

# MARY BIRD PERKINS CANCER CENTER AT STPH

## NOTICE OF HEALTH INFORMATION 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.

### WHO WILL FOLLOW THIS NOTICE

This notice describes Mary Bird Perkins Cancer Center's practices and that of ...

- any health care professional authorized to enter information into your medical record;
- all departments and units of the Center;
- all employees, staff, volunteers, contractors and other Center personnel;
- any member of a volunteer group that we allow to help you while you are in the Center;
- any physician who is a member of the Medical Staff and involved in your care; and,
- all entities, sites and locations of the Center.

Entities include but are not limited to the following:

- MARY BIRD PERKINS CANCER CENTER AT ST. TAMMANY PARISH HOSPITAL
- SOUTHEAST LOUISIANA RADIATION ONCOLOGY GROUP
- NORTHSORE ONCOLOGY ASSOCIATES

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operation purposes described in this notice. This notice applies to all of the records of your care generated by the Center, whether made by Center personnel or your physician.

### HOW MARY BIRD PERKINS CANCER CENTER AT ST. TAMMANY PARISH HOSPITAL MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

**For Treatment:** We may use and disclose your PHI to provide you with medical treatment or services. We may disclose your PHI about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Center. Different departments of the Center may share medical information about you in order to coordinate the different things you need, such as medications, lab work and X-rays. We also may disclose medical information about you to people outside the Center who may be involved in your medical care after you leave the Center, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment:** We may use and disclose your PHI to bill and collect payment from you, your insurance company or any third party payer. For example, we will ask you to give us your insurance company information so they will pay us or reimburse you for the treatment you receive.

**For Healthcare Operations:** We may use and disclose your PHI for our day-to-day operations and functions. For example, members of the medical staff, the Risk or Quality Assessment Director, or members of the Quality Assessment team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. We may also compile medical information we have and compare it with other cancer centers to see 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Business Associates:** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain and/or transmit PHI about you, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

**Individuals Involved in Your Care or Payment of Your Plan:** We may release information about you to a family member or friend who is involved in your care or who helps pay for your care. We may also disclose information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one type of medication to those who received another, for the same condition. All research projects, however, 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 patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Center.

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

**Appointment Reminders and Other Communication:** We may contact you as a reminder that you have an appointment for treatment or medical care and we may contact you regarding your care. You could also be contacted regarding billing or payment. We may communicate to you via newsletters, mail outs, or other means regarding health related information or other community based initiatives or activities in which our facility is participating.

**Fundraising:** We may use certain information to contact you to help support fundraising efforts. If you do not wish to be contacted for fundraising efforts, please notify, in writing, Development Office, Mary Bird Perkins Cancer Center, 5745 Essen Lane, Baton Rouge, LA, 70810, or email MBPCC at remove@marybird.com, or call (225) 215-3110 or (1-888) 317-6592. Please provide your name, mailing address and phone number.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law. Any use or disclosure not described in this notice will be made only with your written authorization.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### SPECIAL SITUATIONS:

**Organ and Tissue Donation:** If you are an organ donor, we may disclose your protected health 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 services, we may disclose your protected health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may disclose your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose your protected health 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 to state and federal tumor registries
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls or products that 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 provide proof of immunization to a school that is required by state or other law to have such proof with agreement to the disclosure by a parent or guardian of, or other person acting in loco parentis for an emancipated minor
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose your protected health 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 health care system, government programs, and compliance with civil rights laws.

**For Judicial or Administrative Proceedings:** We may disclose your protected health information in response to and in accordance with a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute after we have received assurances that efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose PHI to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death. We may also release health information about patients of the Organization to funeral directors as necessary to carry out their duties.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official. This release would be permitted (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.

**National Security and Intelligence Activities:** We may release your protected health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### YOUR HEALTH INFORMATION RIGHTS

You may exercise the following rights by submitting a written request to our Privacy Officer at: 5745 Essen Lane, Baton Rouge, LA 70810. 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.

### YOU HAVE THE RIGHT TO:

**Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. If the requested PHI is maintained electronically and you request an electronic copy, we will provide access in an electronic format per your request, if readily producible or, if not, in a readable electronic form and format we mutually will agree upon. \*If you request a copy of information, in accordance with Louisiana state law, you will be charged a fee for costs of copying, mailing or other supplies associated with your request\*

**Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend your information for as long as we maintain the information. Your request must include the reason(s) you are requesting the amendment.

**Request Restrictions:** You have the right to request restrictions or limitations on the health information we use or disclose about you for treatment, payment, or operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. Except as provided below, we are not required 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.

**Effective September 23, 2013, we will comply with any restriction request if: (1) except as otherwise required by law, the disclosure to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the Mary Bird Perkins Cancer Center has been paid out-of-pocket in full. Mary Bird Perkins Cancer Center is not responsible for notifying subsequent healthcare providers of your request for restrictions on disclosures to health plans for those items and services, so you will need to notify other providers if you want them to abide by the same restriction.**

**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 this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

**Accounting of Disclosure & Notification of Breach:** You have the right to request an accounting of disclosures, and this request must be in writing. This is a list of disclosures we make of your medical record for purposes other than treatment, payment, or operations. You also have the right to be notified by us following any breach of unsecured PHI.

**Right of 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.

### OTHER AUTHORIZED USE 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 authorization. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.**

**Marketing:** We must receive your authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of face-to-face communication made to you personally; or a promotional gift of nominal value provided by MBPCC. It is not considered marketing to send you (and we may send you without written authorization) information related to your individual treatment, 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 MBPCC 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 MBPCC.

### CHANGES TO THIS NOTICE:

**We reserve the right to change the terms of this notice and to make those changes applicable to all PHI that we maintain. Any changes to this notice will be posted on our website and at our facility, and will be available from us upon request. We will ask that you sign a written acknowledgment that you have had the opportunity to read our notice and obtain a copy of it.**

### COMPLAINTS:

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. To file a complaint with us, you may submit your complaint to Mary Bird Perkins Cancer Center, 5745 Essen Lane, Suite 100, HIM Department/Privacy Officer, Baton Rouge, LA 70810 or contact the Privacy Officer at (225) 767-0841. All complaints must be submitted in writing. You will not be penalized or retaliated for filing a complaint.

In compliance with Federal Law, Effective April 14, 2003  
Revised: September 9, 2013; Effective September 23, 2013

