

to take reasonable steps to protect the privacy of your medical information.

**Limited Data Set Recipients.** If we use your information to make a “*limited data set*,” we may give the “limited data set” that includes your information to others for the purposes of research, public health action or health care operations. The persons who receive the “limited data set” are also required to agree to take reasonable steps to protect the privacy of your medical information.

**The Secretary of the U.S. Department of Health and Human Services.** The Secretary has the right to see your records in order to make sure we follow the law.

**Public Health Authorities.** We may disclose your medical information to a public health authority responsible for preventing or controlling disease, maintaining vital statistics or other public health functions. We may also give your medical information to the Food and Drug Administration in connection with FDA-regulated products.

**Law Enforcement Officers.** We may reveal your medical information to the police. We may also give your medical information to persons whose job is to receive reports of abuse, neglect or domestic violence. And, if we believe that releasing this information is needed to prevent a serious threat to the health or safety of a person or the public, we are permitted to reveal your medical information.

**Health Oversight Agencies.** We may give your medical information to agencies responsible for health oversight activities, such as investigations and audits, of the health care system or benefits programs, as allowed by law.

**Courts and Administrative Agencies.** We may reveal your medical information as required by a judge for a legal issue.

**Coroners and Administrative Agencies.** If you die, we may reveal medical information about your death to coroners, medical examiners and funeral directors, as allowed by law.

**Tissue Donation and Organ Transplant Services.** We may reveal your medical information to agencies that are responsible for obtaining tissue donations and obtaining and transplanting organs.

**Research.** We may reveal your medical information in connection with certain research activities. With your authorization, we may disclose pertinent information such as your name, social security number, study name, and dates of participation to our Accounts Payable department to issue human subjects research incentive payments.

**Specialized Governmental Functions.** We may disclose your medical information for certain specialized governmental functions, as allowed by law. Such functions include:

- Military and veteran activities
- National security and intelligence activities
- Proactive services to the President and others
- Medical suitability determinations; and
- Correctional institutions and other law enforcement custodial situations.

Required by Law. We may also reveal your medical information in any other circumstances where the law requires us to do so.

#### **OBJECTIONS TO USES AND DISCLOSURES:**

In certain situations, you have the right to object before your medical information can be used or revealed. This does not apply if you are being treated for certain mental or behavioral problems. If you do not object after you are given the chance to do so, your medical information may be used:

**Patient Directory.** In most cases, this means your name; room number and general information about your condition may be given to people who ask for you by name. Also, information about your religion may be given to members of the clergy, even if they do not ask for you by name.

**Family and Friends.** We may disclose to your family members, other relatives and close personal friends, any medical information that they need to know if they are involved in caring for you. For example, we can tell someone who is assisting with your care that you need to take your medication or get a prescription refilled or give them information about how to care for you. We can also use your medical information to find a family member, a personal representative or another person responsible for your care and to notify them where you are, about your condition or of your death. If it is an emergency or you are not able to communicate, we may still give certain information to persons who can help with your care.

**Disaster Relief.** We may reveal your medical information to a public or private disaster relief organization assisting with an emergency.

**YOUR RIGHTS REGARDING YOUR MEDICAL/DENTAL INFORMATION:** You may also have the following rights regarding your medical information:

**You have the right** to ask us to treat your medical information in a special way, different from what we normally do. Unless it is one of the uses or disclosures to which the law gives you the

right to object, we do not have to agree with you. If we do agree to your wishes, we have to follow your wishes until we tell you that we will no longer do so. However, you have the right to request restrictions on disclosures of information about a health care item or service for which you have paid in full out of pocket. We must agree to your request as long as the requested restriction applies to seeking payment or our health care operations and not required by law.

**You have the right** to tell us how you would like us to send your information to you. For example, you might want us to call you only at work or only at home. Or you may not want us to call you at all. If your request is reasonable, we must follow your request.

