

## **PART 4: Notice of Privacy Practices (KEEP FOR YOUR RECORDS)**

**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.** This Notice of Privacy Practices is adopted to ensure that **PEDIATRIC CARDIOLOGY ASSOCIATES OF LOUISIANA, INC. ("PCA")** fully complies with all federal and state privacy protection laws and regulations, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). PCA is required by law to provide its patients with a copy of this Notice of Privacy Practices. This Notice of Privacy Practices shall become effective as of May 1, 2013, and shall remain in effect until it is either amended or cancelled.

If you have any questions or comments concerning this notice, you should contact the Chief Privacy Officer, c/o PCA, 7777 Hennessy Blvd., Suite 103, Baton Rouge, Louisiana 70808, by mail or by telephone at 225-767-6700. For the purposes of this notice, "HHS" shall mean the United States Department of Health and Human Services and "Health Information", "Protected Health Information" or "PHI", shall mean, certain Individually Identifiable Health Information, as defined in 45 C.F.R. § 164.501 of the Privacy Standards.

Information Collected. In the ordinary course of business, PCA may receive certain personal information about a patient and we will create a record of the care and/or services provided to the patient by PCA. Some of the information also may be provided to us by other individuals or organizations that are part of the patient's "circle of care", such as a patient's referring physician, other doctors, health plan, family members, hospitals or other health care providers.

How PCA May Use or Disclose a Patient's PHI. PCA collects PHI from the patient and stores it in an account file. This is the patient's medical record. The medical record is the property of PCA, but the information in the medical record belongs to the patient. In the event that PCA is sold or merges with another organization, the patient's PHI will become the property of the new owner. PCA protects the privacy of the patient's PHI. It is the policy of PCA that PHI may not be used or disclosed unless it meets one of the following conditions:

**Treatment.** PHI may be transmitted to various departments within our organization, the patient's referring physician and other entities associated or involved in the patient's treatment. This information may also be disclosed to the patient's physicians in association with the patient's treatment including but not limited to any physical therapy or home health entities.

**Payment.** PCA will collect billing information from the patient such as the patient's present address, social security number, date of birth, health insurance carrier, policy number and any other related billing information. PCA may disclose to the patient's health insurance provider, Medicare, Medicaid, or other payer of health care claims the minimum amount necessary of the patient's PHI in order to process the patient's health insurance claim.

**Health Care Operations.** PCA may disclose the patient's healthcare information to physicians, medical assistants, nurses, nurse practitioners, assistants, radiology personnel, MRI technologists, billing clerks, administrative staff and other employees involved in the patient's healthcare treatment and physician.

Authorization. PCA may disclose the patient's healthcare information if the patient, who is the subject of the information, through a written authorization, has authorized the use or disclosure of the information. This authorization may be revoked by the patient providing PCA with a written revocation of said authorization. Without the patient's authorization, PCA may not disclose the patient's psychotherapy notes. PCA may also not use or disclose the patient's PHI for marketing and may not sell the patient's PHI. PCA may disclose the patient's healthcare information if patient, who is the subject of the information, does not object to the disclosure of their PHI to persons involved in the health care of the individual or for facility directory purposes.

Notification and communication with family. We may disclose the patient's PHI to notify or assist in notifying a family member, the patient's personal representative or another person responsible for the patient's care about the patient's location, their general condition, or in the event of the patient's death. If the patient is able and available to agree or object, we will give the patient the opportunity to object prior to making this notification. If the patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communication with the patient's family and others. It is the policy of PCA that a voice mail or answering machine message may be left at a patient's home or other number the patient provides to PCA regarding appointments, billing or payment issues, or other PHI, related to treatment, payment or health care operations.

As Required by Law. It is the policy of PCA that we may use and disclose a patient's PHI as required by applicable law including to public health authorities for public safety purposes such as preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. We may disclose a patient's PHI as required by law to health agencies during the course of audits, investigations, inspections, licensure, and in the course of any administrative or judicial proceeding and to law enforcement officials for national security,

identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and/or for other law enforcement purposes. We may also disclose a patient's PHI to coroners, medical examiners and funeral directors and to organizations involved in procuring, banking or transplanting organs and tissues. We may disclose a patient's PHI to researchers conducting research that has been approved by an Institutional Review Board or PCA's Board of Directors. We may disclose a patient's PHI as necessary to comply with worker's compensation laws. It is the policy of PCA that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of PHI within this organization. It is also the policy of PCA that all personnel cooperate fully with all privacy compliance review and investigations.

