

# Tulane University

## Notice of Privacy Practices

### Walter L Cohen High School – School-based Health Center

**Effective as of August 6, 2004**

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.

We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this notice which describes the health information privacy practices of Tulane University Medical Group. This notice covers information held by non-hospital based Tulane University Medical Group sites. A copy of our current notice will always be posted in our offices. You will be given a Notice at the time you first seek treatment. You will also be able to obtain your own copy by calling 504-988-5031 or asking for one at the time of your next visit.

This Notice does not cover health information generated and maintained by a hospital for hospital services provided to you by a Tulane University Medical Group physician. Please refer to the hospital notice of privacy practices for how that medical information may be used or maintained.

#### **WHAT HEALTH INFORMATION IS PROTECTED**

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a Tulane University Medical Group patient or receiving treatment or health-related services from Tulane University Medical Group;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);  
*when combined with:*
  - demographic information (such as your name, address, or insurance status);
  - unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or
  - other types of information that may identify who you are.

#### **REQUIREMENT FOR WRITTEN AUTHORIZATION**

We will obtain your written authorization before using your health information or sharing it with others outside Tulane University Medical Group, except as we describe in this notice. You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please obtain a form from the manager of the individual Tulane University Medical Group clinic.

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#### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

#### **1. Treatment, Payment, and Health Care Operations**

*Tulane University Medical Group may use your health care information or share it with others in order to provide health care services to you, obtain payment for those services, and run Tulane University Medical Group's normal business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for treatment, payment, and normal business operations without your written authorization.*

**Treatment:** We may share your health information with doctors or other clinicians in the Tulane University Medical Group who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Tulane University Medical Group doctors or clinicians may share your health information with another doctor, clinician, or someone at another medical practice or hospital, to determine how to diagnose or treat you. Your doctor or clinician may also share your health information with another doctor to whom you have been referred for further health care.

**Payment:** We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

**Health Care Operations:** We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you.

**Appointment Reminders, Treatment Alternatives, Benefits, and Services:** In the course of providing treatment for you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

**Business Associates:** We may disclose your health information to contractors, agents, and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate protects the privacy of your health information.

#### **2. Friends and Family Involved in Your Health Care**

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care.

#### **3. Emergencies or Public Need**

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**Emergencies:** We may use or disclose your health information if you need an emergency treatment or if we are required by law to treat you but are unable to obtain your written consent. If this happens, we will try to obtain your written consent as soon as we reasonably can after we treat you.

**As Required by Law:** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if law requires notice.

**Public Health Activities:** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities under the law, such as controlling disease or public health hazards. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. We may also release your health information to government disease registries. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

**Victims of Abuse, Neglect, or Domestic Violence:** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may release your health information to government agencies authorized to conduct audits, investigations and inspections of our office. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair, and Recall:** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes:** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute.

**Law Enforcement:** We may disclose your health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, or if necessary to report a crime that occurred on our property.

**To Avert a Serious and Imminent Threat to Health or Safety:** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases we will only share your information with someone able to prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**National Security and Intelligence Activities or Protective Services:** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Military and Veterans:** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out in their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

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**Inmates and Correctional Institutions:** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

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

**Coroners, Medical Examiners, and Funeral Directors:** In the unfortunate event of your death, we may disclose health care information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties consistent with applicable law.

**Organ and Tissue Donation:** In the unfortunate event of your death, we may disclose your health information to a medical examiner for his other records.

**Marketing:** We may not disclose your health information or share it with others outside Tulane University Medical Group for purposes of marketing without your prior authorization. Marketing is communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

**Research:** We are permitted to use and disclose your health information for research with your authorization or under limited circumstances as permitted by law, for example, when approved by the institutional review board.

**Fundraising:** We are permitted to use your demographic information and dates of your health care for purposes of fundraising. However, you have the right to opt-out and can do so by providing a written request to the Privacy Official.

#### **4. Completely De-identified or Partially De-identified Information**

We may use and disclose your health care information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

#### **5. Incidental Disclosures**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of treatment session, other patients in the treatment area may see or overhear discussion of your health information.

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#### YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

*We want you to know that you have the following rights to access and control your health information:*

#### **1. Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the manager of the clinic where you have been seen. If you request a copy of the information, we may charge a fee for costs of copying, mailing, or other supplies we use to fulfill your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide a written denial that explains our reasons for doing so and a complete description of your rights to have that decision reviewed and how you can exercise those rights.

#### **2. Right to Amend Records**

If you believe that the health information that we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records. To request an amendment, please write to the manager of the clinic where you have been seen who will forward the request to the Privacy Official. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

#### **3. Right to an Accounting of Disclosures**

After April 14, 2003, you have a right to request an “accounting of disclosures,” which identifies certain other persons or organizations to whom we may have disclosed your health information in accordance with applicable law and the protections afforded in this notice. Many routine disclosures we make will not be included in this accounting; however, the accounting will include many non-routine disclosures. To request an accounting of disclosures, write the request indicating a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include and address it to the manager of the clinic where you have been seen who will forward the request to the Privacy Official. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period.

#### **4. Right to Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. To request restrictions please write to the manager of the clinic where you have been seen who will forward the request to the Privacy Official.

We are not required to agree to your request for a restriction, and in some cases, the restriction you request may not be permitted under law. However, if we do agree we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstance we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases we will need your permission before we can revoke the restriction.

#### **5. Right to Request Confidential Communications**

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You have the right to request that we contact you about your medical matters in a way that is more confidential for you, such as calling you at home instead of at work. To request more confidential communications, please write to the manager of the clinic where you have been seen. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

#### **6. Right to Have Someone Act on Your Behalf**

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

#### **7. Right to Obtain a Copy of Notices**

You may obtain a copy of this notice by requesting a copy at your visit. We may change our privacy practices from time to time. If we do, we will revise the notice posted in the office reception area. You will also be able to obtain your own copy of the revised notice. The effective date of the notice will always be noted in the top left corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

#### **8. Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact:

Privacy Official  
1440 Canal Street – TB 33  
New Orleans, LA 70112

*No one will retaliate or take action against you for your complaint.*

#### **9. How to Learn About Special Protections for Certain Kinds of Information**

Special privacy protections apply to HIV and genetic information under Louisiana law. Some parts of this general notice of privacy practices may not apply to these types of information. There are only limited circumstances where we may release such information without your written consent. If you have any questions about how, please contact the Privacy Official.

#### **10. To exercise any of your individual rights, contact the following:**

Clinic Director  
Walter L Cohen High School – School-based Health Center  
3520 Dryades Street  
New Orleans, LA 70115

If you have any questions about this notice or would like further information, please contact the Privacy Official at 504-988-5031.

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#### **TULANE UNIVERSITY MEDICAL GROUP ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I received a copy of the Tulane University Medical Group Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Patient's Name \_\_\_\_\_

If not signed by the patient, please indicate relationship: \_\_\_\_\_

Print Name \_\_\_\_\_ Witness \_\_\_\_\_