



NOTICE OF OUR PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH & MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

YOUR HEALTH INFORMATION

Each time you visit our facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for your future care or treatment. It may also contain correspondence, billing information, and other administrative documents. This information, which is referred to as your health information in this Notice, often serves as a:

- Basis for planning your care and treatment
- Means of communicating 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 were actually provided;
- Tool in educating health professionals;
- Source of information for public health officials and data for medical research;
- Source of data for facility planning and marketing; and
- Tool with which we can assess and continuously work to improve the care we render and the outcomes we achieve.

Understanding what is in your medical record and how it is used and disclosed can help you to ensure its accuracy, understand who has access to it, and make more informed decisions when authorizing its uses and disclosures.

OUR LEGAL DUTY

This Notice takes effect September 01, 2013 and reflects all changes to the omnibus regulations issued by the HHS and OCR since originally issued April 14, 2003. As your health care facility, we know that you value the privacy and confidentiality of your health information that may identify you. This

health information includes health care services that are provided to you, payment for those health care services or other health care operations provided on your behalf. We are also required by applicable federal and state law to maintain the privacy of your health information and to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this effect until we replace it.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this Notice of Privacy Practices. This Notice describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this Notice. We do, however, reserve the right to change our privacy practices and the terms of this Notice, and to make the new Notice provisions effective for all health information that we maintain. Any changes to this Notice will be posted in our agency offices and on our agency web site. We will also provide you with an updated copy at a future visit following the change(s). You may request a paper or electronic copy of our Notice at any time.

For more information about our privacy practices, or for additional copies of this Notice, please contact our:

Privacy Officer
1717 St Charles Avenue
New Orleans, LA 70130
Phone 504-529-6600
Fax 504-529-6691
Email: privacy@scsh.com

All notices, requests and other communication under this Notice must be sent to this address.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We will have the right to use and disclose your health information for your treatment, to obtain payment from you, for healthcare operations, and in the other general use and disclosure categories described below. Please note that not all uses or disclosures within these categories are described specifically. However, all of the circumstances in which we are permitted to use and disclose your health information will fall within one of these listed categories.

Treatment

St Charles Surgical Hospital may use or disclose your health information, as needed, in order to provide, coordinate, or manage your health care and related services. This includes sharing your health information with other health care providers, both within and outside this agency, regarding your treatment when we need to coordinate and manage your health care.

Example: We may share your health information with doctors, nurses and other health care personnel who are involved in providing your health care. For example, we need to provide our x-ray technician enough information about your health status so that the technician will know which part of the body to x-ray. If your x-ray reveals a broken bone, and your doctor determines that you should be referred to a specialist, your doctor

will disclose information about you to the specialist to assist the specialist in providing appropriate care to you. Disclosing your health information to another health care provider would be especially important if your doctor knew you had allergic reactions to particular substances that could be life threatening. So sharing your health information with another health care provider is essential for your protection and quality care.

Payment for Services

St Charles Surgical Hospital may use and disclose your health information to obtain payment for services we provide to you, including disclosure to your insurer, health plan, or any other third party that may be responsible for paying any part of your bill, to any billing company that we may use, or to any collection agency, attorney, credit reporting agency, or anyone that we may hire to assist us in obtaining this payment. We may also tell your health plan or insurer about treatment that you are going to receive to obtain prior approval of it or to determine whether your plan or insurer will cover the intended treatment. We may also share your health information with facility staff who reviews client services to make certain you have received appropriate care and treatment.

Health Care Operations

St Charles Surgical Hospital may use or disclose your health information in connection with our healthcare operations, including the evaluation of the care and outcome in your case and others like it. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. Review the care you receive here and evaluating the performance of your health care team to ensure you have received quality care.

Family and Friends

We, using our 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. Without limiting this statement, we may use or disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or your death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays or other similar forms of health information.

Other Circumstances

St Charles Surgical Hospital may use and/or disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

Required by Law:

We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect:

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Disclosure if Armed Forces or Inmate: Security Circumstances:

We may disclose your health information to military authorities under certain circumstances if you are a member of the Armed Forces, and we may disclose your health information to a correctional institution or law enforcement official if you are an inmate or in custody. We may disclose to authorized federal officials health information required or for lawful intelligence, counterintelligence, and other national security activities. We may also disclose your health information to law enforcement officials under certain circumstances.

Lawsuits or Disputes:

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute, except to the extent that you have obtained an order protecting the information requested.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Public Health:

Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Descendents:

We may disclose your health information to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation:

Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research:

We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety

Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions; Public Health:

Your health information may be disclosed for specialized government functions such protection of public officials. We may disclose certain health information for law enforcement purposes as required by law or in response to a valid subpoena.

FDA:

We may disclose to the FDA health information that is relevant to adverse events that have occurred with respect to food, supplements, products, and product defects, or to post marketing surveillance, to enable product recalls, repairs, or replacement.

Change of Ownership:

If we are sold or merged with another entity, your health information will become the property of the new owner and will be disclosed to the new owner in connection with this sale. Your health information may also be disclosed to a prospective new owner and its accountants and attorneys in anticipation of a sale, even if a sale does not ultimately occur, but we will require any prospective new owner and its accountants and attorneys to execute the same agreement that must be signed by our business associates.

Workers Compensation:

Your health information may be used or disclosed in order to comply with laws and regulation related to Workers Compensation.