Fundraising. We may use certain information (name, address, telephone number or email information, age, date of birth, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for fundraising purposes and you will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at PCA.

Notice of Privacy Practices and Breach Notification. It is the policy of PCA that privacy practices must be published and that all uses and disclosures of PHI are done in accordance with PCA's privacy policy. PCA is required by law to abide by the terms of its Notice of Privacy Practices. It is the policy of PCA that privacy protections extend to information concerning deceased individuals. If there is a breach (an inappropriate use or disclosure of the patient's PHI that the law requires to be reported) PCA must notify the patient of said breach.

Restriction Requests. The patient has the right to request restrictions on certain uses and disclosures of their PHI. The patient may do so by completing PCA's form entitled "Restrictions". PCA is not required to agree to the restriction that the patient requests. If a particular restriction is agreed to, PCA is bound by that restriction. If a patient pays for a specific health product or service out of pocket, the patient has the right to request that PCA not disclose their information to their insurer. Such a request can also be made in writing by completing PCA's form entitled "Restriction" and checking the particular box indicating that the service or product was paid for by the patient. If such a request is made PCA must agree with your request.

Minimum Necessary Disclosure. It is the policy of PCA that it shall make reasonable efforts to limit the disclosure to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of PCA that all requests for PHI must be limited to the minimum amount of information needed to accomplish the purpose of the request. Any unauthorized use or disclosure of PHI be mitigated (to decrease the damage caused by the action) to the extent possible.

Access to Information. It is the policy of PCA that the patient has the right to inspect and copy their PHI. It is PCA's policy that access to PHI must be granted to a patient when such access is requested. Such request shall be submitted in writing by completing PCA's request form entitled "Request for Inspection and/or Copy of Protected Health Information". Patients have the right to receive their PHI through a reasonable alternative means or at an alternative location. Confidential communication channels can be used within the reasonable capability of PCA, (i.e. do not call me at work, call me at home) as requested by the patient. Such request shall be made in writing by completing PCA's form entitled "Confidential Channel Communication Request." Costs associated with the copying of any PHI shall be in accordance with applicable state and federal law. It is the policy of PCA that access to PHI must be granted to a patient's designated personal representative as specified by the patient when such access is requested and authorized by the patient. This designation of a personal representative must be made in writing by completing PCA's form entitled "Designation of Personal Representative."

Amendment of Incomplete or Incorrect Protected Health Information. It is the policy of PCA that a patient has a right to request that PCA amend their PHI that is incorrect or incomplete. PCA is not required to change a patient's PHI and will provide the patient with information about PCA's denial and how the patient can disagree with the denial. A request to amend a patient's PHI shall be made in writing by completing PCA's form entitled "Request for Amendment of Health Information."

Accounting of Disclosures. It is the policy of PCA that an accounting of disclosures of PHI made by PCA is given to the patient whenever such an accounting is requested in writing. The patient has a right to receive an accounting of disclosures of their PHI made by PCA. Such written request for an accounting shall be made by completing PCA's form entitled "Request for Accounting of Disclosures".

Prohibited Activities. PCA is prohibited from using or disclosing a patient's PHI that is genetic information (information about genetic tests or genetic illnesses of the patient or their family members) for the purposes of eligibility, continued eligibility, enrollment, determination of benefits, computing premium or contribution amounts, pre-existing condition exclusion, or other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. It is the policy of PCA that no employee may engage in any intimidating or retaliatory acts or actions against any person who files a complaint or otherwise exercises their rights under HIPAA regulations. It is also the policy of PCA that no disclosure of PHI will be withheld as a condition for payment for services from the patient or from an entity.

Complaints. It is the policy of PCA that all complaints by employees, patients, providers or other entities relating to PHI be investigated and resolved in a timely fashion. Complaints about this Notice of Privacy Practices or how PCA handles a patient's PHI should be directed to: **Chief**

**Privacy Officer, PCA, 7777 Hennessy Blvd., Suite 103, Baton Rouge, Louisiana, 70808.** If a patient is not satisfied with the manner in which this office handles a complaint, the patient may submit a formal complaint to: **Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC, 20201.**

Changes to this Notice. PCA reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, PCA is required by law to comply with this notice. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Chief Privacy Officer of PCA.