

## **Reliant Healthcare Notice of Privacy Practices**

“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.”

Each time you are a patient of Reliant Healthcare a record about your care is made containing health information that is protected. We are allowed to use and to make know this protected health information:

- To provide treatment and care to you. An example is ordering a lab test.
- To receive payment for taking care of you. An example is sending a bill to your insurance company.
- To manage the hospital properly. An example is to participate in an inspection.
- To obey with law. An example is to record birth certificates.

We must obey the law:

- To keep your protected health information private by following the legal rules.
- To give you this Notice of our legal duties and privacy practices with respect to your protected health information.
- To follow the terms of this Notice that is currently in effect.

### **Your Privacy Rights**

**Right to Review and Ask for a Copy-** You have the right to ask, in writing, to see and get a copy of the information in your medical and billing records. Reliant Healthcare has the right to say we cannot do as you ask. If you are denied the right to see or copy your medical information, you may ask us to think about it. We may ask a licensed health care professional to review the denial and we will follow their decision.

**Right to Amend-** If you feel your medical information is not complete, you may ask us, in writing, to add to the information. You must provide a reason why the information is to be added. Reliant Healthcare has the right to say we cannot do as you ask. We will tell you if we cannot do what you ask.

**Right to an Accounting of Disclosures-** You have the right to ask, in writing, for a list of who was made known of health information about you. This list will not include those who were part of your treatment, those who helped to get payment, those who do Reliant Healthcare management, those who you allowed us to share your information, and anything before April 14, 2003.

**Right to Ask Restrictions on Disclosures-** You have the right to ask, in writing, to not use or limit the health information we make known about you for treatment, payment or hospital management or to someone involved in your care or the payment for your care, like a family member or friend. Reliant Healthcare has the right to say we cannot do as you ask. However, if we do agree, we may need to use the information for emergency treatment or to obey the law.

**Right to Ask Confidential Communications-** You have the right to ask, in writing, that we get in touch with you about medical matters in a certain way such as only at work or by mail. We will do as you ask, within reason, however you must provide us with information about how payment, if any, will be handled. We will not ask why you are asking us to do this.

**Right to a Paper Copy of This Notice-** You have the right to receive a paper copy of this Notice at any time even though you may have agreed to receive it by computer. You may obtain a copy

from the Office Manager. The Office Manager has the request forms to fill out and can tell you if there will be a cost.

### **Uses and Disclosures of your Medical Information**

**Treatment-** While at Reliant Healthcare we may use your medical information with those who take care of you or help those who take care of you. If you need to be sent to another hospital, a nursing home, a rehab center or Home Health, we may share your medical information. After you leave Reliant Healthcare we may share your medical information with those who help take care of you such as family members or pharmacists.

**Payment-** We may use and make known your medical information so we can get paid for the care you received. We may ask your health plan about a treatment you are going to receive in order to obtain prior approval to bill for payment.

**Health Care Operations-** We may use and make known your medical information for the management of Reliant Healthcare. An example is population-based activities for improving health or reducing health care costs. We may make known information to other health care providers, such as an ambulance company, to allow them to get paid.

**Health Services, Treatment Options and Health-Related Benefits-** We may use your medical information to tell you about (a) the health-related products, benefits or services we offer that may be of interest to you, (b) others in our healthcare network, or (c) possible treatment options. We also may use that information to get in touch with you to talk about your care or to remind you of an appointment.

**Hospital Directory-** We may use your name, room number, general condition (fair, stable, etc.) and religious group for our directories so your family, friends, and clergy, can visit you and know how you are doing. Family and friends must ask for you by name in order to get this information. Your name and room number may be given to a clergy member of your religious group even if they don't ask for you by name. Your room number will not reveal that you are in a specific unit or area of Reliant Healthcare. If you do not want this information to be given out, please tell us at this time.

