

## 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 Physicians Medical Center 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 Physicians Medical Center. 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.

**Legal Obligations.** 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.

### HOW PHYSICIANS MEDICAL CENTER MAY USE AND DISCLOSURE YOUR HEALTH INFORMATION

The following categories describe the different ways Physicians Medical Center may use your health information within the organization and how we will release your health information to persons outside of Physicians Medical Center. Permitted uses will fall within one of these categories:

**Treatment.** We may use or disclose your health information for the purposes of providing treatment or services. 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. Physicians Medical Center may also use technologies that process your health information, including clinical decision support tools and technologies with artificial intelligence capabilities to support your treatment and care.

**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 or authorizing 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, performance of staff or hospital accreditation purposes.

**De-Identified Information.** Physicians Medical Center or its authorized partners may remove information that identified you from your medical information and share de-identified information with others who may use it to study healthcare and its delivery, among other reasons. De-identified information may also be used with artificial intelligence to develop models and algorithms. The authorized individuals, who receive this data agree to take reasonable steps to protect the privacy of this medical information.

**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 using technology and possibly including artificial intelligence capabilities and training.

**Appointment Reminders/Treatment Alternatives.** We may use or disclose your medical information to contact you with appointment reminders involving treatment or care. We may also tell you about or recommend treatment options or alternatives that may be of interest to you.

**Health-related Benefits and Services.** Physicians Medical Center may use and disclose your medical information to tell you about other health-related benefits or services that may be of interest to you.

**Directories.** Physicians Medical Center may maintain a directory of patients while you are at the hospital. This limited information may include your name and location within the facility, general status and condition and your religious designation, if provided. 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 HIM Department to opt out.

**Health oversight activities.** Physicians Medical Center may disclose your medical information to a health oversight agency including the United States Health and Human

Services, for activities authorized by law. These activities include audits and investigations designed to monitor the healthcare delivery system and compliance with patient rights.

**Research.** We may use or share your medical information in connection with certain research activities after going through a special approval process for that research.

**Public Health and Safety.** We may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure would only be to someone able to prevent the threat.

**Law Enforcement.** We may disclose medical information about you when required to do so by federal, state or local law. Types of disclosure reasons could include:

- Lawsuits and Disputes including court orders, proceedings, subpoenas or warrants
- Coroners, medical examiners or funeral directors
- Worker's Compensation purposes, as permitted by law
- Governmental functions – National security or intelligence, protective services, etc.
- Abuse or neglect, domestic violence or human trafficking
- Organ and tissue donation
- Military and Veterans
- Corrective institutions responsible for your care

**Family and Friends.** 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. If it is an emergency, or you are not able to communicate, we may still give certain information to a person who can help with your care.

**Incidental Disclosures.** Your information may be used or disclosed incidental to a permitted use or disclosure. An example of an incidental disclosure is calling your name in a waiting area for an appointment where others in the waiting area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures of your protected health information.

## **Special Situations**

**Special categories of information.** In some circumstances, your medical information may be restricted in a way that limits some of the uses and disclosures described in this Notice. For example, there are special restrictions on the use or disclosure of certain categories of information such as tests for HIV, treatment for mental conditions, or alcohol or drug abuse related treatment information.

**Disaster Relief.** We may share your medical information about you with an organization assisting with a disaster relief effort in order to notify your family about your condition, status and location.

## **SITUATIONS THAT REQUIRED YOUR WRITTEN AUTHORIZATION**

Physicians Medical Center 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.** Physicians Medical Center does not sell protected health information.
- ❖ **Marketing.** Physicians Medical Center 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 Physicians Medical Center 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 Physicians Medical Center ;
  - 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 limitations 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 HIM Department at 985-850-5262.

**Request Confidential 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 985-850-5262. All reasonable requests will be granted. We will not ask you the reason for the request. Physicians Medical Center will accommodate all reasonable requests.

**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 985-850-5262.**

**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. To request this list or accounting of disclosures, you must submit your request in writing to HIM Department at Physicians Medical Center. Your request should indicate the form you want the list (example: paper or electronic). 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. parties you authorize to receive your medical information
- d. use and disclosures permitted by law as identified above

- e. those who request your information through the hospital directory

**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.

**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.

**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 HIM Department at 985-850-5262. You may also view this notice on our website at <https://www.tghealthsystem.com/surgery-centers/physicians-medical-center/>.

### **CHANGES TO THIS NOTICE**

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 Physicians Medical Center 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  
Physicians Medical Center  
218 Corporate Drive  
Houma, LA 70360  
Phone: (985) 850-5262

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

Effective Date: This Notice is effective 4/14/2003; revised July 28, 2013, February 26, 2018, August 10, 2018, May 14, 2024, April 9, 2025.

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：本档的语言翻译服务可免费为您提供。

Arabic مجاناً لك متاحة الوثيقة لهذه اللغوية الترجمة خدمات: تنبيه

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.

Portuguese 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 ہیں دستیاب لئے کے آپ، مفت کی چارج، خدمات کی مدد کی زبان: توجہ

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

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

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

Thai ความสนใจ: บริการแปลภาษาสำหรับเอกสารฉบับนี้พร้อมให้บริการฟรีไม่เสียค่าใช้จ่าย