

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

The Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: With your specific written authorization, your PHI may be used and disclosed by this office, office staff and others outside of our office that are involved in your treatment and care for the purpose of providing health care services to you, to pay your health care bill, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining precertification for a surgical procedure, sending a bill to your insurance company for payment.

Healthcare Operations: This includes the business aspects of running our office, such as conducting quality assessments, employee review activities, for example, an internal assessment of our documentation protocol. We may contact you regarding appointment reminders by phone, text, and mail.

We may use or disclose your PHI in the following situations without your authorization: As required by Federal, State or Local law: Public Health issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security and Workers' compensation. Required uses and Disclosure: Under the law, we must make disclosures to you and when required by the Secretary of Department of Health and Human Services, to investigate or determine our compliance.

Other Permitted and Required Uses and Disclosures will be made ONLY with your consent, authorization or opportunity to object, UNLESS required by law.

Disclosures including marketing, fundraising, notes pertaining to psychotherapy, or sale of PHI, will be made only with your authorization. You may revoke this authorization, at any time, in writing, except to the extent that your physician has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

Right to inspect and copy your PHI with the exception, under Federal Law, psychotherapy notes; in anticipation of use in civil, criminal or administrative proceeding. **Right** to request restriction of your PHI to family members, friends who may be involved in your healthcare or any other person identified by you. Your request must state the specific restriction and to whom you want the restriction to apply. *This practice is not required to agree with requested restriction with the exception of those for whom healthcare is being paid out of pocket.* **Right** to receive confidential communications from us by alternative means or locations. **Right** to obtain a paper copy of this notice upon request. **Right** to request an accounting of certain disclosures we have made, if any, of your PHI outside of treatment, payment and healthcare operations. **Right** to access and copy your PHI. **Right** to request an amendment to your PHI.

We are required by law to maintain the privacy of, and provide you with notice of our legal duties and privacy practices with respect to protected PHI. If you have any questions concerning or objections to this form, please ask to speak with our Privacy Officer. We reserve the right to change the terms of our Notice of Privacy Practices. Revisions will be posted and will provide you with a copy upon request. We are required to notify you if a breach of confidentiality occurs involving your PHI. You have the right to file a formal, written complaint with us at the address below.

A full explanation of regulations can be obtained by contacting our privacy officer.

For more information about our Privacy Practices
Please contact our Privacy Officer
4906 Ambassador Caffery Pkwy. Bldg. G
Lafayette, LA 70508
337.989.2600

For more information about HIPAA or to file a complaint
The U.S. Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave. S.W.
Washington, D.C. 20201 Toll Free: (877)696-6775