**Individuals Involved in Your Care or Payment for Your Care-** We may give your medical information to the person you named in your Power of Attorney (if you have one), or to a friend or family member who, by law, can make health-related decisions for you and to someone who helps pay for your care. We may make known your medical information to those helping in disaster relief efforts so you can be told about you.

**Fundraising-** We must let you know that we may use your name, address, phone number, gender, age and visit dates to raise funds however we do not use health information for this purpose without your permission.

**Research-** We may use and make known your medical information for approved research projects and we have your permission. Some research can be done without your permission but only if we know the information will be protected.

**Required by Law-** We must make known your medical information if the law tells us to. For example, Reliant Healthcare must obey with abuse, neglect, or domestic violence reporting laws and laws to report certain diseases or injuries to government agencies.

**Serious Threat to Health or Safety-** We may use and make known your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

**Note: Louisiana and Federal Law provide protection for certain types of health information, including information about prescription drugs, neonatal testing, alcohol or drug abuse,**

mental health and sexually-transmitted diseases, including AIDS/HIV, and may limit whether and how we may make known information about you to others.

### **Important Notice**

Reliant Healthcare may share your medical information with members of other independent medical professionals in order to provide treatment and perform other activities such as quality improvement, medical education and other services for Reliant Healthcare as part of an Organized Health Care Arrangement. While those professionals may follow this Notice and follow the privacy program of Reliant Healthcare, they are independent professionals and Reliant Healthcare expressly disclaims any responsibility or liability for their acts or omissions.

### **Special Situations**

**Health Oversight Activities-** We may make known your medical information to a government agency, such as the Louisiana Department of Health and Hospitals, for health oversight activities such as inspections or to give a license to the people who treat you at Reliant Healthcare. These activities are necessary for the government to monitor the health care system, programs, and to obey with laws.

**Lawsuits and Law Enforcement-** We may make known your medical information to answer a court order or search warrant. We also may make known your medical information to answer a subpoena but only if efforts have been made to provide you the option to object or to obtain a court order to protect the information. Subject to certain conditions, we may make known your medical information for a lawful purpose if asked by a law official such as locating a suspect.

**Coroners, Medical Examiners and Funeral Directors-** We may make known your medical information so they may carry out their duties.

**Minors-** Reliant Healthcare will obey the Louisiana law about minors. We may give out certain types of your medical information to your parent or guardian if it is required or permitted by law.

**Specialized Government Functions-** We may give out your medical information to obey military and veteran rules. We may make known your medical information to approved federal officials for lawful security activities or to provide protection to the President. We may disclose the medical information of an inmate or person in custody to a correctional institute or law official to provide them health care or to protect their health and safety or the health and safety of others.

**Organ and Tissue Donation-** If you are an organ donor, we may make known your medical information to organizations that handle the donation process.

**Public Health-** We may make known your medical information for public health purposes. Examples include: to prevent or control disease, injury or disability; to report births; or to report drug reactions.

**Workers' Compensation-** We may make known medical information about you for workers' compensation or similar programs.

**Food and Drug Administration (FDA)-** We may make known your health information to help fix food, drug, supplements and medical equipment problems.

### **Other Uses of Medical Information**

Other uses and disclosures of your medical information not covered by this Notice of the laws that apply to Reliant Healthcare will be made only with your written authorization that is not part of any consent we may have obtained from you. You may cancel that authorization, in writing, at any time. You understand that we are unable to take back any information that we have already made known, we must continue to obey the laws where certain information must be made known, and we are to keep our records of the care that we provided to you.

#### **Changes to this Notice**

We have the right to change this Notice and make it cover the medical information we already have about you or will receive in the future. We will post the most current Notice near the registration areas and on the Reliant Healthcare web site.

#### **Complaints**

If you think there has been a problem with your privacy rights you may file a complaint with the Secretary of the Department of Health and Human Services. You will not get in trouble for filing a complaint nor will treatment be withheld from you.

**If you have questions about this Notice, please contact the VP of Operations at 877-354-2688.  
Effective Date: November 10, 2008**