

Patient Rights

RESPECTFUL CARE WITHOUT DISCRIMINATION

- ◆ Patients have the right to respectful and appropriate care given by competent personnel.
- ◆ Patients have the right to care without discrimination of age, race, physical or mental impairment, background, culture, religion, sex, sexual orientation or gender identity, personal values and beliefs.

SAFETY AND SECURITY

- ◆ Patients have the right to receive care in a safe dignified environment, free from abuse, harassment neglect, exploitation, avoidable harm and unnecessary restraints or seclusion unless medically necessary.
- ◆ Patients have the right to access protective and advocacy services.

INFORMATION

- ◆ Patients have the right to know the identity of physicians, medical assistants, and others involved in their care, as well as when those involved are students or other trainees.
- ◆ Patients have the right to receive accurate, easily understood information to assist them in making informed decisions regarding health care, including the right to refuse treatment.
- ◆ Patients have the right to visual, written, or verbal methods or interpreters on an on-call basis where available.
- ◆ Patients have the right to fully participate in all decisions related to their health care.
- ◆ Patients who are unable to fully participate in treatment decisions have the right to have present or be represented by family members or other representative involved in care.
- ◆ Patient have the right to request that their family members, physician or other representative involved in care be notified of the treatment or transfer to another facility.
- ◆ Patients have the right to continuity of care and freedom of choice in referrals to providers or other facilities.
- ◆ Patients have the right to receive information regarding fees for services and payment policies.

ACUTE PAIN ISSUES ADDRESSED

- ◆ Patients have the right to assessment and management of pain as appropriate and consistent with clinical practice guidelines of the facility.

PRIVACY

- ◆ Patients have the right to communicate with health care providers in confidence.
- ◆ Patients have the right to have their personally-identifying health care information protected.

REVIEW

- ◆ Patients have the right to review and copy their own medical records and request amendments to their records, as well as have the information in their records interpreted or explained to them, except as restricted by law.
- ◆ Patients have the right to review any disclosures of their health information, in accordance with law and regulation.

EXPRESS CONCERNS

- ◆ Patients have the right to express concerns in writing to 10319 Jefferson Hwy Baton Rouge, LA 70809 or by phone (225) 214-9352 in regards to any differences with the facility policies, guidelines, treatment or health care provider.
- ◆ Patient have the right and to a fair and efficient process for resolving complaints or grievances.

Patient Responsibilities

PROVIDE INFORMATION

- ◆ Patients are expected to provide complete and accurate information concerning demographics, present illness, medical history, hospitalizations, medications, perceived risk, and insurance coverage.

SHOW RESPECT AND CONSIDERATION

- ◆ Patients should be considerate of the organization's physicians, staff, and property, as well as other patients and their property; follow the rules, regulations and precautions of the facility.

ASK QUESTIONS

- ◆ Patients are expected to ask questions if they do not understand the treatment plan, or services or what they are expected to do.

BE ACCOUNTABLE

- ◆ Patients are expected to follow the recommended treatment plan; take responsibility for actions if the treatment or services are refused; take responsibility for maintaining good health.

MEET FINANCIAL OBLIGATIONS

- ◆ Patients are expected to meet all financial obligations for services rendered.

Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how we, Premier Health and Affiliated Covered Entities may use and disclose your protected health information (“PHI”), as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you. Please review it carefully.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose PHI without your prior authorization for purposes of Treatment, Payment or Healthcare Operations. Note that some categories of information, such as HIV/AIDS information, genetic information, and information of state Medicaid recipients may be subject to more stringent confidentiality protections under applicable state or federal laws, and we will abide by these special protections.

USES AND DISCLOSURES OF PHI THAT DO NOT REQUIRE YOUR PRIOR AUTHORIZATION

The following are the primary circumstances under which we may use and disclose your PHI without a signed Authorization:

TREATMENT. We may use or disclose PHI as necessary to treat you or perform services in connection with your treatment or to allow another covered entity or healthcare provider to treat you. For example, we may disclose PHI to your pharmacist for dispensing prescription medications or to a specialist physician, or other health care providers or facility to help coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.

PAYMENT. We may use or disclose your PHI as necessary to receive reimbursement or compensation for services provided. We may contact an insurer to get payment authorization for services provided, and we are permitted to use PHI to bill you for the cost of the services provided. For example, we may need to release medical or other information about you to your insurance to process claims for health care services we have rendered. We may also disclose PHI as necessary for another covered entity’s payment activities.

HEALTHCARE OPERATIONS. We may use or disclose PHI for healthcare operations, such as use in your health records, to provide appointment reminders or for our own internal quality and other business purposes. For example, we may use your PHI to review our services and to evaluate the performance of our staff. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also use your PHI for strategic planning, claims reporting and in developing and testing our information systems and programs.

