

# Health Insurance Portability & Accountability Act (HIPAA)

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.



1-866-OCHSNER | [www.ochsner.org](http://www.ochsner.org)

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# Summary

At Ochsner, our policy has always been to safeguard your privacy by keeping your medical information in the strictest confidence. This policy is also mandated by federal privacy laws.

**As your healthcare provider,** Ochsner Health System can only use or disclose your medical information under the following circumstances:

- To internal and external medical personnel who need your information to provide and coordinate your medical care. This includes physicians, nurses, technicians, medical students and other medical personnel.
- To insurance companies for payment.
- To our employees who need your information to conduct and monitor our organization's activities such as improving overall clinic or hospital services.
- To business associates who perform services on behalf of Ochsner.
- To inform and remind you of appointments you have scheduled with us.
- To inform you of treatment alternatives or other health-related benefits and services that may be of interest to you.
- To contact you as part of fundraising efforts for Ochsner.
- To our hospital directory for the benefit of your visitors; if you give us your religious affiliation, it may be shared with a priest, rabbi, pastor or minister.
- To a family member or friend who is involved in your care.
- Under certain circumstances, your medical information may be used for research purposes.
- To comply with federal, state or local law.
- To avert a serious threat to health or safety.
- All other uses and disclosures of your medical information may only occur with your permission, which you have a right to revoke at any time.

**As a patient,** you have the following rights:

- To receive communications about your health information confidentially.
- To request restrictions on the uses and disclosures of your health information.
- To inspect, copy, request amendments and receive an accounting of to whom we have disclosed your health information.
- To request a paper copy of our complete Notice of Privacy Practices, which we are required to provide to you and to follow.
- To file a complaint if you feel your rights have been infringed without fear of penalty from Ochsner or the federal government.
- To a paper copy of this notice.

Ochsner may disclose your medical information to the following entities:

- Funeral directors
- Coroner or medical examiner
- Workers' Compensation programs
- Public health officials
- State and federal agencies charged with oversight of the health care system
- Defense of a malpractice claim or in response to a court or administrative order
- Organ procurement or donation bank if you are an organ donor
- Correctional institutions
- Military authorities
- National security and intelligence agencies
- Law enforcement agencies

## Ochsner's Pledge Regarding Your Medical Information

Your medical information is personal and Ochsner is committed to keeping this information confidential. Maintaining a record of the care and services you receive at the hospital and clinic enables us to provide you with quality care and comply with certain legal requirements. This notice applies to use and disclosure of all your medical records generated in the Ochsner Health System, including our hospitals, clinics and medical staff at Ochsner Medical Center, Ochsner Hospital – Elmwood, Ochsner St. Anne General Hospital, Ochsner Medical Center – Westbank, Ochsner Baptist Medical Center, Ochsner Medical Center – Kenner, Ochsner Medical Center – Baton Rouge and Ochsner Home Health.

In addition, there may be instances where Ochsner will share your protected health information with members of our Organized Health Care Arrangement as allowed under HIPAA regulations and as necessary to carry out treatment, payment or health care operations. These members include patient care settings affiliated with the Ochsner Health System, and all medical staff, employees, volunteers, trainees, students and other personnel providing services as employed by these facilities.

Ochsner Health System may elect to participate in secure statewide or regional health information networks designed and developed to promote healthcare continuity. Your healthcare information may be included in this HIPAA compliant secure network and accessed only by healthcare personnel involved in your healthcare. This type of network will allow for secure and appropriate access to your important healthcare information in the event of a serious disaster or any displacement you may experience in the future.

This notice details the ways in which Ochsner may use and disclose medical information about you, describes your rights and explains certain obligations we have regarding the use and disclosure of your medical information. Additionally, if your doctor is not a member of the physician practice that is owned by Ochsner Clinic Foundation, he or she may have different policies about how to handle your information and a separate notice.

Ochsner is required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

## How Ochsner May Use and Disclose Your Medical Information

Ochsner Health System may use or disclose your medical information for the following reasons:

**Treatment** Ochsner may use your medical information to provide treatment or services. Ochsner may disclose your medical information to doctors, nurses, technicians, medical students or other hospital/clinic personnel who are involved in taking care of you.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to ensure meals are appropriate.

Hospital or clinic departments may share medical information about you to coordinate prescriptions, lab work and x-rays. Ochsner may disclose your medical information to individuals outside the facility who may be involved in your care.

