



NOTICE OF PRIVACY PRACTICES

IMPORTANT: THIS NOTICE OF PRIVACY PRACTICES 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 Date: September 23, 2013

Revision Date: March 5, 2018

OUR PROMISE

We understand that health information about you is personal and we are committed to maintaining the privacy of your health information. We create a record of the care you receive to assure quality of care, to bill for services rendered, and to comply with legal requirements. This Notice applies to the records we use to make decisions regarding your care. We are required by law to:

1. Keep your health information private;
2. Provide you a description of our privacy practices; and
3. Follow the terms of the Notice of Privacy Practices.

CHANGES TO THIS NOTICE

We may revise or change this Notice at any time. Changes will apply to health information we already hold, as well as new information acquired or created after the change. The new notice will be available upon request and on our website (www.scp-health.com).

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The following categories describe different ways that we may use and disclose your health information without your written authorization. For each category of uses or disclosures, we provide an explanation and give some examples. 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.

1. **For Treatment:** We may use medical information about you to provide you with medical treatment and to coordinate and manage your care. We may disclose medical information about you to doctors, nurses, medical students, or other Hospital personnel who are involved in taking care of you. For example: emergency services, medical transportation providers, medical equipment providers, and other healthcare facilities involved in your care.
2. **For Payment:** We may use and disclose medical information about you to your insurance company in order to bill and be paid for the treatment you receive. We may also tell your health plan about a treatment you are going to receive and other relevant information about your health to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Health Care Operations:** We may use and disclose medical information about you to conduct business management and general administrative activities related to our organization and the services it provides. These uses and disclosures are necessary to run the Hospital and our organization and work to provide quality care of our patients. We may also use and disclose health information:
 - a. To business associates we have contracted with to perform the agreed upon service and bill for it;
 - b. To remind you that you have an appointment for medical care;
 - c. To assess your satisfaction with our services;
 - d. To tell you about possible treatment alternatives;
 - e. To tell you about health-related benefits or services;
 - f. To contact you as part of fundraising events, unless you elect not to receive such communications;
 - g. To inform funeral directors consistent with applicable law;
 - h. When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voicemail.
4. **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. Please note that even if you object, we may still share information as necessary under emergency

circumstances. If you would like to object to our use or disclosure of medical information about you in the above circumstances, please advise our Privacy Officer.

5. **Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.
6. **As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law or judicial or other administrative proceeding, including but not limited to:
 - a. Food and Drug Administration
 - b. Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
 - c. Correctional Institutions
 - d. Workers Compensation Agents
 - e. Military Command Authorities
 - f. Health Oversight Agencies
 - g. Funeral Directors, Coroners and Medical Directors
 - h. National Security and Intelligence Agencies
 - i. Protective Services for the President and Others
7. **Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
8. **For Judicial or Administrative Proceedings:** We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.
9. **State-specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

For any category of use or disclosure that is not described above or authorized by law, we must obtain your written authorization. If you give written authorization; you may revoke it at any time by submitting a written revocation to the Privacy Officer Your revocation will be effective except to the extent that we have already acted upon it.

We will obtain your written authorization in the following instances:

1. **Highly Sensitive Information.** Federal and state law may require us to obtain your written authorization to disclose highly sensitive health information under certain circumstances. Highly sensitive health information is health information that is: (1) in a therapist's psychotherapy notes; (2) about mental illness or developmental disabilities; (3) in alcohol and drug abuse treatment program records; (4) in HIV/AIDS test results; (5) about genetic testing; or (6) sexual assault. Sometimes the law even requires us to obtain a minor patient's authorization to disclose this highly sensitive information to a parent or guardian.
2. **Research.** If required by law we will obtain your written authorization before using or disclosing your health information for research purposes.
3. **Marketing.** We will obtain your written authorization before using patient information about you to send you any marketing materials. However, we may provide you with marketing materials in a face to face encounter or give you a promotional gift of minimal value without your authorization. We may also communicate with you about products or services relating to your treatment, care settings or alternative therapies without your written authorization.
4. **Communication for Appointment Reminders and Treatment Alternatives.** We will obtain your authorization prior to contacting you about appointment reminders and treatment alternative if we are receiving payment for such communication.
5. **Sell of PHI.** We are required to obtain your prior written authorization prior to sending communications about non-health related products/services or to give/sell your PHI.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

1. **Inspect and Copy.** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes. We may deny your request to inspect a copy in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Your request to inspect and obtain a copy of your health information must be given in writing to the Privacy Officer. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request to the extent permitted by state law.
2. **Amend:** 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 facility. Any request for an amendment must be sent in writing to the Privacy Officer. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
3. **An Accounting of Disclosures:** You have the right to request a list of the disclosures we have made of medical information about you for purposes other than treatment, payment or health care operations where authorization was not required. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer.
4. **Request Restrictions:** You have the right to request restrictions of your medical information we use or disclose for treatment, payment or health care operations as indicated above. You also have the right to request a limit on the medical 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.

To request restrictions, you must make your request in writing to the Privacy Officer. 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.

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. We are required to agree to your request only if (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not

treatment), and (2) your information pertains solely to health care services for which you have paid in full.

5. **Request Confidential Communications:** You have the right to request how and where we may contact you regarding medical matters. You also have the right to limit the amount of health information we disclose about you to someone who is involved in your care or the payment of your care. For example, you may request that we mail appointments to your work address rather than your home address. We will accommodate reasonable request for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written requests includes a mailing address where the individual receives bills for services rendered and related correspondence regarding payment for services.
6. **Disclosures to Health Plan:** You have the right to restrict disclosure of your health information to your health plan when you pay out of pocket in full for your health care item or services provided to you.
7. **Breach Notification:** You have the right to be notified should your health information become compromised due to inappropriate access, use or disclosure of your health information.
8. **Copy of This Notice:** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. This notice is also available on our website and is posted in the Hospital.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. You cannot be denied treatment or retaliated against for filing a complaint.

Attn: Kathy Boone, Privacy Officer
200 Corporate Blvd, Suite 201
Lafayette, LA 70508
800-893-9698 Ext. 1225
337-609-1225
Compliance Hotline: 1-877-778-5463