Facility Directory:

We may include certain limited information about you in our facility directory while you are a patient. This information may include your name, your location in our facility, your general condition (e.g. in surgery, out of surgery, recovering, fair, stable, etc) and your religious affiliation. The directory information, except for your religious affiliation, may also be disclosed 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 do not ask for you by name. This is to permit your family, friends, and clergy to visit you and generally know how you are doing. This information will be disclosed unless you specifically object, either in the admission consent for, or otherwise in writing to our Privacy Officer.

Business Associates:

There are some services that we provide through contacts with business associates. Examples include laboratory testing, accounting and billing, and copy services when we make copies of your health records. When these services are contracted, we may disclose your health information to our business associates so that they can perform their job and bill you or your third-party payer for these services. To protect your health information, however, we require the business associate to safeguard your health information appropriately.

Your Authorization:

In addition to our use of your health information for treatment, payment or healthcare operations, your specific authorization is required for us to a) disclose psychotherapy notes, other than for treatment, payment, or healthcare operations purposes; b) disclose your health information for marketing or fundraising purposes; and c) a disclosure of your health information that constitutes

a sale of your health information. You may give us written authorization to use your health information or to disclose it to anyone for any other purpose not specifically mentioned in this notice. If you give us an authorization, you may revoke it at any time by a written revocation delivered to our Privacy Officer. Your revocation will not be effective until after we have received your revocation, and it will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

PATIENT RIGHTS

Access: You have the right to inspect and get copies of your health information, with limited exceptions (psychotherapy notes are an example of an exception). You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. To inspect and copy your health information, you must submit your request in writing to our Privacy Officer provided at the end of this notice. If you request a copy of your health information, we may require you to pay a fee to cover the costs of satisfying your request, as allowed by state law. You may contact our Privacy Officer for a schedule of our current fees. We may deny your request to inspect and copy in limited circumstances. If you are denied access to your health information, you may make a written request to the Privacy Officer that your denial be reviewed. The Privacy Officer will forward your review request to another licensed health care professional that we have chosen to review your request and the denial. The person conducting the review will not be the person that denied your initial request. We will comply with the outcome of the review.

Disclosure Accounting:

You have the right to receive an accounting of “non-routine” disclosures. This is a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. Examples of “non-routine” disclosures are disclosures for research, pursuant to a subpoena, or to public officials when required by law. To request this accounting, you must submit to the Privacy Officer a written request for the accounting, stating a time period, which may not be longer than (6) years, and may not include dates before April 14, 2003. The first accounting that you request in a 12-month period will be free. If you request this accounting more than once in a 12-month period, we may charge you the cost of providing the accounting. We will notify you of this cost, and you will have an opportunity to withdraw or modify your request at that time before this cost is incurred.

Breach Notification:

In the event of any Breach of Unsecured Protected Health Information protected by HIPAA by SCSH (or one of our Business Associates), SCSH will fully comply with the Breach notification requirements under federal law (HIPAA, HITECH, and amendments thereto), which will include notification to you of any impact that Breach may have had on you and/or your family member(s) and actions that SCSH undertook to minimize any impact of the Breach may or could have on you.

Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your health information. You also have the right to request a limit on the health information that we disclose about you to a person that is involved in your care or payment for your care, such as a family member or friend. However, with one exception, *we are not required to agree to these restrictions*. To be binding, your consent must be in writing and signed by our Privacy Officer. If we do agree in writing to some or all of your requested restrictions, we will comply with your request unless the health information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided. In your request, you must tell us (1) what health information you want to limit, (2) whether you want to limit our use or our disclosure of this information, or both, and (3) the persons to whom you wish these limits to apply. As discussed above, there is one request to limit disclosure of your health information that we must agree to, if you request us to do so. Specifically, if you pay us in full for an item or service, then we must agree to your request not to disclose your health information related to that item or service to your health plan, if our reason for disclosure was to obtain payment or for health care operations purposes.

Specified Methods of Communication (Confidential Communications):

You have the right to request that we communicate with you about your health information and other medical matters in a certain way or at a certain locations. To request a certain method or relocation of communications, you must make your request in writing to the Privacy Officer, and your request must specify how and where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all requests that we consider reasonable. However, in your request, you must provide a satisfactory explanation of the way in which payments will be handled under the alternative means or location of communications that you have requested.

Amendment:

If you believe that the health information that we have about you is incomplete or incorrect, you have the right to request that we amend your health information to correct or complete it. To request an amendment, you must submit a written request to the Privacy Officer for this amendment, stating a reason that supports your request. We may deny a request if you ask us to amend health information that (i) was not created by us (unless reasonable proof exists that the person that created the information is no longer available to make the amendment); (ii) is not part of the health information kept by or for us; (iii) is not part of the health information that you would be permitted to inspect and copy (for example, psychotherapy notes); or (iv) is otherwise accurate and complete. We are also not required to amend health information that we no longer keep.

Electronic notice:

If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice on request at the time of admission or the Privacy Officer.

How to Review St Charles Surgical Hospital's Notice of Privacy Practices:

You may review St Charles Surgical Hospital's Notice of Our Privacy Practices and related forms by going to www.scsch.com and looking for the HIPAA Privacy Policy Link. You may also contact the Privacy Officer at the address listed at the end of this notice.

COMPLAINTS

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we have made about access to your health information or in response to a request you have made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a written complaint with our **Privacy Officer** at:

1717 St Charles Avenue
New Orleans, LA 70130
Phone 504-529-6600
Fax 504-529-6691
Email privacy@scsh.com

You may also submit a written complaint to the Secretary of the Department of Health and Human Services. We will provide you with the address at which to file your complaint with the U.S. Department of Health and Human Services upon request. All complaints must be submitted in writing.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.