

SOUTH LAKE SURGERY CENTER

Notice of our Health Information Practices

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

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents. All of this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner of the facility that compiled it, the information belongs to you. You have the right to:

- Inspect and obtain a copy of your health record (1). To do that, you must request the information in writing.
- Request that your health information be amended when you believe it is incorrect or incomplete (2). To do that, you must submit the information that you feel is correct in writing.
- Request a restriction on certain uses and disclosures of your information (3), although we are not required to agree to those restrictions. To do that, you must request the information in writing.
- Obtain an accounting of disclosures of your health information (4). To do that, you must request the information in writing.
- Receive your health information through a reasonable alternative means or at an alternative location (5). To do that, you must request the information in writing.

(1) As provided in R.S. 40:1299.96 and 45 CRF 164.524

(2) As provided in 45 CFR 164.528

(3) As provided in 45 CFR 164.522

(4) As provided in 45 CFR 164.528

(5) As provided in 45 CFR 164.522

Our Responsibilities: This organization is required by law to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your consent or authorization except as provided by law or described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the new version available to you upon request.

For More Information or to Report a Problem

If you have a question, you may contact the Privacy Officer of the Health Information Management Department at (985) 359-6694. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations

Pursuant to law and the consent form which you have signed:

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer to obtain payment for your healthcare services. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies and other organizations, as is necessary to collect for services rendered.

We will use your health information for regular healthcare operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may also use or disclose, as needed, your protected health information in order to train medical and nursing students. Additionally, we may have to call you by name in a waiting room when it is your turn to be treated.

Required by law. As required by law, we may use and disclose your health information.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the radiology and laboratory testing, collection agencies, transcription services used to type your medical reports, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, and general condition for directory purposes. This information may be provided to people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Judicial and administrative proceedings: We may disclose your health information in the course of any administrative or judicial proceedings.

Deceased person information: We may disclose your health information to coroners, medical examiners, and funeral directors.

Public safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized government functions: We may disclose your health information for military and national security.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose certain health information for law enforcement purposes as required by law or in response to a valid subpoena.

Change of ownership: In the event that this organization is sold or merged with another organization, your health information will become the property of the new owner.

Other disclosures: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Patient is hereby being provided with a copy of the Notice of Privacy Practices and has signed an acknowledgement of the same.

Effective Date: June 17, 2003