

## NOTICE OF PRIVACY PRACTICES: Dr. Patty Jackson and Dr. Jim Theis

This notice describes how medical information about you may be used and disclosed, as well as how you can get access to this information. Please review carefully. The privacy of your medical information is important to us.

### OUR LEGAL DUTY:

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect unless we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we make changes. Before we make a significant change in our privacy practices, we will change this notice and send a new notice to our patients at the time of the change.

You may request a copy of our notice any time. For information about our privacy practices, or for additional copies of this notice, please contact us using information at the end of this notice. Please note our notice is available for your review at any time on our website:

[www.drspattyandjim.com](http://www.drspattyandjim.com)

### USES AND DISCLOSURES OF MEDICAL INFORMATION:

We will refer to your "health information" throughout this notice. When we say "health information" we mean what the federal privacy rules ("the HIPAA privacy regulations") call "Protected Health Information." this is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer or a healthcare clearinghouse and that relates to: 1. Your past, present or future physical or mental health condition; 2. The provision of healthcare to you; 3. The past, present or future payment for the provision of healthcare to you. Any terms not

defined in this notice should have the same meaning as they have in the HIPAA privacy regulations as set out in 45 C.F.R. 164.501.

REQUIRED DISCLOSURES OF YOUR HEALTH INFORMATION:

We must disclose your health information:

1. To you or someone who has the legal right to act for you (your personal representative), if the information you seek is contained in a designated records set, and/or
2. To the Secretary of the Department of Health and Human Services, if necessary, to investigate or determine our compliance with the help of privacy regulations.

PERMISSIVE DISCLOSURES OF YOUR HEALTH INFORMATION:

We have the right to use and disclose your health information for:

TREATMENT: We may disclose your healthcare information to doctors, nurses, technicians, hospital personnel, medical students or other personnel who are involved in taking care of you.

PAYMENT: Medical information about you concerning the treatment and services received which we billed to you, your insurance company, or third-party payor, including Medicare and Medicaid, may be disclosed. The payor will need information regarding the services delivered to you. In addition, a health plan may need information about treatment that will be received by you in order to satisfy and obtain prior approval or to determine whether the health plan will cover the treatment.

FOR HEALTHCARE OPERATIONS: Information about you may be used in order to review treatment and services and to evaluate the performance of the staff that is caring for you. The review of information may be used to decide what additional services will be offered, will not be needed, and what treatments are effective. Medical students may receive information for their own review and learning purposes. Information may be shared with others who are also medical providers to compare how the provider, nursing home, hospital, or physician is doing and where improvements can be made for the care and services offered.

BUSINESS ASSOCIATES: We hire individuals and companies to perform various functions on our behalf or to provide certain types of services for us. In order to help us, these business associates may receive, create, maintain, use or disclose your health information. Before they

may have any contact with your health information, we required them to sign a written agreement stating that they will keep your information private and secure.

Examples of our business associates include: A medical records company we hire to copy and distribute requested medical records releases from you; other providers; disability companies; insurance carriers; and legal representatives.

YOUR AUTHORIZATION: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. However, we will not be able to undo any action that was taken before that authorization was revoked. Unless you give us a written authorization, we will not use or disclose your health information for any purpose other than those described in this notice.

FAMILY, FRIENDS AND OTHERS INVOLVED IN YOUR CARE OR PAYMENT FOR CARE: Individuals involved in your care and/or for the payment of your care may receive information regarding your medical condition and that you are in the facility. We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your healthcare in appropriate situations, such as medical emergency. Before we make such a disclosure, we will provide you with the opportunity to object. If you are not present or are incapacitated prior to an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your health information is in your best interest under the circumstances.

APPOINTMENT REMINDERS: Medical information may be used to remind you about appointments for treatment. You have the right to refuse appointment reminders; however, you must inform the practice in writing.

TREATMENT ALTERNATIVES: Medical information about you may be used to recommend possible treatment options or alternatives that may be of interest, however that information is normally relayed by us anonymously.

PUBLIC HEALTH AND BENEFIT ACTIVITIES: Although this does not occur often, we may disclose your health information when required by law and when authorized by law for the following kinds of public interest activities: For public health, including to report disease and vital statistics, child abuse, neglect or domestic violence; to avert serious and imminent threats to health or safety; for healthcare oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies; for research in certain situations, such as when an institution review board or privacy board has reviewed and approved the research proposal and established protocols to insure the privacy of the information; in response to court and administrative orders; to law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies and identifying

or locating suspects or other persons; to coroners, medical examiners, funeral directors and organ procurement organizations; to the military, to Federal officials for lawful intelligence, counter-intelligence and national security activities; and, as authorized by state workers' compensation laws.

