



301 Memorial Drive
Donaldsonville, LA 70346
www.prevosthospital.net
225-473-7931

PRIVACY POLICY

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

NOTICE OF PRIVACY POLICY

EFFECTIVE

The following is the privacy policy of West Ascension Parish Hospital as described in the Health Insurance Portability and Accountability Act of 1996 and regulations thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to give you notice of Cover Entity's legal duties and privacy policies regarding it. We are required by law to abide by this Privacy Notice.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as health insurance companies or plans. The law protects health information that contains data, such as associated with it.





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Uses or Disclosures of Your Personal Health Information

West Ascension Parish Hospital collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of West Ascension Parish Hospital but the information in the medical record belongs to you. Generally, we may not use or disclose your personal health information without your permission.

Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of your authorization. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent- Without your consent, we may use or disclose your personal health information to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we can disclose your personal health information within and among our workforce to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Treatment- We may use and disclose medical information about you to physicians, psychologist/counselor, nurses, technicians, or other healthcare professionals who are involved with your care.

Payment- We may use and disclose your personal health information to bill and collect payment for the treatment and services we provided to you.

Health care operations - We may use and disclose your personal health information as part of our routine operations. We may disclose your personal health information for chart audits, investigations, inspections, hospital





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credentialing, etc.

Law Enforcement- We may use and disclose your personal health information to law enforcement for purposes such as identifying or locating as suspect, fugitive, material witness, or missing person, and to aid in other law enforcement purposes.

Public Health- As required by law, we may disclose your personal health information to public authorities for purposes related to preventing or controlling disease, injury or disability reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings- We may disclose your personal health information in a judicial and administrative proceeding in response to an order of a court, a warrant, subpoena, or other lawful process.

Notification- We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family- Health professionals, using their best judgement, may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research- We may disclose your health information to research conducting research that has been approved by an Institutional Review Board.





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Your Rights with Respect to Your Personal Health Information

You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. You may request restrictions on the following uses or disclosures: to carry out treatment, payment, or healthcare operations; disclosures to family members, relatives, or close personal friends or personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death: instances in which you are not present or it is not practical to obtain permission due to your incapacity or an emergency circumstance; permitting other persons to act on your behalf to pick up medical supplies, X-rays, or other similar forms of personal health information.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Confidential Communications. You have the right to receive confidential communications of your personal health information. We may require a written request. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations.

Inspect and Copy Your Personal Health Information. West Ascension Parish Hospital collects health information from you and stores it in a chart and on a computer. This is your medical record. You have the right of access to inspect and obtain a copy of your medical record except for health information maintained by us to the extent to which the provision of access to you would





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be prohibited by law. We may require written requests. We must provide you with access to your personal health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We will provide you with access as requested promptly. If you request a copy of your medical records, we may charge a reasonable cost-based fee for copying and postage, if you request them to be mailed. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. We will reasonably attempt to accommodate any request for personal health information.

Amend Your Personal Health Information. You have the right to request an amendment of your personal health information if you think that information is inaccurate or incomplete in your medical record or in a billing record. You may request an amendment if that record is maintained. You may submit a written request for an amendment to either: Release of information (for amendment to your medical record) or Patient Fiscal and Registration Services (for amendment to your billing record). Both can be submitted to our Privacy Officer listed at the end of this notice. West Ascension Parish Hospital can deny your request for an amendment if it is not in writing, or it relates to information not created or produced by the West Ascension Parish Hospital staff, or we decide that the information is accurate and complete.

Accounting of Disclosures. You have the right to obtain a list of instances in which we have disclosed your personal health information. Your request must state a period not longer than six years. The list will not include uses or disclosures made for treatment, payment, or health care operations. In addition, the list will not include uses or disclosures that you have specifically authorized in writing, such as copies of records to your attorney or to your employer. To request an accounting of disclosures, contact the Privacy Officer listed at the end of this notice.





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Complaints

You may file a complaint with us if you believe your privacy rights have been violated or contact the Department of Health and Hospitals at 225-342-9500. You may submit your complaint in writing by mail to our privacy officer:

Lizabeth Simoneaux
301 Memorial Dr. Donaldsonville, LA 70346
225-474-2171
lizabeths@prevosthospital.net

A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. You will not be retaliated against for filing any complaint.

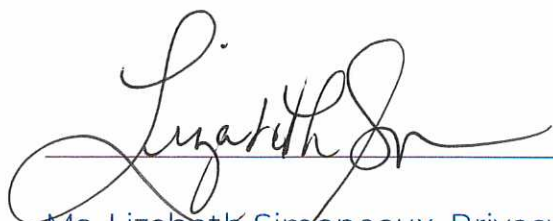
Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time.





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Ms. Lizabeth Simoneaux, Privacy Officer



Mr. Shelton B. Anthony, Administrator

Revised: 5/27/2024

