



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your medical information is personal, and Terrebonne General Health System (Terrebonne General) is committed to keeping this information confidential. This notice applies to all records of care or services created or obtained in connection with medical care provided to you at Terrebonne General. Terrebonne General includes the hospital, hospital owned clinics and affiliated hospital clinic providers. This notice describes how we will use and disclose your health information for treatment, payment and healthcare operations, your rights to access, control and protect your healthcare information, and finally, our obligations regarding the use and disclosure of your medical information. If your personal physician is not affiliated with Terrebonne General, you may receive a separate Notice of Privacy Practices from your physician as it relates to his or her own office practice policies.

In addition, there may be instances where Terrebonne General will share your protected health records with members of an Organized Health Care Arrangement as allowed by HIPAA regulations and as necessary to carry out treatment, payment and healthcare operations. These members include patient care facilities affiliated with Terrebonne General such as Ochsner Health System and all medical staff, employees and other personnel who work there. Terrebonne General may also elect to participate in secure health information networks developed to promote healthcare continuity.

We are required by law to make sure that: 1) medical information that identifies you is kept private, 2) provide notice of our legal duties and privacy practices with respect to your information and 3) to follow the terms of this notice. Any use or disclosure not described in this Notice will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

HOW TERREBONNE GENERAL MAY USE AND DISCLOSURE YOUR HEALTH INFORMATION

Treatment. We may use or disclose your health information for the purposes of providing treatment or services to you. This may include other physicians, nurses, technicians or other personnel involved in your care. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. We may also

share medical information to individuals outside of the facility who may be involved in your care such as prescriptions or lab work. We may contact you with appointment reminders or refer you to new services for treatment.

Payment. We may use and/or disclose your health information for the purposes of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the healthcare services provided to you.

Healthcare Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, to measure and ensure the quality of our healthcare operations.

Fundraising Activities. We may contact you as part of our fundraising efforts for this organization. You may opt out of fundraising communications by contacting our Foundation Coordinator at 985-873-4603. Fundraising efforts will also include information about how you may opt-out of future fundraising communications.

Business Associates. We provide some services at Terrebonne General through contracts with business associates. Our organization may use and disclose your medical information to business associates who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a company that bills for the services we provide.

Treatment Alternatives. Terrebonne General may use and disclose your medical information to tell you about or recommend treatment options or alternatives that may be of interest to you.

Health-related Benefits and Services. Terrebonne General may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

Law Enforcement/Other Purposes. We may disclose medical information about you when required to do so by federal, state or local law. An example of this would be in response to a valid subpoena, for law enforcement purposes or for a public health purpose. Other types of disclosure reasons could include:

- Coroners, medical examiners or funeral directors
- Disaster relief or emergencies

- Worker’s Compensation purposes, as permitted by law
- Governmental functions – National security, protective services, etc.
- Abuse or neglect
- Healthcare quality oversight organizations
- Corrective institutions responsible for your care

Directories. In the Hospital, we may maintain a directory of patients that includes your name and location within the facility, your religious designation, if provided, and general health status. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy. If you do not want your information listed in the directory, please notify the Patient Access Representative to opt out.

Notifications. We may disclose to your relatives or close personal friends any health information that is directly related to that person’s involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition.

SITUATIONS THAT REQUIRED YOUR WRITTEN AUTHORIZATION

Terrebonne General requires your written authorization for the following:

- ❖ **Disclosure of Psychotherapy Notes.** Disclosure of Psychotherapy Notes will be done in accordance with Louisiana state law. In most cases this will require an authorization signed by you.
- ❖ **Sale of PHI.** Terrebonne General does not sell protected health information.
- ❖ **Marketing.** Terrebonne General may ask you to sign an authorization to use or disclose protected health information as part of a marketing effort. The authorization will state if Terrebonne General is receiving any direct or indirect financial remuneration for the marketing. The authorization is not necessary for face-to-face communications about a product or service and/or communications made:
 - To describe health-related products or services that are provided by Terrebonne General ;
 - For your treatment; or
 - For case management or care coordination, or to direct or recommend alternative treatments, therapies, providers or settings of care.

YOUR MEDICAL INFORMATION RIGHTS

Request Restrictions. You have the right to request restrictions or limitation on the use and disclosure of your health information for treatment, payment or healthcare operations purposes or notification purposes. We are not required to agree to your request. If we do

agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restriction information is needed to provide that emergency treatment. To request a restriction, submit a written request to the contact listed on the final page of this notice.

