



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes how New Orleans East Hospital ("NOEH") may use and release protected health information about you that New Orleans East Hospital maintains.

Permitted Required Uses And Disclosures of Protected Health Information:

Treatment, Payment and Healthcare Operations: As your healthcare providers, we may use and disclose protected health information ("PHI") about you for treatment, payment and health care operations without your authorization. Some examples of these types of disclosures and uses are:

For Treatment: We may use Health Information about you to provide you with medical treatment or services. We may disclose your Health Information to doctors, nurses, technicians, medical students, or other personnel who are involved in your care.

For Payment: We may use and disclose Health Information about you so that the treatment and services you receive at New Orleans East Hospital may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the intended treatment.

For Health Care Operations: We may use and disclose Health Information about you for Organization operations. These uses and disclosures are necessary to run New Orleans East Hospital and make sure that all of our patients receive quality care. For example, we may use Health Information to evaluate the performance of our staff in caring for you, assist us in business planning and development, and for general management and administrative purposes. We may also disclose PHI to health plans or other healthcare providers for their quality assessment, employee evaluation or healthcare compliance activities. When we do so, these other individuals and entities ("called Business Associates") are required to safeguard your information.

Other Permitted and Required Uses and Disclosures: We may also use and disclose your PHI for the following reasons without your consent:

To Individuals Involved in Your Care/Payment: We may release relevant parts of your PHI to family members or other persons who are involved in your care and its payment. We may also give Health Information to someone who helps pay for your care. Unless otherwise directed, we may also tell your family or friends your general condition and that you are currently receiving care at New Orleans East Hospital. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Limited Health–Related Marketing: We may use and disclose PHI to tell you about health–related benefits, products or services that may be of interest to you or the entities participating with us in a healthcare provider network or health plan network.

Fundraising Activities: We may disclose certain limited PHI (name, address, telephone, religion, date of treatment) to our Foundation so they may contact you in an effort to raise money for the benefit of New Orleans East Hospital and its operations.

Facility Directory: We may include certain limited information about you in New Orleans East Hospital's facility directory while you are a patient. This information may include your name, location in New Orleans East Hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. This information will be disclosed unless you specifically object, either in the admission consent form or otherwise, in writing to the Privacy Officer.

Research: Under certain circumstances and restrictions, we may use and disclose PHI for research purposes when an individual authorization waiver is approved by an Institutional review or privacy board.

Health or Safety: We may use and disclose PHI about you 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.

Workers' Compensation: The workers' compensation program provides benefits for work–related injuries or illness. We may release PHI about your work–related injury or occupational sickness to your employer, or as otherwise required by state law.

Organ and Tissue Donation: If you are an organ donor, we may release PHI 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 PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Abuse, Neglect or Domestic Violence: Notifying 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.

Governmental Agencies: We may disclose parts of your PHI relative to governmental authorities entitled to receive such information, including the Secretary of Health and Human Services.

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process or to identify or locate a suspect, fugitive, material witness, or missing person, or to comply with laws such as those

requiring reporting of certain injuries, death, or medical evidence of certain crimes.

Coroners, Medical Examiners and Funeral Directors: We may release 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 about patients of New Orleans East Hospital to funeral directors as necessary for them to carry out their duties.

Correctional Institutions: If you are an inmate of a correctional institution or are under the custody of a law enforcement official; we may release PHI about you to the correctional institution or authorized law enforcement personnel.

Alcohol/Drug Patient Records: The confidentiality of alcohol and drug–abuse program patient records is protected by federal law and regulations.

As Required By Law: We will disclose PHI about you when required to do so by federal, state or local law.

Other Disclosures

Except as provided for in this Notice of Privacy Practices, New Orleans East Hospital will not use or disclose protected health information without your written consent.

Your Rights: The following is a statement of your rights regarding your PHI and a brief description of how you may exercise these rights:

Access: You have the right to inspect and copy PHI kept in New Orleans East Hospital's designated record set and used to make decisions about your care, except of psychotherapy notes, information compiled in anticipation of a legal proceeding or other PHI to which your access is limited by federal law. To inspect and copy your PHI, you must submit your request in writing to the Privacy Officer. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, as allowed by state law. If we deny your request, you have the right to request in writing that the denial be reviewed.

Right to Amend: You have the right to request an amendment for as long as the PHI is kept by or for New Orleans East Hospital. To request an amendment, your request must be made in writing to the Privacy Officer, and provide a reason that supports your request. We may deny your request for an amendment if it is not in writing, if it does not include a reason to support the request, or for reasons related to the accuracy of the record keeping process. If we deny your request for amendment, you may file a written statement of disagreement and we will include it with your PHI when used and disclosed.

Accounting of Non–Routine Disclosures: You have the right to request an accounting of disclosures within the last six years after service. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request should indicate in what form you want the list (for example, on paper, electronically). Certain disclosures are not required to be included in the accounting including: incidental disclosures, disclosures for national security, disclosures to correctional institutions, and disclosures of 'de–identified' PHI.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right

to request a limit on the PHI we disclose about you to family and friends who are involved in your care or the payment for your care. While we will attempt to comply with verbal requests, for such requests to be binding, New Orleans East Hospital's consent must be in writing and approved by the Privacy Officer. If we do agree, we will comply with your request unless the PHI is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or to a certain location, such as a post office box, rather than your home address. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, noehospital.org. To obtain a paper copy, please submit a written request to the Privacy Officer.

Our Responsibilities: New Orleans East Hospital is required by law to maintain the privacy of protected health information and to provide you a notice of our legal duties and privacy practice with respect to the protected health information. We are required to abide by the terms of our Notice of Privacy Practices and any applicable laws that provide for more restrictions on the use and disclosure of your PHI.

Changes to Notice of Privacy Practices: New Orleans East Hospital reserves the right to change this Notice at any time. The New Notice of Privacy Practices will apply to all PHI we maintain on or after the effective date of the New Notice. We will post a copy of the current Notice on our website and in publicly visible sites throughout New Orleans East Hospital. You may view and print a current copy of the Notice on our website at any time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with New Orleans East Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with New Orleans East Hospital, contact the Compliance Officer.

Additional Information:

If you need additional information about our Privacy Practices, please contact our Privacy Officer at:

Privacy Officer
5620 Read Blvd
New Orleans, LA 70127
(504)592-6595