

# GALLERIA ENDOSCOPY CENTER

3100 GALLERIA DRIVE, STE. 305, METAIRIE, LA 70001 (504) 699-7690

## NOTICE OF PRIVACY PRACTICES

### The Law Requires Us To:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your rights regarding your PHI.
- Follow the terms of the notice that is now in effect.
- Notify you if a breach in the security of your Protected Health Information (PHI) occurs.

### We Have the Right To:

Change our privacy practices and the terms of this notice at any time, as long as they are permitted by law. This includes information previously created or received before those changes. Notification will occur if any important changes are made, and will be available to you upon request.

### Use and Disclosure of Your Protected Health Information (PHI):

The following section describes different ways that we use your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization may be revoked at any time by writing to us. We are required to obtain your authorization prior to disclosing PHI related to psychotherapy notes, sale of PHI, or marketing. **Permitted uses and disclosures of your PHI under HIPAA (without prior authorization)**

- **For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians and other people taking care of you. We may also share your PHI with other health care providers to assist them in treating you.
- **For Payment:** We may use PHI to obtain payment for services that we provide.
- **For Health Care Operations:** We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluating performance of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

**Other Uses and Disclosures:** As part of treatment, payment, and health care operations, we may also use or disclose your PHI for the following purposes:

- *Appointment Reminders:* PHI used to contact you, a family member, or other responsible person, as a reminder that you have an appointment for surgery at Galleria Endoscopy Center. We will use the number(s) given to us by your surgeon's office and may leave a message with a family member. We will limit the PHI disclosed when leaving a message. If you prefer, we use a different phone number, not leave messages, or prefer we do not speak with family members, this can be requested by contacting the privacy officer, in writing, at the address below.
- *Notification:* PHI used to notify or help notify a family member or other person responsible for your care. We will share information about you regarding your location within Galleria Endoscopy Center, your general condition and approximate wait time. If you have a different preference, please contact the privacy officer, in writing, at the address below. If you are present, we will get your permission if possible, before we share this information. In case of emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment to make decisions in your best interest.
- *Disaster Relief:* PHI will be shared with a public or private organizations or persons who can legally assist in disaster relief efforts.
- *Research in Limited Circumstances:* PHI may be disclosed for research purposes in limited circumstances where the research has been approved by the Governing Body. The research proposals and established protocols will be reviewed to ensure the privacy of your PHI.
- *Funeral Director, Coroner, Medical Examiner and Organ Donation:* We may disclose PHI of a person who has died with these entities in order to help them carry out their duties.
- *Specialized Government Functions:* Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

- *Court Orders and Judicial Administrative Proceedings:* We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful processes. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime, or missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
- **Public Health Activities:** As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury or disability, including suspected physical abuse, neglect or domestic violence. We may also disclose your PHI to the Food and Drug Administration for purposes or reporting adverse events associated with medications, product defects, problems, tracking, and other activities. We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
- **Workers' Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with the laws relating to workers' compensation or other similar programs established by law.
- **Required by Law.** As required by law, we may use and disclose your PHI.
- The right to request to receive confidential communications from us by alternative means or locations. For example, you may ask us to contact you at home or office phone or send mail to a different address.
- The right to request amendments, to correct health information about you that you think is incorrect or incomplete, to your PHI in writing with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive a record of the time(s) we have shared your PHI, who we shared it with and why. We will include all disclosures except those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make). These written requests must be submitted to our Privacy Officer. Requests may not be for a period of more than 6 years. We will provide the first request within any 12-month period free of charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to request that Galleria Endoscopy Center not disclose your PHI to your health plan for the purposes of payment or healthcare operations, and if you are paying for your treatment out of pocket in full, then the facility must honor your requested restriction.
- The right to obtain a paper copy of this notice.
- The right to revoke your authorization of PHI release at any time.
- The right to have someone act for you if you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- The right to file a complaint if you feel we have violated your rights, by contacting our Privacy Officer.

### **Your Rights:**

- The right to inspect and copy your PHI in paper or electronic form, via written request to the Privacy Officer. We may deny your request, if in our professional judgment, we determine that the access requested will endanger your life or another's. Any request for a copy of your records will be provided within a maximum of 30 days.
- The right to request a restriction on the uses and disclosures of your PHI, and you may ask us not to use or share certain PHI for treatment, payment and our operations. We may deny your request if it would affect your care or if a law requires us to share that information.
- You can file a complaint with the US Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

Galleria Endoscopy Center  
Attn: Privacy Officer  
3100 Galleria Drive Suite 305,  
Metairie, LA 70001  
Phone: 504-699-7690