

SLIDELL MEMORIAL HOSPITAL AND AFFILIATED ENTITIES.

This notice describes the privacy practices of Slidell Memorial Hospital "SMH" and its departments and affiliates, including all departments and units of SMH, Physician clinics operated by SMH, and Volunteers authorized to help you.

The departments and affiliates listed above will share your health information with each other as necessary to carry out treatment, payment and health care operations.

SLIDELL MEMORIAL HOSPITAL MEDICAL STAFF.

This notice also describes the privacy practices of an Organized Health Care Arrangement or OHCA between SMH and eligible providers on its medical staff. Because SMH is a clinically integrated care setting, our patients receive care from SMH medical staff physicians and from independent practitioners on the SMH medical staff. SMH and its medical staff physicians must be able to share your health information freely for treatment, payment and health care operations as described in this notice. Because of this, SMH and all eligible providers on the SMH medical staff have entered into the OHCA. Under the OHCA, SMH and the eligible providers will use this Notice as a Joint Notice of Privacy Practices for all inpatient and outpatient visits and follow all information practices described in this Notice, obtain a single signed acknowledgment of receipt, and share medical information from inpatient and outpatient hospital visits with eligible providers so that they can help SMH with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- a. a basis for planning your care and treatment,
- b. a means of communication among the many health professionals who contribute to your care,
- c. a means by which you or a third-party payer can verify that services billed were actually provided,
- d. a tool in educating health professionals,
- e. a source of data for medical research,
- f. a source of information for public health officials charged with improving the health of the nation,
- g. a source of data for facility planning,
- h. a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR INDIVIDUAL RIGHTS.

RESTRICTIONS.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are required to agree to your request that we not disclose certain health information to your health insurance carrier if you pay out-of-pocket in full for all expenses related to that service prior to your request. Your restriction will only apply to records that relate solely to the service for which you have paid in full. We are not required to agree to any other request and will notify you if we are unable to agree.

Many different covered entities participate in this Notice as part of an OHCA. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for restriction. If we receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your insurance carrier, we will assume you have withdrawn your request for restriction.

ACCESS TO MEDICAL INFORMATION.

You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, paper or electronic, there may be a fee involved. If we agree to prepare a summary of your medical information, we will charge a fee to prepare the summary.

AMENDMENT.

You may request that we amend certain medical information that we keep in your medical records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

ACCOUNTING.

You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates for reasons other than treatment, payment and healthcare operations for six years prior to your request. In addition, for disclosures of your information for treatment, payment or health care operations through an electronic health record, you have the right to request an accounting of such disclosures, for the three-year period prior to your request. Contact the SMH Director of Health Information Management (Medical Records) at the telephone number listed at the end of this Notice for information on whether we maintain your health record electronically and when this right becomes effective.

For disclosures made by a business associate, we may choose to provide you with contact information for all business associates acting on our behalf. The first accounting in any twelve month period is free; you will be charged a fee for each subsequent accounting you request within the same twelve month period. Requests must be in writing. You may contact the SMH Director of Health Information Management (Medical Records) to obtain a form to request an accounting.

CONFIDENTIAL COMMUNICATIONS.

You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

NOTICE IN CASE OF BREACH.

You have the right to receive notice of an access, acquisition, use or disclosure of your information that is not permitted by the Health Insurance Portability and Accountability Act ("HIPAA") if such access, acquisition, use or disclosure compromises the security or privacy of your Protected Health Information ("PHI"). We will provide such notice to you without unreasonable delay but in no case later than sixty days after discovery of a breach.

HOW TO EXERCISE THESE RIGHTS.

All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Contact the SMH Privacy Officer at 985-280-2200 or the Director of Health Information Management (Medical Records) at 985-280-2200 for more information or to obtain request forms.

SMH RESPONSIBILITIES.

SMH is required to:

- a. maintain the privacy of your health information,
- b. provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- c. abide by the terms of this notice,
- d. notify you if we are unable to agree to a requested restriction,

SMH reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will revise this notice and make a revised copy available to you by posting the notice in the hospital, or you may also refer to the hospital website (www.slidellmemorial.org) for the most current notice. The effective date is listed at the end of the notice.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION.

The following are the types of uses and disclosures we may make of your health information without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such state or federal law. These are general descriptions only, and they do not cover every example of disclosures within a category.

