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BREAST CENTER
of ACADIANA

Notice of Privacy Practices

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

If you have any questions about this Notice, please contact our Privacy Officer, 935 Camellia Blvd., Ste 100, Lafayette, La 70508, Tel: 337-504-5000, Fax: 337-504-5646.

We are required by law to maintain the privacy of your Protected Health Information, to provide individuals with notice of our legal duties and privacy practices with respect to Protected Health Information and to notify you in the event of a breach of unsecured Protected Health Information.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or healthcare operations for other purposes permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition; healthcare services provided to you, or payment for the healthcare services provided to you.

We are required to abide by the terms of this Notice of Privacy Practices. You have a right to obtain a written copy of the Notice upon request.

We may change the terms of our Notice, at any time. The new notice will be effective for all Protected Health Information we maintain at that time. If the Notice effects a material change, we will provide a copy of the revised Notice to you upon your next visit to the office. Alternatively, upon your request, we will provide you with a copy of the revised Notice of Privacy Practice. You can obtain the Notice by calling the office or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

A. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your Protected Health Information may be used and disclosed by your physician, nurse practitioner and/or physician assistant, our office staff and others outside of our office 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 Clinic's practice.

Following are examples of the types of uses and disclosures of your Protected Health Information that the Clinic is permitted to make for the purposes of Treatment, Payment and Healthcare Operations. These examples are not all-inclusive but describe some of the types of uses and disclosures that may be made by our office once you have provided consent.

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 health care provider. For example, we may disclose your Protected Health Information, as necessary, to a home health agency that provides care to you. We will also disclose Protected Health Information to other physicians who treat you. Your Protected Health Information may also be provided to a physician to whom you have been referred to ensure the physician has the necessary information to diagnose and/or treat you. In addition, we may disclose your Protected Health Information from time-to-time to another physician or health care provider (e.g., a specialist, laboratory, imaging center) who, at the request of your physician, nurse practitioner and/or physician assistant, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your Protected Health Information will be used, as needed, to obtain payment for your health care services. Your health insurance plan may undertake certain activities before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant Protected Health Information be disclosed to the health plan to obtain approval for the hospital admission. As one of your rights to Protected Health Information, you have the right to request restriction of disclosure of your Protected Health Information to your health plan if the restriction is solely for the purposes of payment for a health care item or service for you, and we will agree to this restriction if you or another person, not the health plan, has fully paid the Clinic for the item or services.

Healthcare Operations: We may use or disclose, as needed, your Protected Health Information in order to support the business activities of the clinic. These activities include, but are not limited to, quality assessment, employee review, training of medical students and others, licensing, collection efforts, and conducting or arranging for other business activities. For example, we may disclose your Protected Health Information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider of care 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.

Treatment Alternatives and Health Related Benefits and Services. We may use or disclose your Protected Health Information, as necessary to provide you with information treatment alternatives or other health related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We also may send you information about products or services that we believe may be beneficial to you.

Fundraising. We may use or disclose your demographic information and the dates that you received treatment from the Clinic, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, you may opt out of such activities. Please contact our Privacy Officer for more information on the opt out procedure so that fundraising materials will not be sent to you. We will not use or disclose your information for marketing or sales without your authorization.

B. 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 provider of care or the Clinic has taken action in reliance on the use or disclosure indicated in the authorization.

C. 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 provider of care 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.

Personal Representatives. You have the right to identify a personal representative to act on your behalf for purposes of your health care. A personal representative is a person authorized (under State or other applicable law, e.g., tribal or military law) to act on your behalf in making health care related decisions, including by court order, power of attorney or otherwise. Upon verification of authority, we will treat your personal representative as you for purposes described in this Notice.

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 healthcare or payment for healthcare items and services. If you are unable 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 provider of care shall try to obtain your consent for use and disclosure, as may be required by law, as soon as reasonably practicable after the delivery of treatment.

D. 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:

Business Associates. We will share your Protected Health Information with third party "business associates" that perform various activities (e.g., billing, copy services, transcription services) for the Clinic. Whenever an arrangement between the Clinic and a business associate involves the use or disclosure of your Protected Health Information, the Clinic will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

Required by Law. We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. 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, if and as required by law, of any such uses or disclosures.

Public Health. We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of controlling diseases, 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 collaboration 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. We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of abuse, neglect or domestic violence. In addition, we may disclose your Protected Health Information if we believe 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 Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings. We may disclose Protected Health Information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or under certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes, including (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Coroner, Funeral Directors, and Organ Donation. We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaver's organ, eye or tissue donation purposes.

Research. We may disclose your Protected Health Information 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.

Criminal Activity. 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 person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

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 (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers' Compensation. We may disclose your Protected Health Information as authorized to comply with workers' 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 and/or nurse practitioner created or received your Protected Health Information in the course of providing care to you.

E. REQUIRED USES AND DISCLOSURES. Under the law, we must make disclosures to you, and to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 *et. seq.*

2. **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 you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records that your physician and/or nurse practitioner and the practice use for making decisions about you. If we maintain your information electronically you may request a copy of your records via a mutually agreed upon electronic format. If we fail to agree upon an electronic format for delivery of electronic copies we will provide you with a paper copy for your records. If you request a copy of the information in either paper or electronic format, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You may request access by notifying the Privacy Officer in writing.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information. 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 Privacy 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 means you may ask us not to use or disclose any part of your Protected Health Information for 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 Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician and/or nurse practitioner are not required to agree to a restriction that you may request. Except for a request for restriction to your health plan described above (see "Payment"), if the physician and/or nurse practitioner believe 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 and/or nurse practitioner do 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 and/or nurse practitioner. You may request restriction by notifying the Privacy Officer in writing stating the specific restriction requested and to whom you want the restriction to apply.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make the request in writing to our Privacy Officer.

You may have the right to have your physician and/or nurse practitioner amend your Protected Health Information. You may request in writing 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 will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record or to obtain a form to request the amendment.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information. You have a right to receive an accounting of certain disclosures of Protected Health Information in the six years prior to the date on which you request the accounting. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for 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 may request the accounting by notifying the Privacy Officer in writing.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by calling our Privacy Officer at (337)504-5000 for further information about the complaint process, or by submitting a written complaint or a HIPAA Incident Report to the attention of our Privacy Officer at **935 Camellia Blvd. Suite 100 Lafayette, LA 70508**, or by hand delivery to our offices. You may also file a complaint with the Secretary of Health and Human Services if you believe we have violated your privacy rights, as follows: **Office for Civil Rights, U.S. Department of Health and Human Services** at the following address: *Office for Civil Rights*, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, Telephone: 1-877 696-6775, www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

This notice was published and effective on June 1, 2008 and was revised on May 1, 2017.