



### **Notice of Privacy Practices**

**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.**

This Notice of Privacy Practices is adopted to ensure that **Oxford After Hours Clinic, L.L.C.** ("OAHC"), fully complies with all federal and state privacy protection laws and regulations, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). OAHC is required by law to maintain the privacy of protected health information and to provide its patients with a copy of its Notice of Privacy Practices outlining its legal duties and privacy practices with respect to protected health information.

This Notice of Privacy Practices shall become effective as of March 1, 2014, and shall remain in effect until it is either amended or cancelled. You have a right to receive a paper copy of this Notice of Privacy Practices. If you have any questions or comments concerning this notice, you should contact the Chief Privacy Officer, **Oxford After Hours Clinic, L.L.C.**, 2762 Continental Drive, Suite 201, Baton Rouge, LA 70808 or by telephone 225 706 3033.

### **DEFINITIONS**

For the purposes of this notice, the following defined terms shall have the following definitions. . "HHS" shall mean the United States Department of Health and Human Services and "Health Information", "Protected Health Information" or "PHI" shall mean certain Individually Identifiable Health Information, as defined in 45 C.F.R. § 164.501 of the Privacy Standards.

### **Understanding Your Health Record/Information**

Each time you visit OAHC, a record of the care and/or services provided to you by OAHC is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for the future care or treatment. This information may be used to plan your care or treatment, communicate with other providers who contribute to your care, serve as a legal document, receive payment from you, your plan, or your health insurer, assess and improve the care we render and the outcomes we achieve and comply with state and federal laws that require us to disclose your health information.

### **How OAHC May Use or Disclose Your PHI**

OAHC collects your PHI and stores it in an electronic medical record ("EMR"). This is your medical record. The medical record is the property of OAHC, but the information in the medical record belongs to you. You have a right to access the EMR in a machine readable electronic format and to direct OAHC to send a machine readable copy directly to a third party. It is the policy of OAHC that all PHI may not be used or disclosed unless it meets one of the following conditions:

**Treatment.** OAHC collects information from you regarding your past medical history, present medical problems and/or complaints, as well as any diagnosis and/or past medical treatment at OAHC. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and used to determine the treatment that should work best for you. To promote quality care, OAHC operates an EMR. This is an electronic system that keeps health information about you. OAHC may also provide a subsequent healthcare provider with health information about you (e.g. copies of various reports) that should assist him/her in treating you in the future. OAHC may also disclose health information about you to and obtain your health information from electronic health information networks in which community health care providers may participate to facilitate the provision of care to patients such as yourself. OAHC may use a prescription hub which provides electronic access to your medication history. This will assist OAHC healthcare providers in understanding what other medications may have been prescribed for you by other providers.

**Payment.** OAHC will collect billing information from you such as your present address, social security number, date of birth, health insurance carrier, policy number and any other related billing information. OAHC may disclose this information to your health insurance provider, Medicare, Medicaid, or other payor of healthcare claims in order to process your health insurance claim. We may also send you or a third party payor a bill. The information on or accompanying the bill may include information that identifies you, your diagnosis, procedures, and supplies used.

**Regular healthcare operations.** OAHC may disclose your healthcare information to physicians, medical assistants, nurses, nurse practitioners, physician assistants, radiology personnel, billing clerks, administrative staff, and other employees involved in your healthcare treatment. We may use the information in your health record to access 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.

**Authorizations.** You may sign a written authorization giving OAHC authorization to use or disclose your healthcare information to a third party. This authorization may be revoked by providing OAHC with a written revocation of said authorization. Without the authorization, OAHC may not disclose the patient's psychotherapy notes.

**Notification and communication with family.** OAHC may use and disclose your PHI to notify or assist in notifying your family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Open Treatment Areas.** Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, others may overhear patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer.

**Voice Mail Message.** OAHC may call your home or other designated location and leave a message on your voice mail, in person or by text, in reference to any items that assist OAHC in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items. And any call pertaining to your clinical care. We may mail/email your home or other designated location any items that assist OAHC in carrying out Treatment, Payment, and Healthcare Operations such as appointment reminders, patient satisfaction surveys, and patient statements.

**To Avert a Serious Threat to Health or Safety:** OAHC may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

**Public health.** OAHC may disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**Health oversight activities.** OAHC may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health-care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Marketing.** OAHC may contact you via mail, email, or text to provide you with a treatment alternative or other health related benefits or services that may be of interest to you. However, we must obtain your prior written authorization for any marketing of products and services that are funded by third parties. You have the right to opt out by notifying us in writing.

**Sale of PHI.** OAHC may not “sell” your PHI (i.e., disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets a regulatory exception.