Limit Communications. You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the HIM Department at 985-873-4079. All reasonable requests will be granted. We will not ask you the reason for the request.

Inspect and Copy Health Information. You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the contact listed on the last page of this notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. If you are denied access to medical information, you may request that the denial be reviewed. Another healthcare provider not responsible for the denial will review your request. We will comply with the results of this review. In addition, access may be denied if (a) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (b) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (c) you are the personal representative of another individual and a licensed healthcare professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a healthcare professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

Request Amendment. You may request that your health information be amended, if you feel that it is incorrect or incomplete. This request must be made in writing and provide the reason that supports your request. Your request may be denied if the information in question: was not created by us, is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is inaccurate and incomplete. Any denial will explain the denial reason. If your request to amend your health information is denied, you may submit a written statement disagreeing

with the denial, which we will keep on file. **Requests to amend health information must be submitted in writing to the HIM Department at 985-873-4079.**

An Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request.

However, the following disclosures will not be accounted for:

- a. disclosures made for the purpose of carrying out treatment, payment or healthcare operations,
- b. disclosures made to you or your personal representative,
- c. use and disclosures permitted by law as identified above

Paper Copy of this Notice. You have the right to obtain a paper copy of this notice upon request. To obtain a paper copy of this request, contact our patient access representative at 985-873-4019. You may also view this notice on our website at www.tgmc.com.

Right to Notification of a Breach of Unsecured Protected Health Information. Under certain circumstances, you have the right to or will receive notifications of breaches of your unsecured protected health information.

CHANGES TO THIS NOTICE

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices.

We reserve the right to change the terms of this notice and to make those changes applicable to all health information that we maintain. The changed notice will be effective for information we already have about you as well as any information we receive in the future. Any changes to this notice will be posted on our website (if applicable) and at our facility, and will be available from us upon request.

COMPLAINTS AND FEEDBACK

If you believe your privacy rights have been violated you may contact the Terrebonne General Privacy/Compliance Officer and/or the Secretary of the Federal Department of Health and Human Services. To log a grievance with us, please file a written notice with the contact set forth below. This contact will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

DESIGNATED CONTACT

Privacy Officer or Compliance Officer
8166 Main Street / P.O. Box 6037
Houma, LA 70361-6037
Phone: (985) 873-3539

Terrebonne General complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language translations services for this document are available to you, free of charge.

Spanish ATENCION: Los servicios de traducción lingüística para este documento están a su disposición gratuitamente.

French ATTENTION: les services de traduction linguistique pour ce document sont à votre disposition gratuitement.

Vietnamese Chú ý: Dịch vụ dịch thuật bằng ngôn ngữ cho tài liệu này có sẵn cho bạn, miễn phí.

Chinese注意：本文档的语言翻译服务可免费为您提供。

Arabic تنبيه: خدمات الترجمة اللغوية لهذه الوثيقة متاحة لك مجاناً.

Tagalog Pansin: Wika pagsasalin serbisyo para sa mga dokumento na ito ay magagamit sa iyo, nang walang bayad.

Korean 주의 :이 문서의 언어 번역 서비스는 무료로 사용할 수 있습니다.

Portugese ATENÇÃO: Serviços de tradução para este documento estão disponíveis para você, gratuitamente.

Laotian ຄວນລະວັງ: ການບໍລິການການແປພາສາພາສາສໍາລັບເອກະສານນີ້ແມ່ນມີໃຫ້ທ່ານ, ການຟຣີ.

Japanese 注意：言語支援サービスは無料でご利用いただけます。

Urdu توجه: زبان کی مدد کی خدمات، چارج کی مفت، آپ کے لئے دستیاب ہیں.

German ACHTUNG: Sprachdienste für dieses Dokument stehen Ihnen kostenlos zur Verfügung.

Persian توجه: خدمات ترجمه زبان برای این سند در دسترس شما، رایگان می باشد.

Russian ВНИМАНИЕ: Услуги по переводу на английский язык доступны для вас бесплатно.

Thai ความสนใจ: บริการแปลภาษาสำหรับเอกสารฉบับนี้พร้อมให้บริการฟรีไม่เสียค่าใช้จ่าย