

# Claiborne Pharmacy & Gifts

## **HIPAA NOTICE OF PRIVACY PRACTICES**

(“Notice”)

Effective May 4, 2015

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT FURTHER DETAILS HOW YOU OR YOUR PERSONAL REPRESENTATIVE MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

If you have any questions about this Notice please contact our Privacy Officer, Khara Simpkins, P.O.Box 729 Benton, La. 71006

This Notice describes how our practice and our health care professionals, employees, volunteers, trainees and staff may create, receive, maintain and transmit your medical information to carry out treatment, payment or health care operations and for other purposes that are described in this Notice. We understand that medical information about you and your health, called “Protected Health Information”, or “PHI,” is personal and we are committed to protecting medical information about you. This Notice applies to all records of your care generated by this practice.

This Notice also describes your right to access and control of your information. This information about you includes demographic information that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services. Typically, PHI will include symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. In some cases, federal or state laws may provide privacy protections to PHI that are more strict than those described in this Notice. In those cases, we will comply with the stricter law. For example, federal and state laws may provide privacy protections to PHI related to mental health, HIV/AIDS, reproductive health or chemical dependency that are more strict.

We are required by law to protect the privacy of your PHI and to follow the terms of this Notice. We may change the terms of this Notice at any time. The new Notice will then be effective for all PHI that we maintain at that time and thereafter. We will provide you with any revised Notice if you request a revised copy be sent to you in the mail or if you ask for one when you are in the facility.

### **I. Uses and Disclosures of Protected Health Information.**

Your PHI may be used and disclosed for purposes of treatment, payment and health care operations. With the exception of uses or disclosures for treatment purposes, we will limit uses and disclosures of your PHI to the minimum necessary to achieve the permitted purpose of the use or disclosure. The following are examples of different ways we use and disclose medical information. **These are examples only.**

#### **(a) Treatment:**

- We may use and disclose your PHI to provide, coordinate, or manage your medical treatment or any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your medical information. For example, we could disclose your PHI to a home health agency that provides care to you. We may also disclose PHI to other physicians who may be treating you, such as a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI to another physician or health care provider, such as a laboratory.

#### **(b) Payment:**

- We may use and disclose your PHI to obtain payment for the treatment and services you receive from us. For example, we may need to provide your health insurance plan information about your treatment plan so that they can make a determination of eligibility or to obtain prior approval for planned treatment. We may also need to obtain approval for a hospital stay which may require that relevant medical information be disclosed to the health plan to obtain approval for the hospital admission.

#### **(c) Healthcare Operations:**

- We may use or disclose your PHI in order to support the business activities of our practice. These activities include, but are not limited to, reviewing our treatment of you, employee performance reviews, training of medical students, licensing, marketing and fundraising activities and conducting or arranging for other business activities.
- For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your medical information to remind you of your next appointment.
- We may share your PHI with third party "business associates" that perform activities on our behalf, such as billing or transcription for the practice. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that requires the business associate to protect the privacy of your PHI, and we will limit the disclosures to the minimum necessary amount of PHI to achieve the permitted purpose of the disclosure.