**You have the right** to look at your medical information and, if you want, to get a copy of it. We can charge you for a copy, but only a reasonable amount. Your right to look at and copy your medical records is based upon certain rules. For example, we can ask you to make your request in writing, or, if you come in person, that you do so at certain times of the day.

**You have the right** to ask us to change your medical information. For example, if you think we made a mistake in writing down what you said about when you began to feel bad, you can tell us. If we do not agree to change your record, we will tell you why, in writing, and give you information about your rights.

**You have the right** to be told to whom we have given your medical information in the six years before you ask. This does not apply to all disclosures. For example, if we gave someone your medical information so that they could treat you or pay for your care, we do not have to keep a record of that.

**You have the right** to get a copy of this notice at no charge.

**You have the right** to complain to us or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights.

If you have a complaint or concern, please call our Compliance Hotline: **(504) 412.1826 or (800) 350.9941**

Your call will be handled by our Privacy Officer. You may remain anonymous and all calls are kept confidential.

For further information about your rights or about the uses and disclosures of your medical information, please call The Office of Compliance at: **(504) 412.1826.**

Or write to:  
**LSUHN**  
**Office of Compliance Programs**  
**1542 Tulane Ave, Suite 123HN**  
**New Orleans, LA 70112**

Or email: [hncompliance@lsuhsc.edu](mailto:hncompliance@lsuhsc.edu)



## **Patient Rights and Responsibilities**



## YOU HAVE THE RIGHT TO:

1. Be treated with courtesy, dignity and respect.
2. Know the name of doctors, nurses and other people caring for you.
3. Be told by your care givers what your condition is, what treatment they recommend, how they expect your condition to change, and what follow up care is needed.
4. Know the reason for giving you various test and treatments and the names of the persons giving them to you.
5. Know the benefits, risks and discomforts of any procedure or treatment recommended for you.
6. Refuse to sign a consent form until you understand it.
7. Cross out any part of the consent form that you do not want applied to your care.
8. Refuse treatment and to know medical results of your refusal.
9. Change your mind before undergoing a procedure for which you have giving your consent.
10. An explanation of all papers our staff asks you to sign.
11. Expect that staff will respect your personal privacy to the fullest extent allowed by the care you need.
12. Expect that records related to your care remain confidential.
13. Arrange for a meeting with another provider or a second opinion.
14. Arrange to change physicians.
15. The services of **LSU Healthcare Network** that is necessary for your care without regard to race, color, creed, national origin, age, sex, sexual preference, political party, religion or disability.
16. Refuse to participate in research projects.
17. Examine and receive an explanation of all charges.
18. Express spiritual and cultural beliefs that do not harm others or interfere with their care.

## YOU HAVE THE RESPONSIBILITY TO:

1. Show a current photo ID and insurance card at every visit.
2. Treat others with courtesy, dignity and respect.
3. Give, upon request, necessary records for registrations, billing, ability to pay, and authority to consent.
4. Give correct and complete information about your present symptoms, past illnesses, other times that you have been in the hospital, medicine you are taking and other questions about your health.
5. Ask questions if you do not understand papers you are asked to sign or information given to you.

6. Take part in your care.
7. Keep your appointments and be on time.
8. Pay your co-pay to the best of your ability.
9. Tell your caregivers or a patient care advocate when you are not pleased with your care.
10. Accept the results if you refuse treatment or do not follow the caregiver's instructions.
11. Consider the rights of other patients and staff and to help control noise.

## PATIENT DISMISSAL POLICY SUMMARY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hours notice, we are unable to offer that slot to other people.



Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as NO SHOW.

Patients who No-Show four (4) or more times in a 6 month period, may be dismissed from the practice thus they will be denied any future appointments

We understand that Special unavoidable circumstances may cause you to cancel within 24 hours.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show should be directed to the Clinic Manager (504 412-1100).

## PRESCRIPTION REFILLS AND CONTROLLED SUBSTANCE POLICY SUMMARIES

Refills for prescriptions are typically accommodated at the time of an office visit or during regular office hours. Refills outside of regular business hours are not guaranteed and are at the sole discretion of the physician on call.

