



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 IT CAREFULLY.

Louisiana Women's Healthcare Associates is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Louisiana Women's Healthcare Associates, please contact:

Chief Executive Officer
9000 Airline Highway, Suite 500
Baton Rouge, LA 70815
225-201-2000

Effective Date of This Notice: 04/01/03

I. How Louisiana Women's Healthcare Associates (LWHA) may Use or Disclose Your Health Information

LWHA collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of LWHA, but the information in the medical record belongs to you. LWHA protects the privacy of your health information. The law permits LWHA to use or disclose your health information for the following purposes:

1. Treatment. LWHA may use your health information for treatment and delivery of care. This can include communicating your health information to another healthcare provider, pharmacy, or healthcare facility involved in the services provided to you.
2. Payment. LWHA may use your health information to obtain precertification for procedures performed by LWHA. In addition, your health information may be used to transmit claims for payment to your insurance company.
3. Regular Health Care Operations. During the course of care, your protected health information may be disclosed to other staff members who are directly or indirectly involved in your care.
4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object before making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. We may disclose your health information for military, national security, and prisoner benefits.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you by telephone or through the mail to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
19. Change of Ownership. In the event that LWHA is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When LWHA May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, LWHA will not use or disclose your health information without your written authorization. If you do authorize LWHA to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. LWHA is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. All requests must be received in writing. LWHA has a form to assist in the transfer of records. In some instances, a charge as defined by law may be levied when necessary for the copying and mailing of your protected health information.
3. You have the right to inspect and copy your health information.
4. You have a right to request that LWHA amend your health information that is incorrect or incomplete. LWHA is not required to change your health information and will provide you with information about LWHA's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by LWHA, except that LWHA does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Chief Executive Officer as mentioned above.

IV. Changes to this Notice of Privacy Practices

LWHA reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, LWHA is required by law to comply with this Notice.

When this Notice is revised, it will be denoted on the Notice with the revision date.

V. Complaints

Complaints about this Notice of Privacy Practices or how LWHA handles your health information should be directed to the Chief Executive Officer as mentioned above.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights.
A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.