APPOINTMENT REMINDERS. We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care.

FUNDRAISING ACTIVITIES. We may use your PHI to contact you in an effort to raise money for Premier Health and its operations. In making these communications we will only use or disclose limited information about you, including: your demographic information (name, address, other contact information, age, gender, and date of birth); dates of health care provided to you; department of service; your treating physician; whether you had a positive or negative outcome; and your health insurance status. If you do not want us to contact you for fundraising efforts, you have the right to opt-out of receiving such communications.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE. We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH. Under certain circumstances, we may use and disclose your PHI for research purposes. You will not be the subject of research without your prior written and informed consent. Unless otherwise described in the consent, your identity and your health information will remain private during and after the research. All research projects must comply with state and federal regulations.

AS REQUIRED BY LAW. We will disclose your PHI when required to do so by federal, state or local law

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY. We may use and disclose your PHI 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.

ORGAN AND TISSUE DONATION. We may release your medical information 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 AND VETERANS. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may

also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS’ COMPENSATION. We may release your PHI as authorized by applicable law to the extent necessary to comply with workers’ compensation laws or laws related to similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES. We may disclose medical information about you for public health activities. These activities generally include the following: (i) to prevent or control disease, injury or disability; (ii) to report births and deaths; (iii) to report child abuse or neglect; (iv) to report reactions to medications or problems with products; (v) to notify people of recalls of products they may be using; (vi) 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; (vii) to notify the appropriate government authority if we believe 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 PHI 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 medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT. We may disclose your PHI if asked to do so by a law enforcement official: (i) In response to a court order, subpoena, warrant, summons or similar process; (ii) To identify or locate a suspect, fugitive, material witness, or missing person; (iii) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement; (iv) About a death we believe may be the result of criminal conduct; (v) About criminal conduct at the facility; and (vi) In emergency circumstances, not occurring on the premises, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may disclose your PHI 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 PHI to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES. We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you 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.

THIRD PARTIES. We may disclose your PHI to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard the privacy and security of the information and to not further use or disclose the information. For instance, we may contract with a company that provides billing or health care management services.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written permission, including but not limited to (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures involving mental health records or drug and alcohol treatment records, (iii) most uses and disclosures of your medical information for marketing purposes; and (iv) disclosures that constitute the sale of your medical information. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR HEALTH INFORMATION RIGHTS

You must submit your specific request in writing on the Written Specific Request to Exercise My Patient Rights form. All requests will be reviewed

and considered within the time frames required under HIPAA. Under certain circumstances, we may deny your request. If this occurs, you have the right to have the denial reviewed.

RIGHT TO INSPECT AND COPY. You have the right to inspect and copy the PHI that we maintain about you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If we maintain this information electronically, you have the right to receive a copy of such information in an electronic format. Additionally, you have the right to ask us to send a copy of your PHI to other individuals or entities that you designate.

RIGHT TO REQUEST AN AMENDMENT. If you feel that PHI maintained about you is incorrect or incomplete, you may request that we amend it. We are obligated to review any such request, but are not obligated to agree to it. Specifically, we may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (i) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the medical information kept by or for the facility; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete.

RIGHT TO ACCOUNTING OF DISCLOSURES. You have the right to request an accounting of disclosures. This is a list of when, what, to whom, and why we disclosed medical information about you. To request this list or accounting of disclosures, you must submit your request in writing on the form described above. Your request must state a time period, within the six (6) years immediately preceding the request. Your request should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within a 12-month period will be free of charge. For additional requests in the same 12-month period, we may charge you a reasonable cost-based fee for providing you with the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on our use or disclose of your PHI for treatment, payment or health care operations. You also have the right to request a limitation on the PHI we disclose about you to someone who is involved in your care or the payment for your care. If we agree, we will comply with your request unless the information is needed to provide emergency treatment. We are not required to agree to the restrictions, unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for the services that are the subject of the information out-of-pocket in full.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Please note that if you choose to receive communications from us via email or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our emails to you will not be encrypted.

RIGHT TO A PAPER COPY OF THIS NOTICE. You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice on our website.

NOTIFICATION OF A BREACH. You have the right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

CHANGES TO THIS NOTICE

We are required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we make a material change to this Notice, we will post the revised notice at the facility where you receive services and on our website and make the revised notice available upon request.

COMPLAINTS

A patient who believes that we have violated his or her privacy rights may file a complaint with the Privacy Officer listed below. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S. W., Washington, DC 20201. We will promptly investigate any complaints in an effort to resolve the matter. We may not penalize or retaliate against you for filing such a complaint.

