

Chris Geudry, MD
Jana Gautreaux, APRN
Laura Kight, APRN

Christopher Rodgman, MD
Mark deClouet, APRN
Harvey Norris, LCSW
Kristen Deville, LPC

5448 Provine Place, Suite A
Alexandria, LA 71303
T: 318-545-2451
F: 866-990-8296

315 Audubon Blvd
Lafayette, LA 70503
T: 337-522-7573
F: 337-210-3058

***Note: This is a NPP that reflects Omnibus changes as of March 2013**

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013
Revision Date: July 17, 2014

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

HIPAA Privacy and Security Officer: Amy deClouet
Phone Number: 337-210-3058 Ext 120

[SECTION A: Who Will Follow This Notice](#)

This Notice describes Center for Neurosciences (hereafter referred to as 'Provider') Privacy Practices and that of:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include:

- All departments and units of the Provider
- Any member of a volunteer group
- All employees, staff and other Provider personnel
- Any entity providing services under the Provider's direction and control will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for Treatment, Payment or Healthcare Operational purposes described in this Notice.

[SECTION B: Our Pledge Regarding Medical Information](#)

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Provider. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by the Provider, whether made by Provider personnel or your personal doctor.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the Notice that is currently in effect

SECTION C: How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **TREATMENT.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students or other Provider personnel who are involved in taking care of you at the Provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Provider also may share medical information about you in order to coordinate different items, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Provider who may be involved in your medical care after you leave the Provider.

- **PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Provider so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.

- **HEALTHCARE OPERATIONS.** We may use and disclose medical information about you for Provider operations. These uses and disclosures are necessary to run the Provider and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Provider patients to decide what additional services the Provider should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, healthcare students and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning a patient's identity.

- **APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider.

- **TREATMENT ALTERNATIVES.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **HEALTH-RELATED BENEFITS AND SERVICES.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **AUTHORIZATION REQUIRED.** We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization this includes uses of your PHI for marketing or sales activities.

- **EMERGENCIES.** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

- **COMMUNICATION BARRIERS.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** We may release medical information about you to a family member or friend who is involved in your medical care and/or to someone who helps pay for your care ONLY with your written authorization. If you wish to have your medical information released to someone else, please make sure you complete an '*Authorization to Release Medical Records*'.

- **RESEARCH.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (I) the information being sought is necessary for the research study; (II) the use or disclosure of your PHI is being used only for the research and (III) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access the PHI of the decedents.

- **AS REQUIRED BY LAW.** We will disclose medical 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 medical 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 help prevent the threat.

- **EMAIL USE.** You may be asked to provide Axis with your email address. This email address will be used to communicate with you about our secure patient portal and to confirm appointments. If you choose to provide us with your email address, anyone who has access to that email may have access to your patient portal. Axis prohibits the use of email which contains protected health information, as this is not a secure or confidential way to communicate. If you send email to Axis which contains any of your health information, please understand that we will not be able to respond.

SECTION D: Special Situations

- **ORGAN AND TISSUE DONATION.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **WORKERS COMPENSATION.** We may release medical information about you for workers compensation or similar programs.

- **PUBLIC HEALTH RISKS.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability
- to report births and deaths
- to report child abuse or neglect
- to report reactions to medications or problems with products
- to notify people or recalls of products they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting or Spreading a disease or condition
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law

- **HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

- **LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **LAW ENFORCEMENT.** We may release medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process
 - to identify or locate a suspect, fugitive, material witness or missing person
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - about a death we believe may be the result of criminal conduct
 - about criminal conduct at the Provider
 - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, Description or location of the person who committed the crime

● **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.

● **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** We may release medical information about you to authorized federal officials for intelligence and other national security activities authorized by law or so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

● **INMATES.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

SECTION E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical we maintain about you:

● **RIGHT TO ACCESS, INSPECT AND COPY.** You have the right to access, inspect and copy the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

● **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.

● 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, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the medical information kept by or for the Provider
- is not part of the information which you would be permitted to inspect and copy or
- is accurate and complete

● **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an 'Accounting of Disclosures'. This is a list of the disclosures we made of medical information about you. Your request must state a time period which may not be longer than six years and may not include dates before April 13, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

● **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not

required to agree to these types of requests. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.

You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

• **RIGHT TO RECEIVE NOTICE OF A BREACH.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery if known
- a description of the type of Unsecured Protected Health Information involved in the breach
- steps you should take to protect yourself from potential harm resulting from the breach
- a brief description of actions we are taking to investigate the breach, mitigate losses and protect against breaches
- contact information, including a toll-free telephone number, email address, Web site or Postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the homepage of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

• **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or hard copy or email. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To exercise the above rights, please contact the individual listed at the top of this notice to obtain a copy of the relevant form you will need to complete to make your request.

[SECTION F: Changes to this notice](#)

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the Provider for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

[SECTION G: Complaints](#)

If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services; <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with the Provider, contact the individual listed on the first page of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

SECTION H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

SECTION I: Organized Healthcare Arrangement

The Provider, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with the Provider have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs.

Revision Date: July 31, 2014

Implementation Date for HIPAA Omnibus Act Compliance: September 23, 2013

Original Effective Date: April 14, 2003