



Joint Privacy Notice

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 Joint Privacy Notice describes West Jefferson Medical Center’s practices regarding use and disclosure of your Protected Health Information. It also describes your rights and our obligations regarding the use and disclosure of your Protected Health Information and how you can get access to your Protected Health Information.

Your **“Protected Health Information”** or **“PHI”** is information that may individually identify you or that relates to your past, present or future physical or mental health or condition and your related health care services. If you have any questions about this Joint Privacy Notice, please contact our Privacy Office at 504.349.1114.

Who Will Follow This Joint Notice?

For purposes of this Joint Privacy Notice, WJMC includes the West Jefferson Medical Center (the **“Hospital”**), the West Jefferson Family Doctors Clinics and practices within West Jefferson Physician Services (the **“Clinics”**), all inpatient and outpatient departments and units of the Hospital and Clinics, and employees, volunteers and others that are a part of West Jefferson Medical Center’s workforce, (collectively, **“WJMC”**).

WJMC is part of an **“Organized Health Care Arrangement”** or **“OHCA”** which means these practices also apply to the doctors, dentists, nurses, and other health care professionals and entities who are authorized to treat you at WJMC locations. WJMC and other members of WJMC’s OHCA (sometimes referred to as, **“we,” “us,”** or the **“OHCA”**) may enter information in your WJMC record. Your WJMC medical record reflects the care and services you receive at WJMC. Your WJMC record is needed to provide you with quality care and to comply with certain legal requirements. We, the participants in WJMC’s OHCA, understand that your WJMC record and other PHI is personal and we are committed to protecting the privacy and security of your PHI.

We may share your PHI with other participants in the OHCA for the treatment, payment and/or health care operations purposes described in this Joint Privacy Notice. This Joint Privacy Notice governs the use and disclosure of PHI about you as a patient of WJMC, whether created or received by WJMC employees, your personal doctor, or other members in the WJMC OHCA, including but not limited to, hospital-based physicians (radiologists, anesthesiologists, emergency room physicians, *etc.*). All participants in the OHCA agree to follow the terms of this Joint Privacy Notice.

Please note this Joint Privacy Notice is inapplicable to the use and disclosure of your PHI in connection with treatment you receive at locations other than those of WJMC, such as other hospitals or doctor’s offices, clinics or centers not owned and operated by WJMC. These other health care providers may have different policies. A notice of their particular privacy practices may, and should, be obtained directly from them.

Our Duties To You Regarding Protected Health Information

We are *required by law* to:

- ▶ make sure that your PHI is kept private
- ▶ give you this Joint Privacy Notice of our legal duties and privacy practices with respect to your PHI
- ▶ follow the terms of the Joint Privacy Notice that is currently in effect
- ▶ communicate any changes in our Joint Privacy Notice to you
- ▶ notify you following a breach of your unsecured PHI

Changes To This Joint Privacy Notice

We reserve the right to and may change the terms of this Joint Privacy Notice at any time. The new Joint Privacy Notice will be effective for all PHI that we already have about you, as well as any we receive in the future. Each Joint Privacy Notice will contain the effective date at the bottom of each page. As required

by law, we will abide by the terms of the Joint Privacy Notice then currently in effect. We will post a copy of the current Joint Privacy Notice in the Hospital, in our Clinics and on WJMC's website at www.wjmc.org. In addition, each time you register at, or are admitted to, the Hospital or any of the Clinics for health care, we will offer you a copy of the current Joint Privacy Notice in effect.

How We May Use and Disclose Protected Health Information About You

The following categories describe different ways that we may use and disclose your PHI. For each category, we will explain what we mean and try to give some examples of those types of uses and disclosures. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one of the categories.

For Treatment: We may use your PHI to provide, coordinate or manage your health care and related services at WJMC. This includes coordination and management of your health care with others not associated with our OHCA. For example, we will disclose your PHI from time to time to another physician or health care provider such as a specialist, pharmacist, laboratory or home health agency, who, at the request of you or your doctor, becomes involved in your care. In emergencies, we will use and disclose your PHI to provide the treatment you require.

For Payment: We may use and disclose your PHI as needed to obtain payment for your health care services. For example, we may give your health plan information about your surgery at the Hospital so that your health plan will pay the Hospital and your doctors or reimburse you for the surgery. We may also tell your health plan about a treatment your doctor recommends to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your PHI to others, not associated with WJMC or our OHCA, but involved in your care so that they may bill and collect from the person responsible for payment of their items or services.

