



## **NOTICE OF PRIVACY PRACTICES FOR: Chalmette Urgent Medical Care (CUMC)**

**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 describes certain privacy practices of Parish Imaging. Parish Imaging uses health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Parish Imaging.

**Parish Imaging may use or disclose your health information, without consent, in the following ways:**

**For Treatment:** We may use your health information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technician or other personnel who are involved in your care and treatment at our facility. We may also disclose medical information about you to people outside our facility who may be involved in your medical care, such as other physicians, family members or other health care related entities from whom you seek treatment.

**For Payment:** We may use and disclose your health information to others for purposes of receiving payment for treatment and services you received. A bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, treatment or supplies used in the course of your treatment.

**For Healthcare Operations:** We may use and disclose your health information for operational purposes. Your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and other to evaluate the performance of our staff; assess the quality of care and outcomes in your case or similar cases; learn how to improve our facility and services; determine how to continually improve the quality and effectiveness of the healthcare we provide.

**Appointments:** We may use and disclose your health information to contact you as a reminder that you have an appointment at our facility.

**Treatment Alternatives:** We may use and disclose your health information to provide treatment to you about alternative treatments or other health related benefits and services that may be of interest to you.

**Required by Law:** We may use and disclose information about you as required by law. Parish Imaging may disclose information for judicial and administrative proceedings pursuant to legal authority; to report information related to victims of abuse, neglect or domestic violence and to assist law enforcement officials in their law enforcement duties.

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability or for other health oversight activities.

**Decedents:** Health information may be disclosed to funeral directors, coroners or medical examiners to enable them to carry out their lawful duties.

**Organ and Tissue Donation:** If you are an organ donor, we may use or share health information for procurement, banking or transplantation of organs, eyes or tissue.

**Research:** We may use or disclose your health information for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patient's need for privacy of their medical information.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the health and safety of you and or any other person pursuant to applicable law.

**Family and Friends:** If you are unavailable to communicate, such as in a medical emergency or disaster relief, we may disclose your personal and health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**Law Enforcement:** We may disclose limited information to law enforcement officials concerning the personal and health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the personal and health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution.

**Military and National Security:** We may disclose to military authorities the personal and health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials personal and health information required for lawful intelligence, counterintelligence and other national security activities.

**Workers Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations to Workers Compensation or similar programs which provide benefits for work-related injuries or illness.

**Marketing:** We are committed to ensuring the privacy and security of patient health information. To enhance our services, we will routinely engage in marketing activities which may serve to solicit feedback relative to patient care and services. To support our commitment to patient confidentiality, we will ensure that any protected health information used or disclosed for marketing purposes will comply fully with all applicable federal, state and or local laws and regulations. We may, without obtaining individual authorization, use or disclose protected health information for the following purposes a) to make a face-to-face marketing communication to an individual, b) to provide a promotional gift of nominal value to an individual.

**Fund Raising:** From time to time, we may engage in limited fundraising activities. Under certain circumstances, health care organizations may use or disclose protected health information without authorization of individuals for fundraising activities. We are committed to ensuring the privacy and security of individual health information when conducting fundraising activities. To support this commitment, we will ensure any use or disclosure of protected health information for fundraising activities is in compliance with all applicable federal, state and or local laws and regulations. We will obtain individual authorization before using or disclosing protected health information to a business associate or to an institutionally related foundation for the purpose of fundraising, except in the following situations; a) we may use or disclose demographic information

relating to an individual, to a businesses associate or to an institutionally related foundation for the purpose of raising funds for our own benefit; b) We may use or disclose dates of health care provided to an individual to a business associate or to an institutionally related foundation for the purpose of raising funds for our own benefit. All fundraising materials that are sent to individuals will include a description of how the individual may opt out of receiving any further fundraising communications.

**Other Uses of Your Health Information:** Other uses and disclosures of your medical information not covered by this notice or required by laws that apply to us, will be made only with your written permission (Authorization). If you provide your permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke permission, we will no longer use or disclose medical information about you for the reasons indicated in your written authorization. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your Authorization. You may submit your request in writing using the contact information listed at the end of this notice.

### **Your Health Information Rights**

- **Right to request additional restrictions:** You have the right to request restrictions in our use or disclosure of your medical information for treatment, payment or health care operations explained in this notice. While we will consider all requests carefully, we are not required to agree to your request for restrictions. You may submit your request in writing using the contact information listed at the end of this notice.
- **Right to Receive Paper Copy of this Notice:** You have the right to receive a paper copy of this notice upon request. Please contact us by using the information listed at the end of this notice
- **Right to Inspect and Copy Your Confidential Information:** You have the right to inspect and receive a copy of the medical information that may be used to make decision about you, including patient medical records and billing records. We may charge a fee for the costs of copying , mailing , labor and supplies associated with your request. Under limited circumstances, we may deny you access to a portion of your records. You may submit your request in writing using the contact information listed at the end of this notice.
- **Right to Amend Your Health Records:** You have the right to ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. If we determine that the record is inaccurate and the law permits us to amend it, we will. If your treating physician or another person created the information that you want changed, you should ask that person to amend the information. You may submit your request in writing using the contact information listed at the end of this notice.
- **Right to Receive Confidential Communications:** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. While we will consider reasonable requests, we are not required to agree to all requests. You may submit your request in writing using the contact information listed at the end of this notice.
- **Right to Receive an Accounting of Disclosures:** You have the right to request an accounting of the disclosures we have made of your medical information for purposes other than specified above. All requests for an accounting of disclosures may not be longer than six years and may not include dates before February 29, 2008. If you request an accounting more than once during any 12 month period, we will charge you a

reasonable fee for each accounting statement after the first one. We will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs. You may submit your request in writing using the contact information listed at the end of this notice.

- **Right to File a Complaint:** 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. All complaints must be submitted in writing. To file a complaint with us you may submit your complaint using the contact information listed at the end of this notice. We will not take any action against you if you file a complaint with the Secretary of the Department of Health and Human Services or us.

**Changes to this notice:** We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. WE will post a copy of the current Notice in our facility. Revised notices will be made available to you upon request.

**If you wish to make any of the requests listed above under “Your Health Information Rights” please submit in writing to:**

**Donna Gifford  
CUMC  
619 E. Judge Perez Dr.  
Chalmette, LA 70043  
Office: (504) 309-8928  
Fax: (504) 309-8954**