

HIPAA THE PATIENT PRIVACY ACT

Effective Date 4/14/2003

Bayou Pediatric Associates

What is HIPAA?

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that sets rules about who can look at and receive your health information. This law gives you rights over your health information and when it can be shared. It also requires your doctors, pharmacists and other health care providers, and your health plan to explain your rights and how your health information can be used or shared.

Why do I have to sign a form stating I received this notice?

- The law requires your doctor, hospital, or other health care provider to ask you to state in writing that you received the notice.
- Signing does not mean that you have agreed to any special uses or disclosures (sharing) of your health records.
- Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits.
- If you refuse to sign the acknowledgement, the provider must keep a record of this fact.

What is this notice and what must it entail?

- How the Privacy Rule allows provider to use and disclose protected health information. It must also explain that your permission (authorization) is necessary before your health records are shared for any other reason
- The organization's duties to protect health information privacy
- Your privacy rights, including the right to complain to HHS and to the organization if you believe your privacy rights have been violated
- How to contact the organization for more information and to make a complaint

Your medical records:

- The Privacy Rule gives you, with few exceptions, the right to inspect, review, and receive a copy of your medical records and billing records that are held by health plans and health care providers covered by the Privacy Rule.
- You can obtain a copy of your medical record if you want a copy. You have to put your request in writing and pay the fee for copying the records. The copies must be given to you within 30 days.
- You can ask for incorrect records to be correct if something is wrong or missing. This should be corrected within 60 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us
 - The person or entity that created the information is no longer available to make the amendment
 - Not part of the health information which you would be permitted to inspect and copy
 - The information is accurate and complete

The following categories describe different ways that we may use and disclose your health information.

- **For Treatment:** We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, lab,

pharmacy, or other health care provider to whom we may refer you for consultations, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes.

- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, and insurance company or a third party.
- **For Health Care Operations:** We may use and disclose health information about you for operations of our health care practice. We may use your health information to review our treatment, services and to evaluate the performance of our staff caring for you.
- **As required by law:** We will disclose health information about you when required to do so by federal, state or local law.
- **To avert a serious threat to health or safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
- **Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veteran Affairs as may be applicable.
- **Worker's compensation:** We may release health information about your worker's compensation or similar programs.
- **Public health risks:** We may disclose health information about you for public health activities. These activities generally include: prevent control disease, injury or disability; report birth/death; report child abuse/neglect; notify the appropriate government authority if we believe a patient has been the victim of abuse/neglect/ or domestic violence; report reactions of medications or problems with products; notify people of recalls of products they may be using; notify person or organization to receive information of FDA- regulated products; notify person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. They oversight activities include, for example audits, investigations, inspections and licensure
- **Law enforcement and Lawsuits/Disputes:** We may release health information if asked to do so by law enforcement official: reporting certain injuries, as required by law (gunshot wounds, burns, injuries to perpetrators of crime); response to court order or subpoena, discovery request, or other lawful process, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about a victim of a crime; a death we believe to be the result of criminal conduct.
- **Coroners, health examiners and Funeral Directors:** We may release health information to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death.
- **Inmates:** We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide your health care; to protect the health and safety of others; or for the safety and security of the correctional institution.
- **Appointment reminders:** We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.
- **Others involved in your care:** To family members, relatives, close friends or any other person's you identify that is involved in your medical care or payment for care.

Your Health Information Rights: Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- **A paper copy of this notice:** you have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.
- **Request Restrictions:** You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment, payment or health care operations. Ex a friend or family member your request must be submitted in writing to our Privacy Officer. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.
- **An Accounting disclosure:** You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information).
- **Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. Ex: you may request that we call you only at work or by mail. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests. Please send your request to our Privacy Officer.
- **File a Complaint:** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our Privacy Officer or directly to the Secretary of Health and Human Services.

Uses or Disclosures not covered

- Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by revocation.

For More information

- If you have questions or would like additional information you may contact our Privacy Officer Tiffany Marcel at 985-872-6405
- You may also visit www.hhs.gov/ocr/privacy for additional information

Thank you!