



## NOTICE OF PRIVACY PRACTICES

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

### INTRODUCTION

At Louisiana Cardiovascular & Limb Salvage Center and Louisiana Cardiovascular, Limb, Foot and Wound Center of Excellence (collectively, "LCLSC"), we understand that medical information about you and your health is personal. LCLSC is committed to treating and using this protected health information about you responsibly. This Notice of Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. It describes LCLSC's use and disclosure of your information in order to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights as they relate to your protected health information. This Notice is effective as of January 9, 2009, the date the Center opened, as revised on 1/1/2017, and applies to all protected health information as defined by federal regulations of the Health Insurance Portability and Accountability Act (HIPAA).

### Your Health Information Rights

While your health record is the physical property of LCLSC, the information belongs to you. You have the right to:

- ***Obtain a paper copy of this Notice of Privacy Practices upon request.*** LCLSC will provide a copy of this notice to you upon your request.
- ***Inspect and copy your health record as provided for in 45 CFR 164.524.*** This means you may inspect and obtain an electronic or paper copy of the protected health information that is contained in your designated medical record for as long as LCLSC maintains the protected health information. Your designated medical record contains your medical records and any other records that your physician and the practice use for making decisions about you. LCLSC may charge a reasonable, cost based fee for production of this record or a summary of your record. LCLSC may deny access under limited circumstances defined by law.
- ***Amend your health record as provided in 45 CFR 164.528.*** This means you may request an amendment of protected health information about you in your designated medical record for as long as LCLSC maintains this information. In certain cases, LCLSC may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with LCLSC. LCLSC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You may request an amendment through discussions with the LCLSC physician or practitioner or by sending written notification to the LCLSC Privacy Officer, 901 Wilson Street, Lafayette, LA 70503.

***Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.*** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures LCLSC may have made to you, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after January 1, 2009 (the date in which this practice opened). The right to receive this information is subject to certain exceptions, restrictions, and limitations. You may request an accounting of disclosures by sending written notification to the LCLSC Privacy Officer, 901 Wilson Street, Lafayette, LA 70506

Louisiana Cardiovascular & Limb Salvage Center

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- **Request communications of your health information by alternative means or at alternative locations as provided in 45 CFR 164.522.** LCLSC will accommodate any reasonable request. LCLSC may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to the LCLSC Privacy Officer, 901 Wilson Street Lafayette, LA 70503.
- **Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You may request a restriction by sending written notification to the LCLSC Privacy Officer, 901 Wilson Street, Lafayette, LA 70503. However, LCLSC physicians are not required to agree to a restriction that you may request unless the request is for restricted disclosure to a health plan for the purpose of carrying out payment operations and is not otherwise required by law and the information pertains solely to a health care item or service for which you, or another person other than the insurer, has paid LCLSC in full. For other requests, if the LCLSC physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the LCLSC physician does agree to the requested restriction, LCLSC may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.
- **Revoke your authorization to use or disclose health information except to the extent that action has already been taken.** You may revoke your authorization for the use or disclosure of your protected health information, at any time, in writing, except to the extent that your physician or the physician's practice has on the disclosed or released information based on the original authorization.
- **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. LCLSC will verify the authority of this person to act as your representative.
  - **File A Complaint.** You can complaint if you feel LCLSC has violated your rights by contacting us, in writing at LCLSC, Attention Privacy Officer, 901 Wilson Street, Lafayette, LA 70503, by fax at 337 456-6521 or 337 456-6528, by email at [privacy@cv-limbsalvage.com](mailto:privacy@cv-limbsalvage.com); or by telephone at 337 456-6523. You may also speak with the Privacy Officer at LCLSC's office location. Additionally, you can file a complaint with the United States Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington DC 20201; by telephone at 1-877 696-6775 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). LCLSC will not retaliate against you for filing a complaint.

### LCLSC Responsibilities

LCLSC is required to:

- Maintain the privacy and security of your protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Promptly notify you if a breach occurs that may have compromised the privacy or security of your information
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

Louisiana Cardiovascular & Limb Salvage Center

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- Not use or share your information other than described in this notice unless you provide written authorization for such use or disclosure and allow you to revoke an authorization at any time by providing written notice of revocation.

LCLSC reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. You may call the LCLSC office at any time and request that a copy or revised copy be sent to you in the mail. Privacy Notices are available in all of our offices and you can ask for a copy at the time of your next appointment.

## How LCLSC May Use and Disclose Protected Health Information

**Required Disclosure:** LCLSC is required to disclose your protected health information to the Secretary of the Department of Health and Human Services, or other entities required by law, to determine HIPAA compliance.

**Treatment:** LCLSC will use your protected health information for treatment. LCLSC may disclose medical information about you to physicians, nurses, technicians, medical or nursing students, or other office and hospital personnel who are involved in taking care of you. LCLSC will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, LCLSC would disclose your protected health information, as necessary, to a home health agency that provides care to you. LCLSC will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, LCLSC may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care, diagnosis and/or treatment.