Privacy Officer
10319 Jefferson Hwy
Baton Rouge, LA 70809
Compliance@phurgentcare.com
(225) 214-9352

Effective Date: [September 2013
Revised January 2021]

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This Notice of Privacy Practices covers an Affiliated Covered Entity (“ACE”). When this Notice refers to the Premier Health ACE, it is referring to Premier Health and subsidiaries and affiliates as listed on the Premier Health website and policy. Each of the Premier Health subsidiaries or affiliates listed is a covered entity under HIPAA. Pursuant to 45 C.F.R. § 164.105(b), each of the Premier Health subsidiaries or affiliates hereby designates itself as a single covered entity for purposes of compliance with HIPAA. This designation may be amended from time-to-time to add new covered entities that are under the common control and ownership of Premier Health. To obtain a list of the most current listing of these entities, please visit the website <https://premierhealthurgentcare.com/privacy-policy/> or contact the Privacy Officer. 10319 Jefferson Hwy Baton Rouge, LA 70809 (225) 214-9352 “ACE” amended January 2021.

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LAWSUITS AND DISPUTES. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT. We may disclose your PHI if asked to do so by a law enforcement official: (i) In response to a court order, subpoena, warrant, summons or similar process; (ii) To identify or locate a suspect, fugitive, material witness, or missing person; (iii) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) About a death we believe may be the result of criminal conduct; (v) About criminal conduct at the facility; and (vi) In emergency circumstances, not occurring on the premises, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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INMATES. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you 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.

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OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written permission, including but not limited to (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures involving mental health records or drug and alcohol treatment records, (iii) most uses and disclosures of your medical information for marketing purposes; and (iv) disclosures that constitute the sale of your medical information. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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RIGHT TO INSPECT AND COPY. You have the right to inspect and copy the PHI that we maintain about you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If we maintain this information electronically, you have the right to receive a copy of such information in an electronic format. Additionally, you have the right to ask us to send a copy of your PHI to other individuals or entities that you designate.

RIGHT TO REQUEST AN AMENDMENT. If you feel that PHI maintained about you is incorrect or incomplete, you may request that we amend it. We are obligated to review any such request, but are not obligated to agree to it. Specifically, we may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (i) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the medical information kept by or for the facility; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete.

RIGHT TO ACCOUNTING OF DISCLOSURES. You have the right to request an accounting of disclosures. This is a list of when, what, to whom, and why we disclosed medical information about you. To request this list or accounting of disclosures, you must submit your request in writing on the form described above. Your request must state a time period, within the six (6) years immediately preceding the request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free of charge. For additional requests in the same 12-month period, we may charge you a reasonable cost-based fee for providing you with the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on our use or disclose of your PHI for treatment, payment or health care operations. You also have the right to request a limitation on the PHI we disclose about you to someone who is involved in your care or the payment for your care. If we agree, we will comply with your request unless the information is needed to provide emergency treatment. We are not required to agree to the restrictions, unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for the services that are the subject of the information out-of-pocket in full.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Please note that if you choose to receive communications from us via email or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our emails to you will not be encrypted.

RIGHT TO A PAPER COPY OF THIS NOTICE. You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice on our website.

NOTIFICATION OF A BREACH. You have the right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

CHANGES TO THIS NOTICE

We are required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we make a material change to this Notice, we will post the revised notice at the facility where you receive services and on our website and make the revised notice available upon request.

COMPLAINTS

A patient who believes that we have violated his or her privacy rights may file a complaint with the Privacy Officer listed below. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S. W., Washington, DC 20201. We will promptly investigate any complaints in an effort to resolve the matter. We may not penalize or retaliate against you for filing such a complaint.

Privacy Officer
10319 Jefferson Hwy
Baton Rouge, LA 70809
Compliance@phcurgentcare.com
(225) 214-9352

Effective Date: [September 2013
Revised January 2021]

This Notice of Privacy Practices covers an Affiliated Covered Entity ("ACE"). When this Notice refers to the Premier Health ACE, it is referring to Premier Health and subsidiaries and affiliates as listed on the Premier Health website and policy. Each of the Premier Health subsidiaries or affiliates listed is a covered entity under HIPAA. Pursuant to 45 C.F.R. § 164.105(b), each of the Premier Health subsidiaries or affiliates hereby designates itself as a single covered entity for purposes of compliance with HIPAA. This designation may be amended from time-to-time to add new covered entities that are under the common control and ownership of Premier Health. To obtain a list of the most current listing of these entities, please visit the website <https://premierhealthurgentcare.com/privacy-policy/> or contact the Privacy Officer, 10319 Jefferson Hwy Baton Rouge, LA 70809 (225) 214-9352 "ACE" amended January 2021.