

## Notice of Privacy Policy for Fertility & Women's Health Center of Louisiana, LLC (FWHCLA)

To Our Patients:

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal, medical information confidential. A recent law change requires us to disclose our Privacy Policy to you and describe how medical information about you may be used and disclosed. In addition, the policy will explain how you can obtain access to this medical information. We hope that by taking a few moments to read our policy, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure. Please review it carefully.

If you have any questions about any part of this Privacy Policy or if you would like more information about the privacy practices at Fertility & Women's Health Center of Louisiana, LLC, please contact:

Practice Manager  
(337) 989-8795

Fertility & Women's Health Center of Louisiana, LLC collects protected health information from you, the patient. "Protected health information" is information about you which may include demographic information, health information, etc. and relates to your past, present, or future physical or mental health condition(s) and related health care services. This protected health information is obtained and stored in a medical chart and/or within our medical computer software. This is "your" medical record. The medical record is the property of FWHCLA, but the information in the medical record belongs to you. This Notice of Privacy describes how FWHCLA may use and disclose your protected health information to carry out treatment, payment, or health care operations, as well as, for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

FWHCLA is required to abide by the terms of this Notice of Privacy. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time.

Upon your request, we will provide you with any revised Notice of Privacy by your accessing our website ([fwhcla.com](http://fwhcla.com)), calling the office and speaking with the HIPAA officer, or requesting the copy by mail.

This Notice of Privacy was published and becomes effective on April 14, 2003.

### **I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

#### **Uses and Disclosures of Protected Health Information Based Upon your Written Consent**

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment, and health care operations by signing the consent form, your physician will disclose your protected health information as described in Section I. Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**TREATMENT:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We may disclose protected health information about you to physicians, nurses, technicians, or other personnel who are involved in taking care of you. They may work at our office, at the hospital if you are hospitalized under our supervision, or at another physician's office, laboratory, pharmacy, or other health care provider to whom we may refer you for consultation, perform laboratory testing, to have prescriptions filled, or for other treatment purposes. For example, we would disclose your protected health information, as necessary, to a home health agency that would provide care to you. We would also disclose your protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom we referred you in order to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information to a specialist physician, laboratory, pathologist, etc. who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. We may also 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.

**PAYMENT:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party (i.e. attorney). This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you. For example, if an insurance company needs to make a determination of eligibility or coverage for insurance benefits, review services provided to you for medical necessity, and undertake utilization review activities. An example could be, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the insurance carrier in order to receive approval for the hospital admission. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**HEALTH CARE OPERATIONS:** Your protected health information may be used or disclosed in order to support the business activities of your physician's practice. These uses and disclosures are necessary to run our practice and make sure that all our patients receive quality care. These

activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, study/research purposes, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical students that see patients at our office. In addition, we may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (transcription services, electronic transmission of insurance claims, etc.) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment options or alternatives or other health-related benefits and services that may be of interest to you. We may disclose your protected health information if outside storage facilities are utilized. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our HIPAA officer to request that these materials not be sent to you.

We may use or disclose your protected health information about you for study/research purposes. For example, a research project may involve comparing the health and recovery of certain patients who received a particular medication to those who received another kind of medicine for the same medical condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' needs for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process; but we may disclose health information about you to people preparing to conduct a research project.

#### **Uses and Disclosures of Protected Health Information Based Upon your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's office has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Other permitted and Required Uses and Disclosures That May Be Made with your Consent, Authorization, or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others involved in your healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person **you identify**, your protected health information that directly relates to that person's involvement in your health care. If you are unable or unavailable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication barriers:** We may use or disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

#### **Other Permitted and Required Uses and Disclosures That May be Made Without Your Consent, Authorization, or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by law:** As required by law, we may use or disclose your protected health information. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public health:** We may disclose your protected health information for public health activities to a public health authority that is required by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**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.

**Health oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or neglect:** Your protected health information may be disclosed if your physician or another physician believes 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.

**Food and drug administration:** We may disclose your health information to a person or company required by the Food and Drug Administration to report reactions to medications or problems with products.

**Legal proceedings:** Your protected health information may be disclosed in the course of any judicial proceeding, in response to an order of a court. In certain conditions as to a response to a subpoena, legal request, or other lawful process.

**Law enforcement:** We may also disclose protected health information to a law enforcement official for purposes such as identification of locating a suspect, fugitive, material witness, or missing person. Also, we will disclose protected health information to identify or apprehend an individual.

**Deceased person information and organ donation:** We may disclose your protected health information to a coroner, funeral director, or medical examiner for identification purposes, determining cause of death or assisting in their performing of duties. Protected health information may be disclosed to organizations involved in procuring, banking, or transplanting organs and tissues.

**Research:** Your protected health information may be disclosed to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Public safety:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Military activity and National security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities necessary by military command authorities. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

**Worker's compensation:** Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

## **II. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means that you may inspect and obtain a copy of protected health information about you that is contained in a designated record for as long as we maintain the protected health information. This designated record contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. You must submit a request in writing to the HIPAA officer. The patient may be charged with the cost of copying and mailing, or other supplies associated with the request.

La. R.S. 40:1299.96 sets forth the rules under which Louisiana health care providers can typically charge for record requests. The reasonable fees include: 1.) a reasonable copying charge, not to exceed one dollar per page for the first twenty-five pages, fifty cents per page for twenty-six to five hundred pages, and twenty-five cents per page thereafter. 2.) actual postage cost, and 3.) preparation and handling cost not to exceed fifteen dollars for hospitals and seven dollars and fifty cents for other health care providers.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information for use in a civil or criminal proceeding, or information that is subject to law and prohibits access. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our HIPAA officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This allows you to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Policy. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting the request in writing and forwarded to the HIPAA officer.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests, and we may ask you for information as to how payment will be handled or specification of an alternative

address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request. Please make this request in writing to our HIPAA officer.

**You may have the right to have your physician amend your protected health information.** This means that you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of such a rebuttal. Please contact our HIPAA officer to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Policy. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this notice from us.** Upon request, you may receive a paper copy of this Notice of Privacy Policy even if you have agreed to accept this notice electronically.

### **III. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Practice Manager, at (337) 989-8795 for further information about the complaint process.