**Payment:** LCLSC will use your protected health information for payment. Your protected health information will be used, as needed, to obtain payment for your health care services. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** LCLSC will use your protected health information for regular health operations. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. LCLSC may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities including assessing the care and outcomes in your case and others like it, employee review activities, training of students, physicians and other allied health professionals, licensing, fundraising activities, conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical or nursing school students that see patients at our office. In addition, LCLSC may use a sign-in sheet at the registration desk and may ask you to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.



**Treatment Alternatives and Health Related Benefits and Services.** LCLSC may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. Additionally, LCLSC may use your name and address to send you a newsletter about our practice and the services we offer. LCLSC may also send you information about products or services that we believe may be beneficial to you.

**Fundraising.** LCLSC may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, you may opt out of such activities. Please contact our Privacy Officer for more information on the opt out procedure so that fundraising materials will not be sent to you. LCLSC will not use or disclose your information for marketing or sale without your authorization.

**Business Associates.** LCLSC will share your protected health information with third party “business associates” that perform various activities (e.g., billing, copy services, transcription services) for the practice. Whenever an arrangement between LCLSC and a business associate involves the use or disclosure of your protected health information, LCLSC will have a written contract that contains terms that will protect the privacy of your protected health information.

**Emergencies:** LCLSC may use or disclose your protected health information in an emergency treatment situation. If this happens, LCLSC shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, LCLSC may still use or disclose your protected health information to treat you.

**Appointment Reminders:** To assist LCLSC in the coordination of your care, LCLSC may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the office. At times, it may be necessary for LCLSC to leave a message with someone at your home or on your answering machine regarding your appointment. If you prefer not to receive appointment reminders or wish alternate means, or other restrictions of these communications, you may request a request by completing a Request for Confidential Communications form or Request or Restriction of Use and Disclosure of Protected Health Information.

**Notification:** LCLSC may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** LCLSC may disclose to a family member, other relative, or close personal friend protected health information relevant to that person’s involvement in your care or payment related to your care. You have the right to object and may request additional restriction of this information by completing a LCLSC Request for Restriction of Use and Disclosure of Protected Health Information form and/or submitting your restriction request in writing. However, if LCLSC determines that the request is unreasonable under the circumstances, LCLSC may refuse the request. In certain cases, LCLSC may advise you that in order to treat you they cannot agree to the restriction.

**Food and Drug Administration (FDA):** LCLSC may disclose to the FDA protected health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Research:** LCLSC may conduct and participate in many research activities. All research projects must be approved through a special review process to protect patient safety, welfare and privacy. The review process determines

**Louisiana Cardiovascular & Limb Salvage Center**



whether the request for your information has met federal and state requirements to protect your information. LCLSC may review your medical record from time to time to determine whether you may be eligible to participate in certain studies in which you would potentially have access to certain investigational treatments. Only LCLSC clinicians, employees or other members of the LCLSC workforce will review your medical record during these reviews and none of your protected health information will be disclosed to third parties without your specific authorization. All research shall be conducted in accordance with federal and state laws and regulations.

**Workers Compensation:** LCLSC may disclose 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 established by law.

**Public Health:** As required by law, LCLSC may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse or Neglect:** LCLSC may disclose your protected health information to a public health authority or governmental entity or agency that is authorized by law to receive reports of abuse, neglect or domestic violence, including if we believe that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Correctional Institution:** Should you be an inmate of a correctional institution, LCLSC may disclose to the institution or agents thereof protected health information necessary for your health and the health and safety of other individuals.

**Required by Law; Law Enforcement:** LCLSC may disclose protected health information for law enforcement purposes; as required by law; or in response to a valid subpoena.

**Health Oversight:** Federal law makes provision for your protected health information to be released to an appropriate health oversight agency or public health authority under certain circumstances. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws. Public Health Authorities seeking this information are authorized by law to collect or receive information for the purpose of controlling disease, injury or disability.

**Legal Proceedings:** LCLSC may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Military Activity and National Security:** When the appropriate conditions apply, LCLSC may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Coroners, Medical Examiners and Funeral Directors:** LCLSC may disclose health information to coroners, medical examiners, or funeral directors consistent with applicable law to carry out their duties.



**Organ Procurement Organizations:** Consistent with applicable law, LCLSC may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Avert a Serious Threat to Health or Safety.** Under certain circumstances and consistent with applicable laws and standards of ethical conduct, LCLSC may use or disclose protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public.

**Based upon Your Written Authorization.** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except to the extent that your physician or LCLSC has taken an action in reliance on the use or disclosure indicated in the authorization.

**For More Information or to Report a Problem.** If you believe your privacy rights have been violated, or have questions about this Notice and/or would like additional information, you may contact the **LCLSC Privacy Officer** by mail at 901 Wilson Street, Lafayette, LA 70503, telephone number (337) 456-6523; fax (337) 456-6521 or (337) 456-6522; or email at [privacy@cv-limbsalvage.com](mailto:privacy@cv-limbsalvage.com). Additionally, if you believe your privacy rights have been violated, you can file a complaint with the **Office for Civil Rights, U.S. Department of Health and Human Services** at the following address: *Office for Civil Rights*, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, Telephone: 1-877 696-6775, [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation for filing a complaint with either the LCLSC Privacy Officer or the Office for Civil Rights.