- a. We will use your health information for treatment. For example, we will use and disclose health information about you with nurses, physicians, technicians and others who are involved in your care at SMH. We will also disclose your health information to your physician and other physicians, providers and health care facilities for their use in treating you in the future.
- b. We will use your health information for payment. For example, we will use and disclose your health information to prepare your bill and we will send health information to your insurance company with your bill. We may disclose health information about you to other health care providers, health plans and health care clearing houses for their payment purposes. If required by law, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.
- c. We will use your health information for regular health care operations. For example, members of the medical staff, nursing staff, the risk manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may also furnish other qualified parties with your health information for their health care operations.
- d. Business associates. There are some services provided in our organization through contracts with organizations or entities (known as business associates). We will disclose your health information to our business associates and allow them to create, use and disclose your information to perform their job. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- e. SMH census directory. We will include your name, location in the facility, general condition, and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility census if you object or if we are prohibited by state or federal law.
- f. Notification. We may disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies or x-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or other person responsible for your care may be notified of your location and condition.

- g. Disclosures required by law. We will use and disclose your information as required by federal or state law.
- h. Research. We may use or disclose your health information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may disclose health information about you to people preparing to conduct a research project, but the information will stay on site.
- i. Coroners, medical examiners, and funeral directors. We may disclose health information to coroners, medical examiners and funeral directors consistent with applicable law as necessary to carry out their duties.
- j. Organ procurement organizations. Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation or transplant.
- k. Appointment reminders. We may contact you as a reminder that you have an appointment for treatment or medical care.
- l. Treatment alternatives and other health-related benefits and services. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- m. Fundraising. We may contact you as part of a fundraising effort. We may also disclose certain elements of your health information, such as your name, address, phone number and dates you received treatment or services at SMH to a business associate or a foundation related to SMH so that they may contact you to raise money for SMH. If you do not wish to receive further fundraising communications, you should follow the instructions written on each communication that informs you how to be removed from any fundraising lists. You will not receive any fundraising communications from us after we receive your request to opt out, unless we have already prepared a communication prior to receiving notice of your election to opt out.
- n. Workers' compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- o. Public health. We may disclose your health information for public health activities. These activities may include disclosures to public health authorities charged with preventing or controlling disease, injury, or disability; to appropriate authorities authorized to receive reports of child abuse and neglect, to FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products, or to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- p. Specialized government functions. We may disclose medical information about you for intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.
- q. Law enforcement. Where limited by state or federal law, we will use and disclose your medical information within the limits of such law. We may release certain medical information if asked to do so by a law enforcement official for law enforcement purposes, such as the following:
 - i. As required by law, including laws that require reporting of certain wounds and physical injuries.
 - ii. as required by a court order, warrant, subpoena, summons or similar process.
 - iii. to identify or locate a suspect, fugitive, material witness or missing person.
 - iv. to alert authorities of a death that may have resulted from criminal conduct.

- v. information that we believe is evidence of criminal conduct occurring on our premises.
- vi. 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.
- r. Health oversight activities. We may disclose your health 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.
- s. Electronic Health Information Exchange. We may make your protected health information available electronically through an electronic health information exchange to other care providers and health plans that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for treatment and payment purposes.
- t. Judicial and Administrative Proceedings. We may disclose your health information in administrative and judicial proceedings. For example, we will disclose your information if we receive a binding order from a court or administrative agency. We may also disclose in response to a subpoena or other discovery request or other lawful process by someone else involved in the dispute, but only after reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.
- u. Reporting abuse, neglect or domestic violence. SMH will not report any abuse, neglect or domestic violence unless the patient agrees to have SMH report it. SMH must, however, report abuse, neglect or domestic violence when required to do so by law.
- v. To avert a threat to health and safety. Under certain circumstances, we may use or disclose your medical information to prevent a threat of harm to others. We will only do this if we, in good faith, believe it is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.
- w. Incidental Uses Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conduct our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- x. Other Uses and Disclosures. Other uses and disclosures of your health information not covered by this notice will be made only with your written permission. If you provide your permission for us to use and disclose your information, you may revoke that permission at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the SMH Privacy Officer or the Patient Advocate, Slidell Memorial Hospital, 1001 Gause Blvd., Slidell, LA 70458, telephone 985-280-2200, or with the United States Department of Health and Human Services, Office for Civil Rights, Region VI, 1301 Young Street, Dallas, Texas 75202, telephone 214-767-4056.

FOR MORE INFORMATION.

If you have questions and would like additional information, you may contact the SMH Privacy Officer or the Director of Health Information Management (Medical Records), who can be reached at 985-280-2200.

Effective date of Notice: September 1, 2013



SLIDELL MEMORIAL HOSPITAL 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.