**Food and Drug Administration.** OAHC may disclose to the FDA health information relative to adverse events with respect to food, supplement, product and product defects, or post marketing surveillance information to enable product recalls repairs or replacement.

**Worker's Compensation.** OAHC may disclose health information to the extent authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs established by law.

**Law enforcement.** OAHC may disclose a patient's PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and/or other law enforcement purposes.

**Judicial and administrative proceedings.** OAHC may disclose a patient's PHI in the course of any administrative or judicial proceeding if we have been ordered to do so by a court that is handling a lawsuit or other dispute. OAHC may also disclose your PHI in response to a subpoena or discovery request, filed and executed in accordance with the law.

**Deceased Individuals.** It is the policy of OAHC that privacy protections extend to information concerning deceased individuals. OAHC may disclose your PHI to coroners, medical examiners, and funeral directors.

**Specialized government functions.** OAHC may disclose your PHI for military, national security, and prisoner purposes.

**Change of Ownership.** In the event that OAHC is sold or merges with another organization, your PHI will become the property of the new owner.

**Restriction Requests.** It is the policy of OAHC that serious consideration must be given to all requests for restrictions on uses and disclosures of PHI as published in this privacy policy. You have a right to request restrictions on certain uses and disclosures of their PHI. You may do so by completing OAHC's form entitled “Restrictions”. OAHC is not required to agree to the restriction that you request. If a particular restriction is agreed to, OAHC is bound by that restriction. If you pay for a specific health product or service out of pocket, you have the right to request that OAHC not disclose your information to your insurer. Such a request can also be made in writing by completing OAHC's form entitled “Restriction- Self Pay” and checking the particular box indicating that the service or product was paid for by you. If such a request is made, OAHC must agree with your request.

**Access to Information.** You have the right to inspect and copy your PHI. It is OAHC's policy that access to your PHI must be granted when such access is requested. Such request shall be submitted in writing by completing OAHC's request form entitled “Request for Inspection and/or Copy of Protected Health Information”. Costs associated with the copying of any PHI shall be in accordance with applicable state and federal law.

**Designation of Personal Representative.** Access to PHI must be granted to your designated personal representative as specified by you when such access is authorized by you. This designation of a personal representative must be made in writing by completing OAHC's form entitled “Designation of Personal Representative”.

**Confidential Communications Channels.** You have the right to receive your PHI through a reasonable alternative means or at an alternative location. Confidential communication channels can be used within the reasonable capability of OAHC, (i.e., do not call me at work, call me at home) as requested by the patient. Such request shall be made in writing by completing OAHC's form entitled “Confidential Channel Communication Request”.

**Amendment of Incomplete or Incorrect Protected Health Information.** You have a right to request that OAHC amend your PHI that is incorrect or incomplete. OAHC is not required to change your PHI and will provide you with information about OAHC's acceptance and/or denial and how you can disagree with the denial. A request to amend a patient's PHI shall be made in writing by completing OAHC's form entitled “Request for Amendment of Health Information”.

**Accounting of Disclosures.** You have a right to request an accounting of disclosures. Such written request for an accounting shall be made by completing OAHC's form entitled “Request for Accounting of Disclosures”.

**Breach Notification.** It is the policy of OAHC as required by law to maintain the privacy of a patient's PHI and to provide the patient with a copy of our legal duties and privacy practices relating to their PHI. If there is a breach (an inappropriate use or disclosure of the patient's PHI that the law requires to be reported) OAHC must notify the patient of said breach.

**Preemption of State Law.** It is the policy of OAHC that the federal privacy regulations are the minimum standard to be used regarding the privacy of a patient's PHI. If the laws of the State of Louisiana are more stringent in certain areas, the state laws in these areas shall prevail. In all other areas, the federal privacy regulations shall prevail.

**Cooperation with Privacy Oversight Authorities.** It is the policy of OAHC that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of PHI within this organization. It is also the policy of OAHC that all personnel cooperate fully with all privacy compliance review and investigations.

**Changes to this Notice of Privacy Practices.** OAHC reserves the right to amend this Notice of Privacy Practices at any time in the future and will provide a copy of such amendment to the patient upon request or upon the patient's next visit. Until such amendment is made, OAHC is required by law to comply with this notice.

**Complaints.** It is the policy of OAHC that all complaints by employees, patients, providers, or other entities relating to PHI be investigated and resolved in a timely fashion. Complaints about this Notice of Privacy Practices or how OAHC handles a patient's PHI should be directed to Oxford After Hours Clinic, L.L.C., 2762 Continental Drive, Suite 201, Baton Rouge, Louisiana 70808. If you are not satisfied with the manner in which OAHC handles a complaint, you may submit a formal complaint to Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg. 200 Independence Avenue, S.W. Room 509F HHH Building. Washington, DC 20201