

## **HIPPA 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 required by law to maintain the privacy of “protected health information.” “Protected health information” 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}, 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.

### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosure if you object.

When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

### **SPECIAL SITUATIONS:**

Except for the special situations set forth below and the general uses and disclosures described above, we will not use or disclose 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.

**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**

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. 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 a correction if there is anything in your records you feel is in error. Your request must be submitted in writing.
- 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.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you should immediately contact our Compliance Officer. We will not take action 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.