask us how to do this. We will provide you with a paper 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 about you or to restrict how we use and disclose certain health information. We are not required to agree to your request, and may say “no” if it would affect your care, or if you fail to pay for a service or healthcare item out-of-pocket in full. In any case, we may condition our agreement to make the requested restrictions, in writing, at any time. If you revoke your permission, this will stop any further use and disclosure of your protected health information that was covered by your written authorization, except we have already acted in reliance on your permission.

Right to Request a Copy of This Notice. You can ask for a copy of this Notice at any time. However, you may not request a copy of this Notice if we have already made a disclosure of your protected health information under this Notice.

Right to File a Complaint. You have the right to file a complaint with us or with the United States Department of Health & Human Services Office for Civil Rights if you believe your privacy rights have been violated. To make a complaint, please complete the Complaint Form and mail it to the above address. If you believe we violated your privacy rights, to complain to us, please contact the Privacy Officer, who will provide you with a number list below, or in writing to the following address:

New Orleans East Hospital
West Jefferson Medical Center
1101 Medical Center Boulevard
Marrero, LA 70072
504-894-5395

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 legal authority to act for you (such as your legal guardian), that person can exercise your rights and make choices on your behalf. We will make sure this person has this authority before we act on your behalf.

This Notice is effective April 6, 2019.