

WEST JEFFERSON MEDICAL CENTER

JOINT PRIVACY NOTICE

EFFECTIVE DATE April 13, 2003

THIS JOINT 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.

If you have any questions about this Joint Notice, please contact the West Jefferson Medical Center Privacy Officer at 349-1114

This Joint Notice will tell you about the ways in which your medical and other “Protected Health Information” may be used and disclosed. Your “Protected Health Information” or “PHI” is information that may individually identify you or that relates to your past, present or future physical or mental health or condition and your related health care services. This Joint Notice also describes your rights and our obligations regarding the use and disclosure of your PHI.

WHO WILL FOLLOW THIS JOINT NOTICE

This Joint Notice describes the West Jefferson Medical Center (“Medical Center”) practices regarding your PHI. For purposes of this Joint Notice, Medical Center includes the West Jefferson General Hospital (the “Hospital”), the West Jefferson Family Doctors Clinics (the “Clinics”), the Behavioral Medical Center, all departments and units of the Hospital, Clinics, and Centers; employees, volunteers and others that are a part of the Medical Center’s workforce, (collectively, the “Medical Center”).

Medical Center is part of an “Organized Health Care Arrangement” or “OHCA” which means this documents also applies to the doctors, dentists, nurses and other health care professionals and entities who are authorized to treat you at the above Medical Center locations. Medical Center and these health care professionals and entities (sometimes referred to as, “we” or “us”) may enter information in your Medical Center record. Your Medical Center record reflects the care and services you receive at the Medical Center. Your Medical Center record is needed to provide you with quality care and to comply with certain legal requirements. We, the participants in the OHCA, understand that your Medical Center record and other PHI is personal and we are committed to protecting your PHI.

This Joint Notice applies to the use and disclosure of PHI about you as a patient of the Medical Center, whether created or received by Medical Center employees, your personal doctor, or other participants in our OHCA including hospital-based Radiologists. We may share your PHI with other participants in the OHCA for the treatment, payment or health care operations purposes described in this Joint Notice. All participants in the OHCA agree to follow the terms of this Joint Notice.

This Joint Notice does not apply to the use and disclosure of your PHI in connection with treatment you receive at locations other than those of the Medical Center, such as at another hospital or at a doctor’s office, clinic or center not associated with the Medical Center. These other health care providers may have different policies. A notice of their privacy practice may be obtained directly from them.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

We are required by law to:

- make sure that your PHI is kept private;
- give you this Joint Notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of the Joint Notice that is currently in effect; and
- communicate any changes in our Joint Notice to you.

CHANGES TO THIS JOINT NOTICE

We reserve the right to and may change the terms of this Joint Notice at any time. The new Joint Notice will be effective for all PHI that we already have about you as well as any we receive in the future. We will post a copy of the current Joint Notice in the Hospital, Clinics and Centers and on Medical Center’s website at www.wjmc.org. Each Joint Notice will contain the effective date on the first page in the top-right hand corner.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your PHI. 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 your PHI will fall within one of the categories.

For Treatment: We may use your PHI to provide, coordinate or manage your health care and related services at the Medical Center. This includes coordination and management of your health care with others not associated with our OHCA. For example, we will disclose your PHI from time to time to another physician or health care provider such as a specialist, pharmacist or laboratory, who, at the request of your doctor, becomes involved in your care. In emergencies, we will use and disclose your PHI to provide the treatment you require.

For Payment: We may use and disclose your PHI as needed to obtain payment for your health care services. For example, we may give your health plan information about your surgery at the Hospital so your health plan will pay the Hospital and your doctors or reimburse you for the surgery. We may also tell your health plan about a treatment your doctor recommends to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your PHI to others, not associated with the Medical Center or our OHCA, but involved in your care so that they may bill and collect from the person responsible for payment of their items or services.

For Health Care Operations: We may use and disclose your PHI for operations of our organized health care arrangement. These uses and disclosures are necessary to run the Hospital, Clinics and Centers and to make sure that all of our patients receive quality care. For example, we may use PHI to review the treatment and services of the Hospital and its medical staff or to evaluate the performance of individuals caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose your PHI to educate and train nurses, technicians, medical students, and other non-health professionals and for accreditation, licensing and credentialing purposes. We may also combine the PHI we have with PHI from other health care entities 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 PHI so

others may use it to study health care and health care delivery without learning who you are.

Appointment Reminders: We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or health care at the Hospital, Clinics or Centers.

Treatment Alternatives and Health Related Benefits and Services: We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives or other health related benefits and services that may be of interest to you.

Fundraising Activities: We may use limited information (such as your name, address, telephone number, dates of service) to contact you in the future to seek donations for our community service programs, patient care, medical research, and education. You may, at any time, request not to be contacted for these purposes.

Hospital Directory: Unless you object, we will use and disclose certain limited information about you in the Hospital directory while you are a patient at the Hospital. This limited information includes your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. All of this directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Only members of the clergy, such as a priest or rabbi, will be told your religious affiliation.

Individuals Involved in Your Care or Payment for Your Care: Using our professional judgment, we may release your PHI to a friend, family member or other person who you identify as being involved in your care or involved with payment of your health care, unless you tell us otherwise. We may also notify a friend or family member that you are in the Hospital and advise them of your general condition unless you object. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes. For example, we may disclose your PHI to researchers if their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Additionally, we may disclose your PHI to a researcher preparing to conduct a research project, for example, to help look for patients with specific medical needs, for so long as the PHI reviewed does not leave the Medical Center and the information sought is necessary for the purposes of the research. We will almost always ask for your specific permission if the research can identify you or involves your treatment. If you are asked for such permission, you have the right to refuse.

