

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC.

NOTICE OF PRIVACY PRACTICES

In compliance with Federal Law, Effective: April 14, 2003

This notice describes how Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the Organization's practices and that of:

- All employees, staff, volunteers, contractors and other personnel.
- All departments and units of the organization.
- Any member of a volunteer group we allow to help you while you are in our care.
- Any physician or allied health professional who is a member of the Medical Staff and involved in your care.
- All entities, sites and locations will follow the terms of this notice. When this notice refers to "we" or "us", it is referring to the following entities, sites and locations. In addition, these entities may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

St. Mary's Imaging, St. Agnes Breast Center, Lourdes Home health, Lourdes Apothecary Pharmacy, Acadiana Heart Institute, Northside High Clinic, Scott Family Clinic, KidMed, Lourdes lab at Cedars MOB, St. Bernadette Clinic, all Lourdes owned physician practices, Lourdes skilled nursing facility, Lourdes Rehabilitation unit, Lourdes Research and Grants Department and Lourdes Medical Staff (for hospital care only) who have chosen to participate in the Organized Healthcare Arrangement.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our organization, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Physicians who are not employed by the Organization may have different policies or notices regarding the use and disclosure of your health information created in the physician's office or clinic.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide

your treatment, and will use and disclose your protected health information for treatment, payment and healthcare operations when necessary.

HOW WE MAY DISCLOSE MEDICAL INFORMATION ABOUT YOU

In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. The following categories describe these different circumstances. For each category of uses or disclosures we will explain what we mean and list an example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as medications, lab work and x-rays.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.

FOR HEALTH CARE OPERATIONS

We may use and disclose health information about you for our day-to-day operations and functions. For example, we may we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at our organization. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

APPOINTMENT REMINDERS

We may contact you as a reminder that you have an appointment for treatment or medical care at our organization.

TREATMENT ALTERNATIVES

We may contact you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES

We may contact you about health-related benefits or services that may be of interest to you.

FUNDRAISING ACTIVITIES

We may contact you as part of our effort to raise funds for our Organization. All fundraising communications will include information about how you may opt out of future fundraising communications.

RESEARCH

Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave the hospital.

AS REQUIRED BY LAW

We will disclose health information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERAN

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS

We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report to state and federal tumor registries;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAW ENFORCEMENT

We may release medical information if asked to do so by a law enforcement official:

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

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death. We may also release health information about patients of the organization to funeral directors as necessary to carry out their duties.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for 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.

We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

HOSPITAL DIRECTORY

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS:

You have the following rights regarding health information we maintain about you:

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the **Privacy and Data Security Coordinator of Our Lady of Lourdes, 611 St. Landry Street, Lafayette, LA 70506**. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request communications, you must make your request in writing to the **Privacy and Data Security Coordinator of Our Lady of Lourdes, 611 St. Landry Street, Lafayette, LA 70506**. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

RIGHT TO INSPECT AND COPY HEALTH INFORMATION

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act.

Despite your general right to access your Protected Health Information, access may be denied in limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonable be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Medical Records Department, 611 St. Landry Street,**

Lafayette, LA 70506. If you request a copy of the information, in accordance with LA state law, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request.

RIGHT TO REQUEST AMENDMENT

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Organization.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

To request an amendment, your request must be made in writing and submitted to the **Director of Medical Records of Our Lady of Lourdes, 611 St. Landry Street, Lafayette, LA 70506.** In addition, you must provide a reason that supports your request.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" made during the six-year period preceding the date of your request.

However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003) (viii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known) and a brief description of the information disclosed and the purpose of the disclosure.

To request this list or accounting of disclosures, you must submit your request in writing **to the Medical Records Department of Our Lady of Lourdes, 611 St. Landry St., Lafayette, LA 70506.** Your request must state a time period. Your request should indicate in what form you want the

list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice.

You may obtain a copy of this notice at our website, <http://www.lourdesrhc.com>

To obtain a paper copy of this notice, contact the **Privacy and Data Security Coordinator at (337) 289-2825**.

OUR DUTIES

- We are required by law to make sure that health information that identifies you is kept private;
- We are required to provide you this Notice of our legal duties and privacy practices; and
- We are required to follow the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and at our facility, and will be available from us upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with us, please contact the **Patient Representative of Our Lady of Lourdes, 611 St. Landry Street, Lafayette, LA 70506; (337) 289-2810**. All complaints must be submitted in writing. You will not be penalized for filing a complaint in good faith.

CONTACT INFORMATION

You may contact the **Privacy and Data Security Coordinator of Our Lady of Lourdes, (337) 289-2825** for further information about the complaint process or for further information about this document.