



# HIPAA Notice of Privacy Practices and Federal Confidentiality Law Information Blocking

**Your Information.**

**Your Rights.**

**Our Responsibilities.**

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

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them.

## Your Choices

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them.

## Our Uses and Disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3-5** for more information on these uses and disclosures.

## 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	<ul style="list-style-type: none"><li>You may use your patient portal to access your records at any time. As a SCLHSA staff member how to enroll in Healow.</li><li>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.</li><li>We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
Ask us to correct your medical record	<ul style="list-style-type: none"><li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li><li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
Request confidential communications	<ul style="list-style-type: none"><li>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.</li><li>We will say “yes” to all reasonable requests.</li></ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>
Get a copy of this privacy notice	<ul style="list-style-type: none"><li>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.</li></ul>
Choose someone to act for you	<ul style="list-style-type: none"><li>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.</li><li>We will make sure the person has this authority and can act for you before we take any action.</li></ul>
Opt-Out	<ul style="list-style-type: none"><li>SCLHSA participates in the Electronic Health Information Exchange. You may choose to opt out of participations, have information only received, or have information only sent.</li></ul>
Violations of the Federal Law and regulations by a Part 2 Program is a crime.	<ul style="list-style-type: none"><li>You can file a complaint if you feel or suspect we have violated your rights by contacting us using the information on page 1.</li><li>You can file a complaint with:<ul style="list-style-type: none"><li>SCLHSA Compliance/Privacy Officer at 158 Regal Row in Houma or by phone at (985) 857-3751.</li><li>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 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>Medicaid Hotline at 1-800-52-8263.</li><li>Louisiana Department of Health, Health Standards Section Complaint Program Desk at P.O. Box 3767, Baton Rouge, LA 70821</li><li>U.S. Secretary of Health and Human Services at 200 Independence Ave., S.W., Washington, D.C. 20201   (800) 368-1019</li></ul></li><li>We will not retaliate against you for filing a complaint.</li></ul>

## 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
- Share information in a disaster relief situation
- Include your information in a hospital directory

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
- Most sharing of psychotherapy notes

## Our Uses and Disclosures

**How do we typically use or share your health information?** 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 doctor treating you for an injury 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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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
  - 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.

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.
  - SCLHSA also complies with Federal Confidentiality Rule 42 CFR Part 2 (see below), which may be more strict than HIPAA.
- 

## 42 CFR Part 2

---

**Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2)** was first promulgated in 1975 to address concerns about the potential use of **Substance Use Disorder (SUD)** information in non-treatment based settings such as administrative or criminal hearings related to the patient. Part 2 is intended to ensure that a patient receiving treatment for a SUD in a Part 2 Program does not face adverse consequences in relation to issues such as criminal proceedings and domestic proceedings such as those related to child custody, divorce or employment. Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders can disclose such records.

Part 2 Programs:

- Are federally assisted programs
- Are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent
- Specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure

In addition to Part 2, other privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA)<sup>5</sup> have been enacted. HIPAA generally permits the disclosure of protected health information for certain purposes without patient authorization, including treatment, payment, or health care operations.

---

## Prohibition on Disclosure of Confidential Information

Federal confidentiality rules (42 CFR part 2) prohibits SCLHSA from making any further disclosure of information released to us unless you **expressly give us written consent** to do so. A general authorization for the release of medical or other information is **NOT** enough for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse clients.

## Important Information about Authorization

A separate signed authorization form is required for the use and disclosure of health information for psychotherapy notes, employment-related determinations by an employer, research purposes unrelated to your treatment, and Substance Use (Alcohol and Drug Use).

An authorization is voluntary. You will not be required to sign an authorization as a condition of receiving treatment services or payment for health care services. If your authorization is required by law or policy, SCLHSA will use and disclose your health information as you have authorized on the signed authorization form.

You may cancel an authorization in writing at any time. SCLHSA cannot take back any uses or disclosures already made before an authorization was cancelled. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by SCLHSA privacy policies.

---

## Information Blocking

---

SCLHSA complies with the Information Blocking Regulation, 45 CFR Part 171 , preventing SCLHSA from restricting access, exchange, or use of electronic health information.

You may also grant others access to receive your appointments, medications, and medical summary.

### Ask us about Portal Proxy.

“Electronic Health Information” is defined as electronic protected health information that would be included in the designated record set as defined by HIPAA. Electronic Protected Health Information is individually identifiable health information that is:

- Transmitted by electronic media; or
- Maintained in electronic media;

This means you may see information in your patient portal or Healow app before your provider sees it, such as lab results. Please contact your provider if you have questions.

There are some exceptions to Information Blocking, which include:

- Preventing a risk of harm – the provider holds a reasonable belief that the practice (interfering with access, exchange or use of EHI) will substantially reduce a risk of harm to a patient or other person. The risk of harm must be determined on an individual basis by the clinician exercising professional judgment, or arises from erroneous data.
- Privacy; protecting an individual’s privacy in accordance with 42 CFR Part 2, HIPAA and your policies is not information blocking
- Protecting the security of the EHI
- The request is infeasible
- When health IT is temporarily unavailable to benefit the overall performance of the health IT
- Content and Manner
- Charging fees
- Licensing

---

### 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.

For more information ask someone at your treatment facility, call the SCLHSA Privacy Officer at the number on the front.

### 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, in our office, and on our web site.

Effective date of notice 1/17/23.

# How to Review SCLHSA Privacy Policies

You may review SCLHSA privacy policies and related forms by going to [www.sclhsa.org/patient-resources](http://www.sclhsa.org/patient-resources). You may also contact the SCLHSA Privacy Officer at the address listed at the end of this notice.

## How to Contact SCLHSA to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact the local SCLHSA office (Facility/Clinic or Administrative Office) which collects and maintains your protected health information or you may contact the SCLHSA Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records.
- Ask to limit how information about you is used or disclosed.
- Ask to cancel your authorization.
- Ask to correct or change your records.
- Ask for a list of the times SCLHSA disclosed information about you.

Your request to look at, copy, or change your records may be denied. If SCLHSA denies your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with SCLHSA, Louisiana Department of Health (LDH) or with the U.S. Department of Health and Human Services, Office for Civil Rights.

## How to File a Complaint or Report a Problem

You may contact the Privacy Officer listed below if you want to file a complaint or to report a problem about how SCLHSA has used or disclosed information about you. Your benefits will not be affected by any complaints you make. SCLHSA cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy Officer contact is:

**Charlotte Richard**  
**SCLHSA, Privacy Officer**  
**158 Regal Row**  
**Houma, LA 70360**  
**985-857-3751**