As Required by State or Federal Law: We will use or disclose your PHI when required to do so by federal, state or local law or regulation. For example, Louisiana law permits or requires certain disclosures of PHI to state agencies regarding birth defects, cancer and communicable diseases.

Criminal Activity: Under applicable federal and state laws, we may use and disclose your PHI when we believe it necessary to prevent or lessen a serious and immediate threat to the health and safety of a person or the public.

SPECIAL SITUATIONS

Coroners, Funeral Directors and Organ Donation: We may release PHI to a coroner or medical examiners for identification, to determine the cause of death, or for the performance of other duties as authorized by law. We may also release PHI about

patients of the Hospital to funeral directors as necessary to carry out their duties. PHI may be used and disclosed for organ procurement or organ, eye or tissue donations.

Military Activities and National Security: When appropriate conditions apply, if you are a member of the military we may use and disclose your PHI: (1) as required by military command authorities; and (2) to an appropriate foreign military if you are a member of a foreign military service. We may also release your PHI to authorized federal officials for lawful intelligence and other national security activities, including protective services for the President, other authorized persons or foreign heads of state.

Workers' Compensation: We may release your PHI if your employer has a workplace-related medical surveillance program and to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

Public Health Activities: We may disclose your PHI to a public health authority who is allowed, by law, to use or receive the information. Such use and disclosure may be necessary to:

- prevent or control disease, injury or disability;
- report births and deaths;
- report child abuse or neglect;
- report reactions to medications, foods and dietary supplements or problems with products and to notify of product recalls, repairs or replacements;
- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These health oversight activities are necessary for the government to monitor and oversee the health care system, government benefit programs, and compliance with civil rights laws.

Legal Proceedings: We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, 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 PHI for law enforcement purposes including:

- to respond to legal proceedings or otherwise comply with law;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- to report information about the victim of a crime
- to alert law enforcement about a death we believe may be the result of criminal conduct;
- to report criminal conduct at the Hospital, Clinics or Centers and
- in a medical emergency not at a Medical Center location, to report a suspected crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Inmates: We may use and disclose your PHI to your correctional facility or a law enforcement official if you are an inmate in a correctional institution or under the custody of a law enforcement official. Any disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You may exercise the following rights by submitting a **written** request to the West Jefferson Medical Center Privacy Officer at 1111 Medical Center Boulevard, Suite S-550, Marrero, Louisiana 70072. Please be aware that we may deny your request in certain limited circumstances; however, you may seek a review of the denial.

Right to Inspect and Copy: You have the right to inspect and copy, and to obtain a summary of, PHI that we maintain in a "designated record set" for as long as we maintain it. A designated record set contains medical and billing records and any other records used to make decisions about your health care. If you request a copy of the information, we may charge for costs of copying, mailing or other supplies associated with your request. If you request a summary of your PHI, we may charge a fee. Your right to inspect and copy does **not** include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, civil, criminal or administrative actions, or information that is subject to laws that prohibit access.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information for so long as we maintain the information. Your request must include the reason or reasons you are requesting the amendment.

Right to an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures that we have made of your PHI. This accounting will **not** include disclosures that we made to carry out treatment, payment, or health care operations and certain other disclosures, for instance, disclosures to you or to others at your request. The disclosures must have been made after April 14, 2003 and no more than six (6) years from the date of your request. The first accounting in any 12-month period will be free. You will be charged a fee for any additional accounting(s) in any 12-month period, but we will notify you in advance of any fees and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations and to others involved in your care or the payment for your care, like a family member or friend. **We are not required or permitted, in some circumstances, to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request and will accommodate all reasonable requests, when possible.

Right to a Paper Copy of This Joint Notice: You have the right to, and may ask us to give you, a paper copy of this Joint Notice at any time upon request and you may receive a copy of our Joint Notice electronically. In addition, each time you register at, or are admitted to, the Hospital or any of the Clinics or Centers for health care, we will offer you a copy of the current Joint Notice in effect. You will be asked to acknowledge, in writing, your receipt of our Joint Notice. Even if you have agreed to receive this Joint Notice electronically, you are still entitled to a paper copy of this Joint Notice. You may obtain an electronic copy of this Joint Notice at www.wjmc.org. You may obtain a paper copy of this Joint Notice upon request at any Medical Center location.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the West Jefferson Medical Center Privacy Officer at 349-1114. All complaints must be submitted in writing. ***You will not be penalized for filing a complaint.***

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this Joint Notice will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons permitted by your written authorization. Please be aware that we are unable to take back any disclosures we have already made with your permission and that we are required to retain records of the care that we provide to you.

OPT-OUT INFORMATION

If you do not want us to contact you for fundraising efforts, disclose your directory information, or disclose your PHI to a friend or family member, please notify the Privacy Office in writing.

If you have any questions about this Joint Notice, please contact the West Jefferson Medical Center Privacy Officer at 349-1114.

LIMITATIONS OF THE OHCA

This Joint Notice is being provided to you solely for purposes of HIPAA compliance. We designate ourselves as an OHCA solely to expedite the sharing of PHI to improve patient care and Medical Center operations. Participants in the OHCA are, and shall at all times remain, independent health care practitioners. Nothing in this Joint Notice shall constitute or be construed to be or to create a partnership, employee-employer or independent contractor relationship. Each OHCA participant shall be responsible for their own obligations, acts and omissions.