**Payment** Payment Ochsner may use and disclose your medical information to bill for the treatment and services you receive at our facilities and to collect payments from an insurance company, third party or you.

For example, your health plan may require specific information about surgery you received at the hospital to pay Ochsner or reimburse you. Ochsner may also tell your health plan about a treatment you will receive to obtain prior approval or determine whether the treatment is covered by your plan.

**Hospital/Clinic Operations/Home Health** Ochsner may use and disclose your medical information to measure and ensure the quality of hospital/clinic/home health operations.

For example, Ochsner may use medical information to:

- Review treatment and services received to assess the performance of our staff in caring for you
- Combine medical information about multiple hospital or clinic patients to decide which additional services Ochsner should offer, which are not needed and whether certain new treatments are effective
- Educate doctors, nurses, technicians, medical students and other hospital/clinic personnel
- Compare medical information at Ochsner with other healthcare providers to improve the care and services Ochsner offers

Ochsner may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without recognizing the specific patients.

**Business Associates** Associates Ochsner may use and disclose your medical information to business associates who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information.

For example, Ochsner may share your health information with a company that bills for the services we provide.

**Appointment Reminders** Ochsner may use and disclose your medical information to remind You about an appointment for a treatment, service, annual exams or prescription refills.

**Treatment Alternatives** Ochsner may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related Benefits and Services** Ochsner may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities** Ochsner may use and disclose your medical information to Philanthropy so they may contact you in an effort to raise money for our organization. However, Ochsner will only release contact information such as your name, address, age, gender, phone Number and dates you received treatment or services. If you do not want to be contacted for fundraising efforts, you must notify Ochsner's Philanthropy Department in writing.

**Hospital Directory** Ochsner may include certain limited information about you in the hospital directory while you are a patient at the hospital without your authorization unless you object to being included in the directory. This information may include your name, location in the hospital, general condition (e.g., fair, stable, etc.), and religious affiliation (if provided). The directory information (excluding your religious affiliation) may be released to people who ask for you by name so your family and friends can visit you in the hospital and find out how you are doing.

**Individuals Involved in Your Care** Ochsner may discuss medical information about you with a friend or family member who is involved in your medical care. Ochsner may also tell your family or friends your condition and that you are in the hospital. In addition, Ochsner may disclose medical information about you to an entity assisting in a disaster relief effort to inform your family of your condition, status and location.

**Research** Under certain circumstances, Ochsner may use and disclose your medical information for research purposes.

For example, a research project may involve comparing the health and recovery of all patients who received one medication with those who received another for the same condition.

All research projects, however, are subject to a special approval process. This process includes an evaluation to balance research needs with privacy concerns. The research project must be approved before Ochsner will use or disclose any medical information with one exception: your medical information may be disclosed to people preparing to conduct a research project.

For example, information may be needed to identify patients with specific medical needs. This is permitted; however, the medical information must remain within our institution.

**Required By Law** Ochsner will disclose medical information about you when required to do so by federal, state or local law.

For example, Ochsner will release information to comply with the law regarding reporting deaths.

**To Avert a Serious Threat to Health or Safety** Ochsner may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

# Special Situations

**Organ and Tissue Donation** If you are an organ donor, Ochsner may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans** If you are a member of the armed forces, Ochsner may release your medical information as required by military command authorities. Ochsner may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** Ochsner may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks** Ochsner may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To report elder and adult abuse, neglect and/or exploitation;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** Ochsner may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, Ochsner may disclose your medical information in response to a court or administrative order or in the defense of a malpractice claim arising out of care provided by us. Ochsner may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Coroner, Medical Examiners and Funeral Directors** Ochsner may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Ochsner may also release medical information about patients of the hospital to funeral directors as necessary to enable them to carry out their duties.

**Law Enforcement** Ochsner may release your medical information if asked by a law enforcement official for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process;
- Limited information to identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital or clinic; and
- In emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities** Ochsner may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others** Ochsner may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Ochsner may release your medical information to the correctional institution or law enforcement official. This information would be released for the following uses: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) to ensure the safety and security of the correctional institution.



