



**Notice of Privacy Practices**  
*(administered by Peoples Health Network)*  
Effective August 31, 2013

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**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.**

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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, to send you this notice, and to abide by the terms of 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. We are also required by law to notify affected individuals following a breach of unsecured protected health information.

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.

**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 May Use and Disclose Your Health Information

Under the law, we may use or disclose your health information in certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use or disclose your health information to facilitate medical treatment or services by providers. We may disclose information about you to providers, including doctors, nurses, technicians, medical students, or other health care professionals who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

**For Payment.** We may use or disclose your health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your health information with a utilization review or precertification service provider. Likewise, we may share your health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations.** We may use or disclose your health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit

services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. We may use or share your information for underwriting purposes, although we are prohibited from using your information for underwriting members enrolled in a Medicare Advantage Plan. In addition, we are prohibited from using or disclosing protected health information that is genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**To 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, transmit, use, and/or disclose your health information, but only after they agree in writing with us to implement appropriate safeguards regarding your health information. For example, we may disclose your health information to a business associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the business associate enters into a business associate agreement with us.

**As Required by Law.** We will disclose your health information when required to do so by federal, state, or local law. For example, we may disclose your health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information 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. For example, we may disclose your health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, we may disclose to certain employees of the employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your health information cannot be used for employment purposes without your specific authorization.

### **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your health information after your death 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.** If you are a member of the armed forces, we may release your 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 release your health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your 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 child abuse or neglect;
- 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 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 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.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Law Enforcement.** We may disclose your health information if asked to do so by a law-enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- 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 victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

**Coroners, Medical Examiners, and Funeral Directors.** We may release health 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 to funeral directors, as necessary to carry out their duties.

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

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your health information to the correctional institution or law-enforcement official if necessary (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.

**Research.** We may disclose your health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

## **Required Disclosures**

The following is a description of disclosures of your health information we are required to make.

**Government Audits.** We are required to disclose your health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the health information was not disclosed pursuant to your individual authorization.

## **Other Disclosures**

**Personal Representatives.** We will disclose your health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the plan, and includes mail with information on the use of plan benefits by the employee's spouse and other family members and information on the denial of any plan benefits to the employee's spouse and other family members. If a person covered under the plan has requested restrictions or confidential communications, and if we have agreed to the request, we will send mail as provided by the request for restrictions or confidential communications.

**Authorizations.** Other uses or disclosures of your health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes; we will not use or disclose your health information for marketing purposes; and we will not sell your health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

### **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 except when the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan has paid in full.*



***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 or law enforcement officials;
- 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. When we make significant changes in our privacy practices, we will change this notice and post it on our website; we will also send the notice to our current health plan subscribers.

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](mailto:privacy@peopleshealth.com).

***If you believe your privacy rights have been violated, you may file a complaint with us*** by calling 1-877-662-5894, or by email to [privacy@peopleshealth.com](mailto:privacy@peopleshealth.com) or writing to the Privacy Officer at the Peoples Health Network address below. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. **We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.**

**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.
- PH Holdings, L.L.C.
- HealthPrime, L.L.C. (HIPA)
- Independent Physician Association of New Orleans, Inc. (IPANO)
- Memorial Independent Physician Association, L.L.C. (MIPA)
- NorthShore Independent Physician Association, Inc. (NIPA)
- Pontchartrain IPA, Inc. (PIPA)
- South Louisiana Independent Physician Association, Inc. (SLIPA)
- University Medical Group, L.L.C. (UMGIPA)

**PEOPLES HEALTH**

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