## INDIVIDUAL RIGHTS

The following are your rights with respect to your health information. If you would like to exercise any of the following rights, please submit your request in writing, sign your request, and mail it to: Dr. Patricia A. Jackson and Dr. James O. Theis, 1111 Medical Center Boulevard Suite N-408, Marrero, Louisiana 70072.

**ACCESS:** You have the right to inspect and copy your medical records. You must submit in writing a request to inspect and/or copy your medical records. All records requested will be granted, excluding: Psychotherapy notes; information compiled in anticipation of, or for use in, civil, criminal or administrative actions or proceedings; any information not subject to disclosure under the Clinical Laboratory Improvements Act of 1988; or, certain other records as specified in the HIPAA privacy regulation.

Your records will be made available to you in accordance with Louisiana State Medical Release Regulations, which permits the following charges for copying, mailing, and preparing your request. The charges are as follows:

- \$1.00 per page up to 25 pages
- \$.50 per page up to 500 pages and \$.25 per page for every page over 500.

Please allow 14 days from the date of your request for copies of your records to be made available. A five dollar processing and postage fee will also be assessed. In limited circumstances, your request for records may be denied. If you are denied access to your medical records you may request a review. The review will be conducted by another healthcare provider. If the person conducting the review agrees to give the patient access to the medical record, the provider of care must comply.

**AMEND:** You have the right to amend any medical information you discovered to be incorrect or incomplete. You must submit your request in writing your justification for this amendment. You should submit your request to the Practice Privacy Officer at the address listed at the end of this notice. Amendments will not be considered under the following circumstances:

1. If the amendment seeks to amend information that was not created by the provider, unless the creator of that information is no longer available.

2. If the amendment seeks to amend information which would not be permitted to be inspected or copied and, such as psychotherapy notes.
3. If the amendment seeks to amend information which is deemed to be accurate and complete.

**ACCOUNTING DISCLOSURES:** You have the right to request an accounting of how and with whom we have disclosed your medical information. This accounting excludes other covered entities (other healthcare providers, your insurance company). You must submit your request in writing to the Practice Privacy Officer. The request must not exceed a 6-year period of disclosures and cannot include any disclosures prior to April 14, 2003. You are entitled to one 12 month period free of charge. Additional disclosures will be provided at a reasonable charge. If you do not wish to pay the cost you may withdraw or modify your request at any time before the cost is incurred.

**RESTRICTIONS:** You have the right to request a restriction or limitation of the medical information disclosed for your treatment, and that of healthcare operations, or information disclosed to family, friends or others you identified. We are not required to agree to your request. If we do agree, we will honor our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing and agreed to by our Privacy Officer.

**CONFIDENTIAL COMMUNICATIONS:** If you believe that a disclosure of all or part of your health information may endanger you if sent to your current mailing address, you have the right to request that we communicate with you in confidence about your health information by different means or send that information to a different location that you specify. You must make your request in writing and your request must represent that the information could endanger you if it is not communicated as you request. We will accommodate your request if it is reasonable. You must specify the alternative means of contact or location for confidential communications and continued to permit us to collect payment for services. Please note that other information that we send to the owner of your insurance, or responsible party, for the payment of services rendered to you may contain sufficient information to reveal that you obtain healthcare which requires payment, even though you requested that we communicate with you about that healthcare in confidence. If you have given someone else permission to receive health information about you, a request for confidential communications will cancel this permission unless you tell us otherwise, which should be submitted in writing.

**ELECTRONIC NOTICE:** If you received this notice on our website or by electronic mail you have the right to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

POTENTIAL IMPACT OF STATE PRIVACY LAWS: The Federal healthcare privacy regulations generally do not preempt or take precedence over state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state laws apply, privacy laws of the particular state, or other Federal laws, rather than the HIPAA privacy regulations, might impose a privacy standard under which we will be required to operate - for example, where protected health information concerns HIV/AIDS, mental health, substance abuse, chemical dependency, genetic testing, reproductive rights, or disclosure of health information of minors.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we may make about access to your health information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your health information, you may complain to us using the contact information at the end of this notice. Alternatively, you may also submit a written complaint to the Secretary of the United States Department of Health and Human Services; we will provide you with the proper address to file your complaint. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the United States Department of Health and Human Services.

## CONTACT INFORMATION

You may contact our Privacy Officer at this office at the following address:

James O. Theis M.D.

1111 Medical Center Boulevard Suite N-408

Marrero, LA 70072