

# Musculoskeletal Institute of Louisiana

Orthopedic Specialists of Louisiana • Pain Care Consultants • Electrodiagnostic Medicine

## NOTICE OF PRIVACY PRACTICES

**Understanding Your Health Record/Information:** Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents. All of this information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

### **Our Responsibilities:**

This organization is required by law to protect the privacy of your health information, give you a Notice of our legal duties and privacy practices, and follow the current Notice. All employees, staff, and other personnel will follow the terms of this notice. We will not use or disclose your health information without your consent or authorization except as provided by law or described in this notice. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

### **1. Uses and Disclosures of Your Health Information**

The following categories describe some of the ways we may use and disclose your health information:

**Treatment:** We will use your health information to provide you with medical treatment/services and for treatment activities of other health care providers. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him in treating you once you have been discharged.

**Payment:** We may use your health information for payment activities, such as to determine plan coverage, to bill/collect, or to help another health care provider with payment activities. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies and other organizations as are necessary to collect for services rendered.

**Healthcare Operations:** We may use your health information for uses necessary to support our operations and business activities, such as to conduct quality assessment activities, train, or arrange for legal services. For example: Members of the medical staff and practice management 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 healthcare and service we provide.

### **2. Other Permitted Uses and Disclosures:**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. As required by law, we may use and disclose your health information. You may revoke this authorization, at any time by contacting the Privacy Officer at the phone number or address listed in Paragraph 7.

**Individuals Involved in Your Care or Payment for Your Care:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Psychotherapy Notes:** We must obtain your authorization to use or disclose your psychotherapy notes, unless the use is for treatment by your provider.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include diagnostic testing, certain laboratory tests, collection agencies, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Fundraising/Marketing:** We may use certain information (name, address, other contact information, age, gender, date of birth, and treatment dates) to contact you in the future for fundraising. If you would like to opt out of receiving any further fundraising communications from MSIL please notify the Privacy Officer at the phone number or address in Paragraph 7 below. In the event you contact us with a request not to be sent fundraising communications, all reasonable efforts will be taken to ensure you will not receive any such communications from us in the future. We will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

**Required Uses and Disclosures:** By law, we must make minimum necessary disclosures when required to do so by state, federal, or local law.

**Law enforcement:** We may use and disclose certain health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Public Health and Safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose your health information to coroners, medical examiners and funeral directors to carry out their duties.

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**Lawsuits/Disputes:** We may disclose your health information in the course of any administrative or judicial proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

**Military/Veterans:** We may disclose your health information for military authorities if you are an armed forces or reserve member.

**National Security:** We may release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to insure the privacy of your health information.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Workers' compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your general condition.

**Other healthcare services:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Change of ownership:** In the event that this organization is sold or merged with another organization, your health information will become the property of the new owner.

**Other disclosures:** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

### **3. Your Rights Regarding your Protected Health Information**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to: revoke your authorization to use or disclose health information except to the extent that action has already been taken. To do that, you must present your request in writing to Musculoskeletal Institute of Louisiana, Attn: Privacy Officer, 1500 Line Avenue, Suite 100, Shreveport, 71101. An authorization may be revoked at any time.

**Right to Inspect/Copy:** This means you may inspect and obtain a copy of your health record as contained in the designated record set as provided in R.S. 40:1299.96 and 45 CFR 164.524. Exceptions include psychotherapy notes and certain other information that may be contained in the designated record set. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. To inspect and/or copy your medical information you must submit your request in writing. You may be charged a fee for the administrative costs of retrieving, copying, mailing, and any other activities associated with your request.

**Right to Amend:** If you believe any of your medical information maintained by MSIL is incorrect or incomplete, you may request and may ask us to amend it as provided in 45 CFR 164.528. To request an amendment, your request must be made in writing and must include the reason for the request. All requests are to be submitted to the Privacy Officer. "Amend" is defined as the patient's right to add to (or append) information with which he/she disagrees and does not include deleting or removing or otherwise changing the content of the record. This organization may deny a patient's request for amendment under certain circumstances.

**Right to Request Restrictions:** You have the right to request a restriction on certain uses and disclosures of your information as provided in 45 CFR 164.522. In addition, you 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 for your care, like a family member or friend. You may restrict disclosure of your health information to a health plan if you choose to pay out-of-pocket in full for the services at the time they are provided. We will comply with the request unless the information is required to be disclosed by law or is needed in case of emergency. Ex: You may want to pay cash in advance for services rather than have your insurance billed. To do that, ask the front office receptionist for a form to complete at the time of your office visit and return it to them or mail your written request to the Privacy Officer at the address in Paragraph 7. All requests must be in writing. We are not required to agree to those restrictions.

**Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this Notice upon request.

**Right to Accounting of Disclosures:** You have the right to ask for a (free) list of disclosures of your health information as provided in 45 CFR 164.528. To do that, you must present your request in writing and state the time period to the Privacy Officer at the address in Paragraph 7.

**Right to Request Confidential Contacts:** You have the right to request communications of your health information by alternative means or at alternative locations as provided in 45 CFR 164.522. You must specify how or where you wish to be contacted; we will try to accommodate reasonable requests. To do that, ask the front office receptionist for a form to complete at the time of your office visit and return it to them. This organization will want to receive a request for confidential communications that is reasonable.

### **4. Changes to this Notice:**

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. To receive a copy of the revised Notice, you may contact our Privacy Officer or you may obtain a copy at the front desk at the time of your next appointment. Revised Notices will also be posted at each location and found on our website.

### **5. Right to be Notified:**

We will notify you if your unsecured health information is breached

**6. Complaints:** If you believe your privacy rights have been violated, you may file a complaint with MSIL or with the Secretary of Health and Human Services. You may also contact our Privacy Officer for further information about the complaint process. There will be no retaliation for filing a complaint.

**7. Privacy Officer:** If you have any questions about this Notice, please contact our Privacy Officer, Angela Clarke, at (318) 635-3052; [Compliance@msil.md](mailto:Compliance@msil.md); or Musculoskeletal Institute of Louisiana, Attn: Privacy Officer, 1500 Line Avenue, Suite 100, Shreveport, Louisiana 71101.