



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW CAREFULLY

We understand that medical information about you and your health is personal and protected health information (PHI). We are committed to protecting your medical information and to share the minimum necessary required to accomplish each purpose. We create a record of care and services you receive through Caring Clinic of Louisiana. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your PHI that we have collected while caring for you at our clinic.

This Notice of Privacy Practices describes how we are allowed to use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your right to access and control your PHI.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose your PHI for treatment, payment and healthcare operations. This privacy notice about PHI includes your dental, behavioral health and physical health services information collected by the staff and providers of Caring Clinic of Louisiana.

Treatment: We may use or disclose your dental, behavioral and physical PHI to provide, coordinate or manage your healthcare services. This includes the coordination or management of your health care with another provider.

Payment: We may use or disclose your dental, behavioral and physical PHI to obtain payment for services we provide to you. Information that may be shared includes, but is not limited to: making a determination for eligibility or coverage of insurance benefits, reviewing services provided to you for medical necessity and utilization review activities.

Healthcare Operations: We may use or disclose your dental, behavioral or physical PHI for our healthcare operations to support the business activities of Caring Clinic of Louisiana. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting or arranging for other business activities. Other activities may include appointment reminders and appointment registration procedures.

As Required By Law: We will disclose your PHI when required to do so by federal, state or local law

Your Authorization: Other than the uses described in this notice, we will not use or disclose your PHI without your written authorization. If you provide us permission to use or disclose your PHI, you may revoke this authorization, at any time, in writing. If you revoke your permission, thereafter we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provide to you.

Persons Involved in Your Healthcare: We may use or disclose PHI to notify or assist in the notification of a family member, personal representative, or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to the use or disclosure.

Abuse, Neglect or Domestic Violence: We may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We will make this disclosure only when specifically required or authorized by law.

National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials PHI required for lawful intelligence,



counterintelligence and other national security activities. We may disclose PHI to correctional institutions or law enforcement official having lawful custody of inmate or patient under certain circumstances.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your PHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request if reasonably possible. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

Disclosure Accounting: You have the right to request a list of instances where we or our business associates disclosed your PHI for reasons other than treatment, payment, healthcare operations and certain other activities. Your first accounting of disclosures is free of charge. Any additional request within additional requests within the same calendar year requires a processing fee.

Restriction: You have the right to request in writing restrictions on our use or disclosure of your PHI for treatment, payment or healthcare operations. We are not required to agree to additional restrictions but if we do agree, we must abide by those restrictions, except in an emergency situation or as required by law.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or at an alternative location. Your request must be in writing and specify the alternative means or location. Your request must specify how and where you wish to be contacted and we will accommodate reasonable requests.

Amendment: You have the right to request that we amend your PHI. Your request must be made to your provider, in writing, and it must explain why the information should be amended. We may deny your request and we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a response to your statement and will provide you with a copy of any response. It will be added to your medical record.

OUR LEGAL DUTIES

We are required by law to maintain the privacy of your protected health information, notify affected individuals following a breach of unsecured protected health information, provide this notice about our privacy practices and follow the privacy practices that are described in this Notice.

QUESTIONS AND COMPLAINTS

For more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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225-927-1269 Office
225-927-7263 Fax

RIGHT TO CHANGE THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will include on the bottom of every page the effective date. Updated notices are available upon request.