# Your Rights Regarding Medical Information About You

You have the following rights regarding medical information that Ochsner maintains about you:

**Right to Inspect and Copy** You have the right to inspect and request copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Ochsner location of your treatment or you may submit your request to Ochsner Health Information Management Department, attention: Release of Information, 1514 Jefferson Highway, New Orleans, LA. 70121. If you request a copy of the information, Ochsner may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Ochsner may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request and Ochsner will comply with the outcome of the review.

**Right to Amend** If you feel that medical information Ochsner has in your record 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.

To request an amendment, you must submit your request in writing to the Ochsner location of your treatment or you may submit your request to Ochsner Patient Relations, 1514 Jefferson Highway, New Orleans, LA 70121. In addition, you must provide a written reason that supports your request.

Ochsner may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Ochsner may deny your request if you ask Ochsner to amend information:

- Not created by Ochsner;
- Not part of the medical information kept by or for the hospital/clinic;
- Not part of the information which you would be permitted to inspect and copy; or
- That is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosures.” This is a list of the disclosures Ochsner made of your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the Ochsner location of your treatment or you may submit your request to Ochsner Patient Relations, 1514 Jefferson Highway, New Orleans, LA 70121. Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within a 12-month period will be free. For additional lists, Ochsner may charge you for the costs of providing the list. Ochsner will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information Ochsner uses or discloses about you for treatment, payment or hospital/clinic operations. You also have the right to request a limit on the medical information Ochsner discloses about you to someone who is involved in your care or the payment for your care such as a family member or friend. For example, you could ask that Ochsner not use or disclose information about a surgery you had.

**We are not required to agree to your request** If Ochsner does agree, Ochsner will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must submit your request in writing to the Ochsner location of your treatment or you may submit your request to Ochsner Patient Relations, 1514 Jefferson Highway, New Orleans, LA 70121. In your request, you must tell Ochsner (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) what you want to limit: for example, disclosure to your spouse.

**Right to Request Confidential Communications** You have the right to request that Ochsner communicates with you about medical matters in a certain way or at a certain location.

For example, you can ask that Ochsner only contacts you at work or by mail.

To request confidential communications, you must submit your request in writing to the Ochsner location of your treatment or you may submit your request to Ochsner Patient Relations, 1514 Jefferson Highway, New Orleans, LA 70121. Ochsner will not ask you the reason for your request. Ochsner will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice** You have the right to a paper copy of this notice. You may ask Ochsner to give you a copy of the notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

You may review this notice at Ochsner's Web site, [www.ochsner.org](http://www.ochsner.org)

To obtain a paper copy of this notice, contact the Ochsner location of your treatment or you may submit your request to Ochsner Patient Relations, 1514 Jefferson Highway, New Orleans, LA 70121.

## Changes To This Notice

Ochsner reserves the right to change this notice. Ochsner reserves the right to make the revised or changed notice effective for medical information Ochsner already has about you as well as any information Ochsner receives in the future. Ochsner will post a copy of the current notice in the hospital and clinic. The notice cover page will contain the original effective date, in addition to the current version and associated version date.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with our institution or with the Secretary of the Department of Health and Human Services. To file a complaint with Ochsner Health System, contact the Ochsner location of your treatment or you may submit your complaint to Ochsner Patient Relations, 1514 Jefferson Highway, New Orleans, LA 70121. All complaints must be submitted in writing.

***You will not be penalized for filing a complaint.***

## Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Ochsner permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, Ochsner will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that Ochsner is unable to take back any disclosures Ochsner already made with your permission and that Ochsner is required to retain records of the care that Ochsner provides to you.

# Who Must Follow This Notice

This notice describes our hospital and clinic's practices and those of:

- Any healthcare professional authorized to enter information into your hospital/clinic chart
- All departments and units of the hospital and clinic
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff and other hospital/clinic personnel

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital/clinic operations purposes described in this notice.

**If you have any questions about this notice, please contact:**

Ochsner Health System  
Corporate Integrity Department  
Attn: Privacy Officer  
1514 Jefferson Highway  
Jefferson, Louisiana 70121  
Telephone Number: 504.842.9323

# Notes

# Notes

*The Ochsner Clininc Foundation will set the standard for healthcare delivery by providing our patients the best physicians and employees; focusing on the best clinical practices and use of the most advanced technology; while providing a warm and inviting atmosphere conducive to the well-being of our patients. Our commitment to patient care, education, and research will enable us to serve our patients and communities today and in the future.*



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