

Notice of Privacy Practices *(administered by Peoples Health Network)*

Effective April 14, 2003

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.

At Peoples Health Network, we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice. We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard non-public personal information from unauthorized access, use and disclosure.

This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

We respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice. We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard non-public personal information from unauthorized access, use and disclosure.

When we talk about “information” or “health information” in this notice we mean the following:

Any information on a member and/or prospect of any of our health plans that reveals the state of a person’s health; identifies individuals in such a way that it gives a reasonable basis for determining a person’s identity; and is created or received by a healthcare organization.

How We Use or Share Information

The following are ways we may use or share information about you:

- We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
- We may share your information with your doctors or hospitals to help them provide medical care to you.
- We may use or share your information with others to help manage your healthcare. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- We may share your information with our business associates who help us conduct our business operations. We will not share your information with these outside groups unless they agree in writing to keep it protected.
- We may use or share your information for public health or disaster relief efforts, as allowed by law.
- We may use or share your information to send you a reminder if you have an appointment with your doctor.
- We may use or share your information to inform you of alternative medical treatments and programs or about health related products and services that you may be interested in. For example, we might send you information about disease management programs and/or discounts on vision care.
- We may use or share your information with an employee benefit plan's sponsor through which you receive health benefits. We will not share detailed health information with your benefit plan's sponsor unless the employer promises to keep it protected.

There are also state and federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the United States Department of Health and Human Services and the Louisiana Department of Health and Hospitals and the Louisiana Department of Insurance.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.

- We may share information with a health oversight agency, such as the Centers for Medicare & Medicaid Services and the Office of Inspector General for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).
- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may report information to a government authority, such as the Louisiana Department of Social Services regarding child or elder abuse/neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.

Other uses and disclosures of your health information may be prohibited or substantially limited by other applicable federal or state law.

If one of the above reasons does not apply, **we must get your written permission to use or disclose your health information.** If you give us written permission and change your mind, **you may revoke your written permission at any time, though that revocation will apply only to disclosures made after that date.**

What Are Your Rights?

The following are your rights with respect to your health information. If you would like to exercise the following rights, please write the Privacy Officer at the Peoples Health Network address listed at the end of this statement.

You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or healthcare operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your healthcare or payment for your healthcare. *However, we are not required under law to agree to these restrictions.*

You have the right to ask to receive confidential communications of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We will accommodate your reasonable requests as explained above.

You have the right to inspect and obtain a copy of information that we maintain about you in your designated record set. A “designated record set” is comprised of both (1) your medical records and billing records, and (2) your enrollment, payment, claims adjudication, and case or medical management record systems maintained by us; or for a health plan, which are used, in whole or in part, by or for the covered entity to make decisions about your healthcare.

However, **you do not have the right to access certain types of information** and we may decide not to provide you with copies of the following information:

- contained in psychotherapy notes;
- compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
- subject to certain federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

You have the right to ask us to make changes to information we maintain about you in your designated record set. These changes are known as amendments. Your request must be in writing and you must provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay in writing and the date by which we will complete action on your request.

If we make the amendment, we will notify you in writing that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following information:

- Any information collected or disclosed prior to April 14, 2003;
- Information disclosed or used for treatment, payment, and healthcare operations purposes;
- Information disclosed to you or pursuant to your authorization;
- Information that is incident to a use or disclosure otherwise permitted;
- Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies;
- Information that was disclosed or used as part of a limited data set for research, public health, or healthcare operations purposes.

Your request must be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request. If so, we may take up to an additional 30 days. Your first accounting will be free. We will continue to provide you with one free accounting upon request every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Exercising Your Rights

You have a right to receive a copy of this notice upon request at any time. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you by mail

If you have any questions about this notice or about how we use or share information, please contact the Privacy Officer at 1-877-662-5894. This is a 24-hour voice-activated hotline. Your call will be responded to within 72 business hours. Our office is open to receive written complaints Monday through Friday from 8:00 a.m. to 5:00 p.m. You can also send us questions by e-mail at privacy@peopleshealth.com.

If you believe your privacy rights have been violated, you may file a complaint with us by writing to the Privacy Officer at the Peoples Health Network address listed below. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. **We will not take any action against you for filing a complaint.**

Peoples Health Network operates as an Organized Health Care Arrangement. The entities named below belong to this group and are covered under this privacy statement. Protected health information will be shared among members of this group as needed for treatment, payment and operations.

- New Orleans Regional Physician Hospital Organization, Inc.
d/b/a Peoples Health Network
- Peoples Health, Inc.
- Health Prime, LLC (HIPA)
- Independent Physician Association of New Orleans, Inc. (IPANO)
- Memorial Independent Physician Association, LLC (MIPA)
- North Shore Independent Physician Association, Inc. (NIPA)
- Pontchartrain IPA, Inc. (PIPA)
- South Louisiana Independent Physician Association, Inc. (SLIPA)
- University Medical Group, LLC (UMGIPA)



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