

HIPAA PRIVACY NOTICE

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

INTRODUCTION:

Hardtner Medical Center and its health care providers are committed to keeping your protected health information confidential, along with maintaining a comprehensive record of the care you receive. In addition to being required by law to maintain the privacy of your protected health information this includes any identifiable information we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for your health care.

As required by the HIPAA Privacy Rule {45 CFR 164.520} {HHS/OCR 42 CFR Part 2}, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You may request a copy of the most current privacy notice from our Compliance Officer.

This Notice applies to the following health care providers affiliated with Hardtner Medical Center:

Hardtner Family Clinic
Hardtner Medical Clinic

PERMITTED USES AND DISCLOSURES

Treatment: We may use protected health information provided to us for you for treatment. We may also use protected health information to inform you of approaching events related to your healthcare. For example, we may notify of an approaching physician appointment.

Payment: We may use protected health information provided to us by you and for payment of health-care services. For example, we may use protected health information in filing of your health claims.

Healthcare operations: We may also disclose or use protected health information for certain approved health-care activities. For example, quality assessment, competency activities, such as performance evaluations and accreditation, fraud and compliance programs and management activities.

Facility directory. Unless you object, your name, location in the facility, general condition and religious affiliation will be used in our patient directories in those facilities where directories are maintained. This information, except for religious affiliation, may be provided to people who ask for you by name. Religious affiliation may be provided to members of the clergy.

Health information exchange. Hardtner Medical Center participates in a health information exchange (HIE). HIE provides a way to securely and electronically share patients' clinical information with other health care providers participating in the HIE network to provide safer, more timely, efficient and higher quality care. You may opt out of participation at any time.

Quality improvement. We may use and disclose your health information for internal administration and planning and various activities for improving the quality and cost effectiveness of the care that we deliver to you. We may use your health information for case management, to conduct compliance reviews, or audits.

Business associate. Certain services are provided to us through contracts with a third party known as "business associates" this could require access to your health information in order to provide such services. Hardtner Medical Center requires business associates to appropriately protect your health information in compliance with all laws.

Family and friends. We may disclose your health information to a friend or family member who is involved in your medical care, helps pay for your care or for notification of your location and condition during emergencies or disasters

Continuity of care. For your ongoing health care management, your information may be shared with other health care providers such as home health agencies, health care suppliers and community services agencies in order to obtain their services on your behalf.

Covered Entities and Substance Use Disorder.

- Once you sign a consent form, we may share your SUD treatment records for purposes of treatment, payment and health care operations (TPO) to other authorized providers and entities in accordance with federal law.
- SUD counseling notes analyzing your treatment sessions kept separately from the rest of your medical record – will not be disclosed based on a general consent and require a specific, separate authorization.
- "SUD records, or testimony describing them, will not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your written consent or a specific, special court order".

SPECIAL SITUATIONS:

Except for the special situations set forth below and the general uses and disclosures described above, we will not use, disclose or sell your protected health information for any other purpose unless you provide a written authorization to our facility.

Required By Law: We may use or disclose PHI to the extent that the use of 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. Patients may be notified, as required by law, of any such uses or disclosure. There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without a patient's written authorization if required or permitted by law.

- "Records disclosed with your consent may be protected by federal law (42 CFR Part 2), which generally prohibits the recipient from making further disclosure unless permitted by law or with your written consent".

Public Health: We may disclose PHI 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 purpose of controlling disease, injury or a disability. We also may disclose PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight: We may disclose PHI 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 healthcare system, government benefit programs and other government regulatory programs and civil right laws.

Serious Threat to Health or Safety: We may disclose PHI to the extent necessary to avoid a serious and imminent threat to a patient's health or safety or safety of others.

Abuse or Neglect: We may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose PHI if we believe that the patient may have been a victim of abuse, neglect or domestic violence to the government 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 PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products; to enable product recalls; to make repairs or replacements, or conduct post marketing surveillance, as required

Worker's Compensation: We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs establish by law.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

The HIPAA Privacy Rule provides individuals with rights in regard to their protected health information. You have the right to expect that your PHI will be kept secure and used only for legitimate purposes. You have the right to understand how your protected health information may be used and disclosed.

- You have the right to access this privacy notice that explains how your protected health information may be used.
- You have the right to know who has requested your protected health information in the last six year period. The facility is to act no later than 60 days after receiving a signed request, and completion of request that request within 30 days. The first 12-month period copy will be free thereafter, a cost-based fee will apply.
- You have the right to see, and request a copy of your health records. 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. The request for copied records must be in writing accompanied with a picture ID. In compliance with the State of

Louisiana Regulation in dealing with reproduction cost for health records we reserve the right to charge for the reproduction. This fee is determined by the State of Louisiana.

- You have the right to ask for an amendment or addendum if you feel that the medical information we have is incorrect or incomplete. Your request must be submitted in writing with a reason that supports your request.
 - We may deny the request for an amendment if it is not in writing or does not include a reason to support the request. Request for amendments may be denied for the following reason:
 - Not created by us
 - 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.
 - That is accurate and complete.
- You have the right to authorize, or refuse, additional use of your PHI, such as insurance if the patient is not filing to their insurance company.
- You have the right to receive communications by alternative means or at alternative locations. You may request, and we will accommodate, any reasonable written request for you to receive your health information by alternative means of communication or at alternative locations

COMPLAINTS

If you believe your privacy rights have been violated, you should immediately contact our Compliance Officer. We will not act against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact Sarah Thompson, Compliance Officer at 318.495.3131 ext. 113 or in writing at 1102 North Pine Road, Olla, La. 71465.