For Health Care Operations: We may use and disclose your PHI for operations of our OHCA. These uses and disclosures are necessary to run the Hospital and Clinics and to make sure that all of our patients receive quality care. For example, we may use PHI to review the treatment and services of the Hospital and its medical staff or to evaluate the performance of individuals caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose your PHI to educate and train nurses, technicians, medical students, and other non-health professionals and for accreditation, licensing and credentialing purposes. We may also combine the PHI we have with PHI from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who you are. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, *etc.*

At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our healthcare operations. In all cases, those business associates are required to appropriately safeguard the privacy of your information.

Appointment Reminders: We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or health care at the Hospital or Clinics.

Treatment Alternatives and Health Related Benefits and Services: We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives or other health related benefits and services that may be of interest to you.

Fundraising Activities: We may use limited information (such as your name, address, age, telephone number, dates of service, general department of services, and treating physicians) to contact you in the future, by telephone or writing, to seek donations for our community service programs, patient care, medical research, and education. You have a right to opt-out of receiving our fund raising communications so with each such communication from us, we will provide you with a clear simple method for you to indicate that you desire not to receive all future or specific fund raising solicitations. We will abide by your decision and your decision will not affect your treatment or payment for such treatment.

Hospital Directory: Unless you object or restrict our disclosures, we will use and disclose certain limited information about you in the Hospital directory while you are a patient at the Hospital. This limited information includes your name, location in the Hospital, your general condition (*e.g.*, fair, stable, *etc.*) and your religious affiliation. All of this directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Only members of the clergy, the spiritual care department or their designated representatives, such as a priest or a rabbi, will be told your religious affiliation.

Individuals Involved in Your Care or Payment for Your Care: Using our professional judgment, we may release your PHI directly relevant to a friend, family member or other person who you identify as being involved in your care or involved with payment of your health care, unless you tell us otherwise. We may also notify a friend or family member that you are in the Hospital and advise them of your general condition unless you object. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes. For example, we may disclose your PHI to researchers if their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Additionally, we may disclose your PHI to a researcher preparing to conduct a research project, for example, to help look for patients with specific medical needs, for so long as the PHI reviewed does not leave WJMC and the information sought is necessary for the purposes of the research. We will almost always ask for your specific permission if the research can identify you or involves your treatment. If you are asked for such permission, you have the right to refuse.

As Required by State or Federal Law: We will use or disclose your PHI when required to do so by federal, state or local law or regulation. For example, Louisiana law permits or requires certain disclosures of PHI to state agencies regarding birth defects, cancer and communicable diseases.

Criminal Activity: Under applicable federal, state and local laws, we may use and disclose your PHI when we believe it necessary to prevent or lessen a serious and immediate threat to the health and safety of a person or the public.

Special Situations

Coroners, Funeral Directors and Organ Donation: We may release PHI to a coroner or medical examiners for identification, to determine the cause of death, or for the performance of other duties as authorized by law. We may also release PHI about patients of the Hospital to funeral directors as necessary to carry out their duties. PHI may be used and disclosed for organ procurement or organ, eye or tissue donations.

Military Activities and National Security: When appropriate conditions apply, if you are a member of the military we may use and disclose your PHI: (1) as required by military command authorities; and (2) to an appropriate foreign military if you are a member of a foreign military service. We may also release your PHI to authorized federal officials for lawful intelligence and other national security activities, including protective services for the President, other authorized persons or foreign heads of state.

Workers' Compensation: We may release your PHI if your employer has a workplace related medical surveillance program and to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Public Health Activities: We may disclose your PHI to a public health authority who is allowed, by law, to use or receive the information. Such use and disclosure may be necessary to:

- prevent or control disease, injury or disability
- report births and deaths
- report child abuse or neglect
- report reactions to medications, foods and dietary supplements or problems with products and to notify of product recalls, repairs or replacements
- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence
- report to your employer for the conduct of an evaluation relating to medical surveillance or to evaluate whether you have a work-related illness or injury.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These health oversight activities are necessary for the government to monitor and oversee the health care system, government benefit programs, and compliance with civil rights laws.

Legal Proceedings: We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process,

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 PHI for law enforcement purposes including:

- to respond to legal proceedings or otherwise comply with law
- to identify or locate a suspect, fugitive, material witness, or missing person
- to report information about the victim of a crime
- to alert law enforcement about a death we believe may be the result of criminal conduct
- to report criminal conduct at the Hospital or Clinics
- in a medical emergency not at a WJMC location, to report a suspected crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Inmates: We may use and disclose your PHI to your correctional facility or a law enforcement official if you are an inmate in a correctional institution or under the custody of a law enforcement official. Any disclosure would be 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) for the safety and security of the correctional institution.

