

**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.**

**Our Pledge Regarding Your Medical Information**

Your medical information is personal, and Ochsner is committed to keeping this information confidential. Maintaining a record of the care and services you receive at the hospital and clinic enables us to provide you with quality care and comply with certain legal requirements. This notice applies to all records of your care generated in the Ochsner Health System, including our hospitals, clinics and medical staff at Ochsner Medical Center, Ochsner Hospital – Elmwood, Ochsner St. Anne General Hospital, Ochsner Medical Center – Westbank, Ochsner Baptist Medical Center, Ochsner Medical Center – Kenner, Ochsner Medical Center – Northshore, and Ochsner Medical Center – Baton Rouge.

In addition, there may be instances where Ochsner will share your protected health information with members of our Organized Health Care Arrangement as allowed under HIPAA regulations and as necessary to carry out treatment, payment or health care operations. These members include patient care settings affiliated with the Ochsner Health System, and all medical staff, employees, volunteers, trainees, students and other personnel providing services as employed by these facilities. Ochsner Health System may elect to participate in secure health information networks designed and developed to promote healthcare continuity.

Your healthcare information may be included in these HIPAA compliant secure networks and accessed only by healthcare personnel involved in the delivery or payment of your healthcare services. You have the right to opt out of these exchanges. If you choose to opt out of the exchanges, you will be excluded from all of the exchanges that Ochsner Health System participates in. To opt out of the health information exchanges please contact Ochsner Health System by:

- Contacting Patient Relations in your Region
- Send a message via you're My Ochsner account
- Contact Ochsner Health System's Data Governance Department at (504) 842-5309

This notice details the ways in which we may use and disclose medical information about you, describes your rights and explains certain obligations we have regarding the use and disclosure of your medical information. All other uses and disclosures of your medical information may only occur with your permission, which you have a right to revoke at any time. Additionally, if your doctor is not a member of the physician practice that is owned by Ochsner Clinic Foundation, he or she may have different policies about how to handle your information and a separate notice.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

***How Ochsner May Use and Disclose Your Medical Information***

The following categories describe the different ways Ochsner Health System may use your health information within the hospital or clinic and how we will release your health information to persons outside the Health System. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

**Treatment.** Ochsner may use your medical information to provide treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students or other hospital/clinic personnel who are involved in your care.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to ensure meals are appropriate.

Hospital or clinic departments may share medical information about you to coordinate prescriptions, lab work and x-rays. Ochsner may also disclose your medical information to individuals outside the facility who may be involved in your care.

**Payment.** Ochsner may use and disclose your medical information to bill for the treatment and services you receive at our facilities and to collect payments from an insurance company, a third party or you.

For example, your health plan may require specific information about surgery you received at the hospital to pay Ochsner or reimburse you. We may also tell your health plan about a treatment you will receive to obtain prior approval or determine whether the treatment is covered by your plan.

**Hospital/Clinic Operations.** Ochsner may use and disclose your medical information to measure and ensure the quality of hospital/clinic operations.

For example, Ochsner may use medical information to:

- Review treatment and services received to assess the performance of our staff in caring for you;
- Combine medical information about multiple hospital or clinic patients to decide which additional services we should offer, which are not needed and whether certain new treatments are effective;
- Educate doctors, nurses, technicians, medical students and other hospital/clinic personnel;
- Compare medical information at Ochsner with other healthcare providers to improve the care and services we offer; or
- Comply with laws and regulations or for hospital accreditation purposes.

Ochsner may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without recognizing the specific patients.

**Business Associates.** Ochsner may use and disclose your medical information to business associates who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a company that bills for the services we provide.

**Treatment Alternatives.** Ochsner may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related Benefits and Services.** Ochsner may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** Ochsner may use and disclose your medical information to the Ochsner Philanthropy Department, and they may contact you in an effort to raise money for our organization. You have the right to opt out of fundraising communications from Ochsner Health System. To be removed from the Ochsner Fundraising list, please call us at 504-842-7117 or contact us by mail:

Ochsner Health System  
Department of Philanthropy  
1514 Jefferson Highway, BH 420  
New Orleans, LA 70121

**Hospital Directory.** Ochsner may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, general condition (e.g., fair, stable, etc.), and religious affiliation (if provided). The directory information (excluding your religious affiliation) may be released to people who ask for you by name so your family and friends can visit you in the hospital and find out how you are doing. Upon admission to an Ochsner facility as an inpatient you will be asked if you would like your information in the facility directory. If you do not want your information listed in the directory, please notify the Registration Receptionist.