Prior to being prescribed a controlled substance, all patients are required to sign a controlled substance policy. Noncompliance with our policy may result in dismissal from our practice.

## Notice of Privacy Practices Regarding Your Protected Health Information

*This Notice Describes How Medical/Dental Information About You May Be Used and Disclosed and How You Can Get Access to this Information. Please Review it CAREFULLY.*

The law requires us to make sure your medical information is kept private. It also requires us to give you this notice of our legal duties and privacy practices to tell you what we can do with the medical information about you. To better understand this law, you may want to read it. It is in Title 45 of the Code of Federal Regulations, Part 164. In the unlikely event that the information we have about you should be obtained by someone who is not supposed to have it, the law requires us to notify you. We are required to follow the practices outlined in this notice. We have the right to change this notice and our privacy practices in the future. Any changes made will apply to all of the medical information we have about you at this time. If we make a change, we will put up a notice in our building. We will also give you a copy of the new notice if you ask for it. You can also read about these changes on the computer at this website: [www.lsuahn.edu](http://www.lsuahn.edu)

### **HOW YOUR MEDICAL/DENTAL INFORMATION MAY BE USED:**

In general, we may use your medical information in a number of ways:

**To provide patient care to you.** Your medical information may be used by the doctors, nurses and other professionals who are treating you. For example, your medical information is used to help them find out your problems or condition, and to decide the best way to treat you.

**Appointment reminders.** We may use your medical information to contact you to remind you of appointments, and to give you information about other treatment options or other health-related benefits and services that may be of interest to you.

**To obtain payment.** Your medical information may also be used by our business office to prepare your bill and process payments from you as well as from any insurance company, government program or other person who is responsible for payment.

**For our health care operations.** Your medical information may be used to review the quality and appropriateness of the care you receive. We may also use your medical information to put together information to see how we are doing and to make improvements in the services and care we give you. In some cases we may have students, trainees, or other health care personnel, as well as some non-health care personnel, who come to our facility to learn under the guidance of faculty to practice or improve their skills.

**To create de-identified databases.** We may use your medical

information for the purpose of removing your personal information that tells anyone who you are, and putting it into a computer program. Your information may be completely de-identified where all identifying information is removed or partially de-identified but includes information such as gender and zip codes. This information is often used for research purposes. If your information is partially de-identified, it is called a "limited data set."

**Fundraising.** We may use your medical information to raise funds for our organization directly or to raise funds for our organization through an institutionally – related foundation or business associate. You may receive communications about these fundraising activities. You have the right to request that you not be contacted by us for purposes of fundraising and we must agree to your request.

### **HOW YOUR MEDICAL/DENTAL INFORMATION MAY BE DISCLOSED:**

In addition to using your medical information, we may disclose all or part of it to certain other people. This includes giving your information to:

**You.** In order to get your medical information, you will need to fill out an authorization form. You may also have to pay for the cost of some or all of the copies.

**People You Authorize.** If you tell us that you want us to give your medical information to someone, we will do so. You will need to fill out an authorization form. We must obtain your written authorization before disclosing information you may have shared with one of our psychiatrists, psychologists or counselors in a private session, or to use your information to market our services, or to sell your information. We must obtain your authorization to use or disclose your information in any way that is not otherwise described in this notice. You may stop this authorization at any time. We are not allowed to force you to give us permission to give your medical information to anyone. We cannot refuse to treat you because you stop this authorization.

**Payers.** We have the right to give your medical information to insurance companies, government programs such as **Medicare and Medicaid**, and their contractors who process your claims, as well as to others who are responsible for paying all or part of the cost of treatment provided to you. For example, we may tell your health insurance company what is wrong with you and what treatment is recommended or has been given to you.

**Business Associates.** Business Associates are companies or people we contract with to do certain work for us. Examples include billing services, information auditors, attorneys and specialized people providing management, analysis, utilization review or other similar services to us. Another example is giving health information to a Business Associate so that they can create a de-identified database. All Business Associates are required to agree