

**Ochsner LSU Health System of North Louisiana  
and  
LSU Health Sciences Center Shreveport  
Joint Notice of Privacy Practices  
Effective June 23, 2019**

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 LSU Health System of North Louisiana and LSU Health Sciences Center Shreveport are committed to keeping this information confidential. Maintaining a record of the care and services you receive at our hospitals and clinics 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 hospitals and clinics owned or operated by Ochsner LSU Health System of North Louisiana or by any of its subsidiaries, both currently and in the future. Currently, this includes the records generated in the following hospitals and clinics known as Ochsner LSU Health Shreveport: Ochsner LSU Health Shreveport – Academic Medical Center (“OLH-S”) and in its clinics, Ochsner LSU Health Shreveport – Monroe Medical Center (“OLH-M”) and in its clinics, and in the clinics operated by Ochsner LSU Physician Group (“OLPG”). This notice also applies to LSU Health Sciences Center Shreveport (“LSU”) and to the clinics operated by LSU. All of these hospitals and clinics covered by this notice as described in this paragraph are referred to collectively as “OLHS”.

There may be instances where OLHS 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 OLHS, and all medical staff, employees, volunteers, trainees, students and other personnel providing services as employed by these entities.

OLHS 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 in which OLHS participates. To opt out of the health information exchanges please contact OLHS by:

- Contacting Patient Relations at the location where you receive care;
- Send a message via your MyChart or MyOchsner account
- Contact OLHS’s Data Governance Department at 318-212-9053.

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 OLHS, 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 OLHS May Use and Disclose Your Medical Information**

The following categories describe the different ways OLHS may use your health information within the hospital or clinic and how we will release your health information to persons outside OLHS. 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.** OLHS 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. OLHS may also disclose your medical information to individuals outside of OLHS who may be involved in your care.

**Payment.** OLHS 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 OLHS 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.** OLHS may use and disclose your medical information to measure and ensure the quality of hospital/clinic operations.

For example, OLHS 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;
- Educate non-health care personnel, who come to our facility to learn under our guidance, to practice, or to improve their skills;
- Compare medical information at OLHS with other healthcare providers to improve the care and services we offer; or
- Comply with laws and regulations or for hospital accreditation purposes.

OLHS and its authorized vendors may remove information that identifies you from your medical information and share this de-identified information with others who may use it to study healthcare and healthcare delivery, among other things.

**Business Associates.** OLHS 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.** OLHS 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.** OLHS 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.** Your medical information may be used and disclosed to the LSU Health Sciences Foundation 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 the LSU Health Sciences Foundation. To be removed from the fundraising list, please call the LSU Compliance Department at 318-675-5067 or contact by mail:

LSU Health Sciences Center Shreveport  
 Attn: Compliance Department  
 1501 Kings Highway  
 Shreveport, LA 71103

**Hospital Directory.** OLHS 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 OLHS 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 Patient Access Department.

**Individuals Involved in Your Care.** OLHS 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.** OLHS includes an academic medical center that conducts research to improve medical care and treatment. Under certain circumstances, OLHS 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 OLHS 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.** OLHS will disclose medical information about you when required to do so by federal, state or local law. For example, OLHS will release information to comply with the law regarding reporting deaths.

**To Avert a Serious Threat to Health or Safety.** OLHS 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.** OLHS 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.** OLHS 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, OLHS 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.** OLHS may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** OLHS 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.** OLHS 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, OLHS 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.** OLHS 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.** OLHS 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.** OLHS 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, OLHS 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.** OLHS 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 OLHS 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 OLHS;
- 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.** OLHS 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 of Health and Human Services.

**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 OLHS hospital or clinic 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 OLHS 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 OLHS 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 OLHS hospital or clinic 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 OLHS 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 OLHS hospital or clinic where you receive your care. Your request must state a time period, which may not be older than six years. 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 OLHS 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 OLHS hospital or clinic 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 OLHS hospital or clinic where you receive your care. We will not ask you the reason for your request. OLHS 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, <https://ochsnerlsuhs.org/>. To obtain a paper copy of this notice, contact OLHS Patient Relations.