**Individuals Involved in Your Care.** Ochsner may discuss medical information about you with a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the hospital. We may disclose medical information about you to an entity assisting in a disaster relief effort to inform your family of your condition, status and location. In addition, we may disclose information to a patient representative or someone who has the legal right to make medical decisions for you.

**Research.** Ochsner is an academic medical center that conducts research to improve medical care and treatment. Under certain circumstances, Ochsner may use and disclose your medical information for research purposes.

For example, a research project may involve reviewing medical records to compare the health and recovery of all patients who received one medication with those who received another for the same condition.

All research projects, however, are subject to a special approval process. This process includes an evaluation to balance research needs with privacy concerns. The research project must be approved before Ochsner will use or disclose any medical information with one exception: your medical information may be disclosed to people preparing to conduct a research project.

Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization (permission) or approval of the contact from a special review board. Enrollment in those studies may only occur after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing an authorization form.

For example, information may be needed to identify patients with specific medical needs. This is permitted; however, the medical information must remain within our institution.

**Required By Law.** Ochsner will disclose medical information about you when required to do so by federal, state or local law. For example, Ochsner will release information to comply with the law regarding reporting deaths.

**To Avert a Serious Threat to Health or Safety.** Ochsner may use and disclose your medical information to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Disaster-relief efforts.** Ochsner may disclose medical information about you to an organization assisting with a disaster relief effort in order to notify your family about your condition, status and location.

### ***Special Situations***

**Organ and Tissue Donation.** Ochsner may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, Ochsner may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** Ochsner may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** Ochsner may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To report to appropriate government authorities adverse events related to food, medications or products; and
- To notify the appropriate government authority if we believe a patient has been the victim of child or elder abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** Ochsner may disclose your medical 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 healthcare system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, Ochsner may disclose your medical information in response to a court or administrative order or in the defense of a malpractice claim arising out of care provided by us. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Coroner, Medical Examiners and Funeral Directors.** We may release medical 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 may also release medical information about patients of the hospital to funeral directors as necessary to enable them to carry out their duties.

**Law Enforcement.** Ochsner may release your medical information if asked by a law enforcement official for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process;
- Limited information to identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital or clinic; and
- 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.

**National Security and Intelligence Activities.** Ochsner may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others.** Ochsner may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Ochsner may release your medical information to the correctional institution or law enforcement official. This information would be released for the following uses:

(1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) to ensure the safety and security of the correctional institution.

### ***Situations that Require Your Written Authorization***

**Marketing.** Ochsner may ask you to sign an authorization to use or disclose protected health information as part of a marketing effort. The authorization will state if Ochsner is receiving any direct or indirect financial remuneration for the marketing. The authorization is not necessary for face-to-face communications about a product or service and/or communications made:

- To describe health-related products or services that are provided by Ochsner Health System ;
- For your treatment; or
- For case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care.

**Sale of PHI or Electronic Health Records.** Ochsner may not sell protected health information unless authorized by you. An authorization is not needed if the purpose of the exchange is for:

- Your treatment;
- Public Health Activities;
- Research purposes where the price charged reflects the cost of preparation and transmittal of the information;
- Healthcare operations related to the sale, merger, or consolidation of a covered entity;
- Performance of services by a business associate on behalf of a covered entity;
- Providing the individual with a copy of the PHI maintained about him/her; or
- Other reasons determined necessary and appropriate by the Secretary.

**Disclosure of Psychotherapy Notes.** Disclosure of Psychotherapy Notes will be done in accordance with Louisiana state law. In most cases this will require an authorization signed by you.

### ***Your Rights Regarding Medical Information About You***

The HIPAA Privacy Rule provides individuals with rights in regards to their protected health information. If you have any questions regarding your patient rights or wish to make a patient rights request, please see the addresses listed at the end of this section. The request should be sent to the Patient Relations Department in the Ochsner Region where you were treated. Under the HIPAA Privacy Rule, you have the following rights regarding medical information that we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and request copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and receive copies of medical information that may be used to make decisions about your care, you must submit your request in writing to the Ochsner facility where you were treated. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If you request a copy in electronic format, we must provide the information in an electronic format. If there are any fees for the costs of creating this format, we may charge you for them.

In certain limited circumstances, we may deny your request to inspect and copy. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request, and Ochsner will comply with the outcome of the review.

**Right to Request Amendment or Addendum.** If you feel that medical information we have in your record 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 or for the facility.

To request an amendment, your request must be made in writing and you must provide a reason that supports your request. All amendment requests should be sent to Patient Relations at the Ochsner facility where you received your care.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If we deny your request, we will explain why. In addition, we may deny your request if you ask us to amend information:

- Not created by us;
- Not part of the medical information kept by or for the hospital/clinic;
- Not part of the information which you would be permitted to inspect and copy; or
- That is accurate and complete.

