

NOTICE OF PRIVACY PRACTICES
LOUISIANA HEART CENTER

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.

Effective September 23, 2013

We are ethically and legally required to maintain the privacy of protected health information. We must provide individuals with notice of our legal duties and privacy policies with respect to protected health information. We must abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices that are described in the notice. We will post any revised notice in the waiting area and you may obtain a revised notice by forwarding a written request to: Chief Privacy Officer, 901 Gause Blvd., 2nd floor, Slidell, LA 70458.

Without your consent, we may use and disclose protected health information about you to carry out treatment, payment, or healthcare operations. Treatment means the provision of healthcare and related services by one or more healthcare providers. For example, we may disclose protected health information to nurses providing healthcare under our direction. Payment means the activities we take to obtain or provide reimbursement for the provision of healthcare. For example, your health insurer may require us to provide information about the services we furnished to you before the insurer pays for the services. We agree to restrict the disclosure of protected health information to a health plan when the patient pays for the service or item in question out of pocket in full. Healthcare operations include many oversight functions, such as quality assessment, credentialing, and business management. For example, we may disclose protected health information to licensing officials in obtaining or renewing our professional licenses.

We may use or disclose protected health information without your written consent or authorization for (to):

- Requirements by law
- Persons subject to Food and Drug Administration Regulations
- Employers relating to workplace or work-related illness (with notice to patient)
- Health oversight agencies
- Subpoena, discovery request, or other lawful process (with notice or protective order)
- Coroners and medical examiners
- Organ donation purposes
- Avert serious threat to health or safety
- National security and intelligence activities
- Department of State medical suitability determinations
- Eligibility for public benefits
- Public health authority
- Person exposed to a communicable disease
- Government authority about victim of abuse, neglect or domestic violence
- Order of court or administrative tribunal
- Law enforcement purposes
- Funeral directors
- Research purposes
- Military and veterans activities
- Protective services

We may use or disclose protected health information without your written consent or authorization for certain purposes unless you object. The following is a brief description of these purposes for which you have an opportunity to object:

- Directory of individuals in facility, limited to name, location in facility, condition in general terms, and religious affiliation (disclosed only to clergy);
- Family members and person responsible for care;
- Disaster relief purposes.

Except as otherwise stated in our Notice of Privacy Practices, we will use and disclose your protected health information only with your written authorization, and you may revoke any such authorization at any time. The following uses or disclosures of protected health information require your written consent or authorization:

- The sale of protected health information requires authorization
- Uses or disclosures of protected health information for marketing purposes requires authorization.

You have the following rights with respect to your protected health information:

- You have the right to request restrictions on certain uses and disclosures of protected health information, but we are not required to agree to your requested restrictions;
- You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations;
- You have the right to inspect and copy protected health information, subject to charges for the costs of copying, mailing, or other supplies associated with your request;
- You have the right to amend protected health information.
- You have the right to obtain a paper copy of this Notice of Privacy Practices, if this notice was furnished electronically.
- You have a right to be notified when a breach of your unsecured protected health information has occurred.

You may exercise any of these rights by forwarding a written request to: Chief Privacy Officer, 901 Gause Blvd., 2nd floor, Slidell, LA 70458. If you request an amendment to protected health information, you must also include a written reason to support the requested amendment.

You may complain to us or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, you must forward a written statement describing the acts of omissions believed to be in violation of your rights to: Chief Privacy Officer, 901 Gause Blvd., 2nd floor, Slidell, LA 70458. We will not retaliate against you for filing a complaint. For further information, please contact: Chief Privacy Officer, 901 Gause Blvd., 2nd floor, Slidell, LA 70458 or view the information provided by the Office of Civil Rights at <http://www.hhs.gov/ocr/hipaa>.