Our Uses and Disclosures Requiring Your Authorization

Psychotherapy Notes: We must obtain your prior written authorization for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure by WJMC for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure by WJMC to defend itself in a legal action or other proceeding brought by you; to the extent required to investigate or determine WJMC's compliance with the HIPAA regulations; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Marketing: We must receive your authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of a face-to-face communication made to you personally; or a promotional gift of nominal value provided by WJMC. It is not considered marketing to send you (and we may send you without written authorization) information related to your individual treatment, case management, care coordination or to direct or recommend alternative treatment, therapies, healthcare providers or settings of care. If the marketing is to result in financial remuneration, e.g., direct or indirect payment, to WJMC by a third party, we will state this on the authorization.

Sale of PHI: We must receive your authorization for any disclosure of your PHI which is a sale of PHI. Such authorization will state

that the disclosure will result in remuneration, e.g., direct or indirect payment, to WJMC.

Revocation of Your Authorization: If you give us authorization for use and disclosure of psychotherapy notes, marketing, and/or sale of PHI, you can revoke your authorization at any time by providing us written notice.

Your Rights Regarding Your Protected Health Information

You may exercise the following rights by submitting a written request to our Privacy Officer at: 1111 Medical Center Boulevard, Marrero, Louisiana 70072. Please be aware that we may deny your request in certain limited circumstances; however, in most cases, you may seek a review of the denial.

Right to Inspect and Copy: You have the right to inspect and copy, and to obtain a summary of, PHI that we maintain in a “designated record set” for as long as we maintain it. A designated record set contains medical and billing records and any other records used to make decisions about your health care. If you request a copy of the information, we may charge for costs of copying, mailing or other supplies associated with your request. If you request a summary of your PHI, we may charge a fee. Your right to inspect and copy does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, civil, criminal or administrative actions, or information that is subject to laws that prohibit access.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information for so long as we maintain the information. Your request must include the reason or reasons you are requesting the amendment.

Right to an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of your PHI. This accounting will not include disclosures that we made to carry out treatment, payment, or health care operations and certain other disclosures, for instance, disclosures to you or to others at your request. The disclosures must have been made no more than six (6) years prior to the date of your request. The first accounting in any 12-month period will be free. You will be charged a fee for any additional accounting(s) in any 12-month period, but we will notify you in advance of any fees and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations and to others involved in your care or the payment for your care, like a family member or friend. We are not required or permitted, in some circumstances, to agree to your request. If we do agree, we will comply with your request; unless the information is needed to provide you emergency treatment and we will request that your PHI not be further disclosed. We must agree to not disclose your PHI to a health plan for payment or for healthcare operations purposes, if that PHI pertains to a healthcare item or service for which we have been involved and which has been paid out-of-pocket in full. 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) to whom you want the limits to apply, for example, disclosures to your spouse. We will terminate that restriction if you contact our Privacy Officer and request us to do so. We reserve the right to terminate an agreed upon

restriction if we believe such termination is appropriate and notify you of such termination.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request and will accommodate all reasonable requests, when possible.

Right to a Paper Copy of This Joint Privacy Notice: You have the right to, and may ask us to give you, a paper copy of this Joint Privacy Notice at any time upon request to our Privacy Officer, or you may obtain a copy from any WJMC location. In addition, each time you register at, or are admitted to, the Hospital or any of the Clinics for health care, we will offer you a copy of the current Joint Privacy Notice in effect. You will be asked to acknowledge, in writing, your receipt of our Joint Privacy Notice. You may also obtain a copy of this Joint Privacy Notice electronically through our website, www.wjmc.org, or via email if you prefer through a request from our Privacy Officer. Even if you have agreed to receive this Joint Privacy Notice electronically, you are still entitled to a paper copy of this Joint Privacy Notice.

Complaints/Additional Information

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 also file a complaint with us by contacting our Privacy Officer by telephone at: 504-349-1114 or in writing at: 1111 Medical Center Boulevard, Marrero, Louisiana 70072. You will not be penalized or retaliated against for filing a complaint.

If you would like additional information, you may contact our Privacy Officer as indicated above.

Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this Joint Privacy Notice will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons permitted by your written authorization. Please be aware that we are unable to take back any disclosures we have already made with your permission and that we are required to retain records of the care that we provide to you.

Limitations of the OHCA

This Joint Privacy Notice is being provided to you solely for purposes of HIPAA compliance. We designate ourselves as an OHCA solely to expedite the sharing of PHI to improve patient care and WJMC operations. Participants in the OHCA are, and shall at all times remain, independent health care practitioners. Nothing in this Joint Privacy Notice shall constitute or be construed to be or to create a partnership, employee-employer or independent contractor relationship. Each OHCA participant shall be responsible for their own obligations, acts and omissions.

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please contact the West Jefferson Medical Center
Privacy Office at 504.349.1114.**