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

*For services provided at OLH-S or its clinics  
or at an OLPG clinic:*

Ochsner LSU Health Shreveport  
Patient Relations  
1541 Kings Highway  
Shreveport, LA 71103  
318-626-1208

*For services provided at OLH-M or its  
clinics:*

Ochsner LSU Health Monroe  
Patient Relations  
4864 Jackson Street  
Monroe, LA 71202  
318-330-7506

*For services provided by LSU:*

LSU Health Sciences Center Shreveport  
Attn: Compliance Department  
1501 Kings Highway  
Shreveport, LA 71103  
318-675-5067

## **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 OLHS hospitals and clinics. 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 OLHS, please contact the OLHS Patient Relations for the hospital or clinic 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 OLHS 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 OLHS hospital or clinic where you seek your treatment. If you revoke your permission, OLHS 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 OLHS 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 the Compliance Department for the hospital or clinic where your service occurred:

*For services provided at OLH-S, its clinics,  
or to any OLPG clinic:*

Ochsner LSU Health Shreveport  
Attn: Compliance Department  
1801 Fairfield Ave., Suite 409  
Shreveport, LA 71101  
318-626-4258

*For services provided by LSU:*

LSU Health Sciences Center Shreveport  
Attn: Compliance Department  
1501 Kings Highway  
Shreveport, LA 71103  
318-675-5067

*For services provided at OLH-M or its  
clinics:*

Ochsner LSU Health Monroe  
Attn: Compliance Department  
4864 Jackson Street  
Monroe, LA 71202  
318-330-7418

Ochsner LSU Health System of North Louisiana complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 318-626-0089 (Shreveport) or 318-330-7414 (Monroe).

#### Arabic

رجاء الإنتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. يرجى الإتصال بمدينة Shreveport) 1-318-626-0089 أو مدينة (Monroe) 1-318-330-7414.

#### Chinese (Simplified)

请注意：如果您说中文，则您可以免费获得语言援助服务。请致电 (Shreveport) 1-318-626-0089 或 (Monroe) 1-318-330-7414。

#### Farsi

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمکی زبان به صورت رایگان در دسترس شما می باشد. در. با شماره تلفن 1-318-330-7414 تماس بگیرید (Monroe در) با شماره تلفن 1-318-626-0089 و (Shreveport)

#### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez (Shreveport) au 1-318-626-0089 ou (Monroe) 1-318-330-7414.

#### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter (Shreveport) 1-318-626-0089 oder (Monroe) 1-318-330-7414.

#### Japanese

ご注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の電話番号までお問い合わせください。(Shreveport) 1-318-626-0089 : 1-318-626-0060、または (Monroe) 1-318-330-7414

#### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-318-626-0089 번(Shreveport) 또는 1-318-330-7414번(Monroe)으로 전화하십시오.

#### Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ (Shreveport) 1-318-626-0089 ຫລື (Monroe) 1-318-330-7414.

#### Portuguese

ATENÇÃO: Se fala português, disponibilizamos-lhe serviços de assistência linguística, sem custos. Ligue para (Shreveport) 1-318-626-0089 ou (Monroe) 1-318-330-7414.

#### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (Shreveport) 1-318-626-0089 или (Monroe) 1-318-330-7414.

#### Spanish

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de ayuda con el idioma sin costo alguno. Llame a (Shreveport) al 1-318-626-0089 o a (Monroe) al 1-318-330-7414.

#### Tagalog

PAUNAWA: Kung Tagalog ang wikang ginagamit ninyo, may magagamit kayong mga libreng serbisyo ng tulong sa wika. Tumawag sa (Shreveport) 1-318-626-0089 o sa (Monroe) 1-318-330-7414.

#### Thai

โปรดทราบ หากคุณพูดภาษาไทย จะมีบริการความช่วยเหลือทางด้านภาษาโดยไม่เสียค่าใช้จ่ายสำหรับคุณ โทร (Shreveport) 1-318-626-0089 หรือ (Monroe) 1-318-330-7414

#### Urdu

توجہ: اگر آپ اردو بولتے ہیں تو زبان کی مدد کی سہولیات آپ کو مفت دستیاب ہیں۔ فون کریں (Shreveport) 1-318-626-0089 یا (Monroe) 1-318-330-7414.

#### Vietnamese

CHÚ Ý: Nếu quý vị nói tiếng Việt, dịch vụ trợ giúp ngôn ngữ miễn phí sẵn sàng phục vụ quý vị. Hãy gọi (Shreveport) 1-318-626-0089 hoặc (Monroe) 1-318-330-7414.