



## Notice of Privacy Practice

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.**

### **Your Rights:**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to 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 health information. We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can file a complaint if you feel we have violated your rights by contacting the LWH Privacy Officer at 225-201-2000.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or 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.

### **Your Choices:**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures:**

We typically use or share your health information in the following ways:

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A provider conducts a pap and asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as: Preventing disease / Helping with product recalls / Reporting adverse reactions to medications / Reporting suspected abuse, neglect, or domestic violence and preventing or reducing a serious threat to anyone's health or safety

**Do research-** We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests -**We can share health information about you with organ procurement organizations.

#### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of this Notice -** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

## Information Collected through the Website

Nola Ob GYN Website may include pages that give you the opportunity to provide us with Personal Information about yourself. As used in this Privacy Policy, "Personal Information" means any information that may be used, either alone or in combination with other information, to personally identify an individual.

We collect certain information, including Personal Information, from and about our Website users in three ways:

- directly from you
- directly from our web server logs
- with cookies

## Information Provided by You

We and our service providers collect Personal Information through online forms in order to provide certain features of the Services to you.

In some cases, you may have the opportunity to enter into our secure forms any content that you choose. You are responsible for such content.

## Cookies and Web Beacons

A "cookie" is a small text file that may be transferred to your computer's hard drive in order to personalize our services for you and to collect aggregate information regarding usage of our Services by all of our users. Each computer is assigned a different cookie that contains a random, unique number. Our Services uses two different types of cookies: a "session" cookie, which is required to track a user session, for example, and which expires shortly after the session ends), and a "persistent" cookie, used to track unique visits to the Portal (defined below), as well as how the user arrived at the Portal (for example, through an email link or from a referral link), and the type of user (patient, provider, etc.). So that users are not counted twice, this cookie can "persist" anywhere from six months to two years.

Your browser software can be set to warn you of cookies or reject all cookies. Most browsers offer instructions on how to reset the browser to reject cookies in the "Help" section of the toolbar. If you reject our cookie, this may disable some of the functionality of our Services and you may not be able to use certain services.

Cookies cannot be used to run programs or deliver viruses to your computer. One of the primary purposes of cookies is to provide a convenience feature to save you time. For example, if you personalize a web page, or navigate within a website, a cookie helps the website to recall your specific information on subsequent visits. This simplifies the process of delivering relevant content and eases website navigation by providing and saving your preferences and login information as well as providing personalized functionality.

We use Google Analytics on our Site to help us analyze the traffic on our Site. For more information on Google Analytics' processing of Personal Information, please see <http://www.google.com/policies/privacy/partners/>." By using a [browser plugin](#) provided by Google, you can opt out of Google Analytics.

Some of features on our Services (such as social media widgets that allow you to share content) may use cookies or other methods to gather information regarding your use of the Services and may combine the information in these cookies with any of Personal Information about you that they may have. The use of such information by a third party depends on the privacy policy of that third party.

A "web beacon," "clear GIF," "web bug," or "pixel tag" is a tiny graphic file with a unique identifier that is similar in function to a cookie but would allow us to count the number of users that have visited certain pages or screens of our websites, and to help determine the effectiveness of promotional or advertising campaigns. When used in HTML-formatted email messages, web beacons can tell the sender whether and when the email has been opened. In contrast to cookies, which may be stored on your computer's hard drive, web beacons are typically embedded invisibly on pages or screens.

We reserve the right to share aggregated site statistics monitored by cookies and web beacons with our affiliates and partner companies. We treat the information of everyone who comes to our Services in accordance with this Privacy Policy, whatever their Do Not Track setting.

**Information Collected through the Portal**

As a service to its customers, we may also provide Portals to offer some customers secure, private access to their own records at our facilities, as well as certain internet-based services which may include, assistance in scheduling appointments.

The Portal can provide you with access to some of your medical records. When you seek access to those records on the Portal, we need to confirm it is you so we ask you for information such as your name and email or physical address and other information such as your date of birth (which we may also use to make sure you are eligible to use the Portal in accordance with the Terms) and the answers to "secret questions" to which only you know the answers. This information may be used to help administer your user account and in managing your account. We may need to ask you for the information again when you sign in from a new device.

I acknowledge and understand the above information pertaining to my privacy:

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Patient Name (Print)

Date

X

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Patient Signature