

# HIPAA Notice of Privacy Practice for Daniel Clinic

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN'T GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the HIPAA Privacy/Security Officer of Daniel Clinic.

## **OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, pharmacists, or other personnel, including people outside our office, who are involved in your medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and

disclose information to make sure the health care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

**Research:** We may use or disclose your Health Information for research. Before we disclose your Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or other similar purposes, as long as they do not remove or take a copy of any Health Information.

## **Special Situations:**

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation:** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Coroners, Medical Examiners and Funeral Directors:** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products they may be using; a person who may have been exposed to a disease or may be at risk for contraction or spreading a disease or condition; and the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose 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.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, 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 Health Information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons

or similar process; (2) limited information to identify or locate a suspect, fugitive material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the crimes or victims, or the identity, description or location of the person who committed the crime.

**National Security and intelligence Activities:** We may disclose Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the correctional institution.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

**Individuals Involved in your care or payment for your care:** unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your Health Information to disaster relief organizations that seek your Health Information to coordinate your care, or to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**Emergencies:** We may use or disclose your Health Information in an emergency treatment situation.

#### **Your rights:**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this Health Information, you must make your request in writing. We have up to 30 days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited Circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Under federal law, however, you may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding; and laboratory results or other records that subject to law that prohibits access to protected health information. Depending on the circumstances, a decision denying you access to such records may be reviewable. Please contact our HIPAA/Security Officer if you have questions about accessing your medical record.

**Right to Amend:** If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our office. To request an amendment, you must make your request in writing.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and healthcare operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing as soon as possible.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make a request in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of this notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please see our receptionists.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. You may file a complaint with us by notifying our HIPAA Privacy/Security Officer:

Daniel Clinic  
Jamie Robertson  
Office Manager  
5326 Oak Street  
St. Francisville, LA 70775  
(225)635-5848 phone  
(225)635-5847 fax

***"The mission of Daniel Clinic as healthcare providers is a commitment to provide quality care to patients in a professional, compassionate and dignified manner. We strive to uphold only the highest standards of care at all times while providing services to our patients and their families."***

This notice was updated and becomes effective on April 17, 2018