If we deny your request to amend, you may be permitted to provide a statement that you disagree with a specific part of the record.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures Ochsner made of your medical information.

This list may not include disclosures made:

- To carry out treatment, payment or health care operations;
- To you or your personal representative;
- Incident to another permitted use or disclosure;
- To parties you authorize to receive your medical information;
- To those who request your information through the hospital directory;
- To your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition, or death;
- As part of a “limited data set”; or
- For national security or law enforcement purposes.

To request this list or accounting of disclosures, you must submit your request in writing to Patient Relations at the Ochsner facility where you receive your care. Your request must state a time period, which may not be older than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronic).

The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information Ochsner uses or discloses about you for treatment, payment or hospital/clinic operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not disclose information about a surgery you had.

We are not required to agree to your request, unless your request is for a restriction on health information sent to your health plan for payment or health care operations where you have paid the **full cost** of the service to which the information related. If we do agree to your request, our agreement must be in writing, and we will comply unless the information is needed to provide you with emergency treatment or required by law.

To request restrictions, you must make your request in writing to Patient Relations at the Ochsner facility where you receive your care. 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) what you want to limit: for example, disclosure to your spouse. In cases of services paid in full,

the request for a restriction must occur prior to the service being provided and proof of payment in full for the service must be submitted with the request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Patient Relations at the Ochsner facility where you receive your care. We will not ask you the reason for your request. Ochsner will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Notification of a Breach of Unsecured Protected Health Information.** Under certain circumstances, you have the right to or will receive notifications of breaches of your unsecured protected health information.

**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 the notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

You may review this notice at our website, [www.ochsner.org](http://www.ochsner.org).

To obtain a paper copy of this notice, contact Ochsner Patient Relations.

All Patient Rights requests should be sent to the Patient Relations Department in the region where the service occurred.

*For services provided at Ochsner Medical Center – Jefferson Highway, Ochsner Medical Center – Kenner, and Ochsner Baptist Medical Center or the clinics on the Eastbank of New Orleans and Jefferson Parish:*

Ochsner Medical Center – Jefferson Highway  
Patient Relations  
1514 Jefferson Highway  
New Orleans, LA 70121

Ochsner Medical Center - Kenner  
Patient Relations  
180 West Esplanade Avenue  
Kenner, LA 70065

Ochsner Baptist Medical Center  
Patient Relations  
2700 Napoleon Avenue  
New Orleans, LA 70115

*For services provided at Ochsner Medical Center – Baton Rouge or the clinics located in the Baton Rouge area:*

Ochsner Medical Center – Baton Rouge  
Patient Relations  
17000 Medical Center Drive  
Baton Rouge, LA 70816

*For services provided at Ochsner Medical Center – St Anne:*

Ochsner Medical Center – St Anne  
Patient Relations  
4608 Highway 1  
Raceland, LA 70394

*For services provided at Ochsner Medical Center Westbank and clinics located on the Westbank of New Orleans and Jefferson Parish:*

Ochsner Medical Center – Westbank  
Patient Relations  
2500 Belle Chasse Highway  
Gretna, LA 70056

*For services provided at Ochsner Medical Center – Northshore or the clinics located in Slidell, Covington, Mandeville, Abita Springs, and Hammond:*

Ochsner Medical Center – Northshore  
Patient Relations  
100 Medical Center Drive  
Slidell, LA 70461

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the hospital and clinic. The notice will contain the effective date on the first page.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our institution or with the Secretary of the United States Department of Health and Human Services. To file a complaint with Ochsner Health System, please contact the Ochsner Patient Relations in the region where you have received medical services.

You will not be penalized for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Ochsner permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. The request should be sent to the Health Information Department at the Ochsner facility where you seek your treatment. If you revoke your permission, Ochsner will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we already made with your permission and that we are required to retain our records of the care that we provide to you.

## **WHO MUST FOLLOW THIS NOTICE**

This notice describes our hospital and clinic's practices and those of:

- Any healthcare professional authorized to enter information into your hospital/clinic chart;
- All departments and units of the hospital and clinic;
- Any member of a volunteer group we allow to help you while you are in the hospital; and
- All employees, staff and other hospital/clinic personnel.

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital/clinic operations purposes described in this notice.

If you have any questions about this notice, please contact:

Ochsner Health System  
Compliance and Privacy Department  
Attn: Privacy Officer  
1514 Jefferson Highway  
New Orleans, LA 70121  
Telephone Number: 504.842.9323