

Joseph B. Boucree Jr., MD
NOTICE OF PRIVACY PRACTICES
EFFECTIVE: APRIL 14, 2003

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

Joseph B. Boucree Jr., MD is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Joseph B. Boucree Jr., MD please contact:

Kim Ryals

Joseph B. Boucree Jr., MD
104 Medical Center Dr.
Slidell, LA 70461
985-646-5576

I. How Joseph B. Boucree Jr., MD May Use or Disclose Your Health Information

Joseph B. Boucree Jr., MD collects health information from you and stores it in a chart and on a computer. This is your medical record. The record is the property of Joseph B. Boucree Jr., MD, but the information in the medical record belongs to you. Joseph B. Boucree Jr., MD protects the privacy of your health information. The law permits Joseph B. Boucree Jr., MD to use or disclose your health information for the following purposes:

1. **TREATMENT.** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students or other personnel who are involved in your care. They may work at our office, hospital, ambulatory surgical facility, diagnostic facility, pharmacy or other consulting physician's offices. For example, results of diagnostic testing and procedures will be available to all health professionals who may provide further treatment or who are involved in your care.
2. **PAYMENT.** We may use and disclose health information about you so that the treatment and services you receive from us may be billed and payment collected from you, an insurance company, or any third party. For example, your health plan or third party payer may request information from your medical record to obtain prior approval or certification for a service or procedure.
3. **HEALTH CARE OPERATIONS.** We may use and disclose health information on you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, normal operations of this clinic require exchange in patient health information.
4. **LAW ENFORCEMENT.** Your health information may be disclosed to law enforcement agencies for the purposes such as identifying of or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
5. **WORKER'S COMPENSATION.** We may disclose your health information as necessary to comply with worker's compensation laws.
6. **NOTIFICATION AND COMMUNICATION WITH FAMILY.** We may disclose your health information to notify a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, please notify the health care professional. If you're unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. **DECEASED PERSON INFORMATION.** We may disclose your health information to coroners, medical examiners and funeral directors. Family members will have to show power of attorney or other legal means of obtaining records.

II. Joseph B. Boucree Jr., MD May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Joseph B. Boucree Jr., MD will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Northlake Surgical is not required to agree to the restriction.
2. You have the right to receive your health information through a reasonable alternative means. You will have to have a written authorization, specification of method (fax or mail), and payment method if applicable.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Joseph B. Boucree Jr., MD amend your health record that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Joseph B. Boucree Jr., MD, except for the uses and disclosures listed in section I of the Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

Joseph B. Boucree Jr., MD reserves the right to amend this Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Joseph B. Boucree Jr., MD is required by law to comply with this Notice.

Whatever the reason for these changes in the Privacy Practices we will provide you with a revised notice on your return appointment.

V. Complaints

Complaints about this Notice of Privacy Practices or how Joseph B. Boucree Jr., MD handles your health information should be directed to:

Kim Ryals

Joseph B. Boucree Jr., MD

104 Medical Center Dr.

Slidell, LA 70461

985-646-5576

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services

Office of Civil Rights

Hubert H. Humphrey Bldg.

200 Independence Avenue, S. W.

Room 509F HHH Building

Washington, DC 20201

JOSEPH B. BOUCREE JR., MD
HIPPA NOTICE OF PRIVACY PRACTICES

Summary

The record of the medical care you receive at Joseph B. Boucree Jr., MD- your medical information-has always been treated as personal and private. However, this medical information is now also governed by federal privacy laws that we are required to communicate to you.

There are circumstances under which we, as the provider of your health care, are permitted to use and disclose your medical information:

In order to provide you with medical treatment and coordinate your care, physicians, nurses, medical students and other personnel within the institution may share your medical information with one another. We may communicate it to individuals outside the institution who are involved in your medical care. We may disclose medical information about you to your insurance company for the purpose of reimbursement. We may review your medical information to make sure that your care has met our standards, and we may use it to educate our own staff and students. The medical information of our patients may also be collected, tabulated and analyzed to help us improve overall clinic and hospital services. We may share these statistical data with other healthcare institutions in order to better evaluate our own performance. As the patient, you are entitled to request a restriction on the medical information we use or disclose about you for treatment, payment, or the improvement of clinic and hospital operations.

Appointment reminders, and communications to you about other treatments or services, entail the disclosure of your medical information. You may request that we communicate confidentially with you. If you are a patient in the hospital, certain limited information about you will be entered in the hospital directory for the benefit of your visitors. Your religious affiliation may be revealed to a priest or rabbi. We may disclose your medical information to a family member or friend who is involved in your care, but you may request a limit to the information we share with them. Under certain circumstances your medical information may be used for research purposes. All research projects are carefully monitored. The philanthropic division of our organization may use your contact information to include you in its fundraising efforts.

Entities to which we may disclose your medical information are funeral directors, the coroner or medical examiner, Workers' Compensation programs, public health officials, state and federal agencies charged with oversight of the health care system, correctional institutions, military authorities, and national security and intelligence agencies. In serious situations we may release medical information about you to law enforcement agencies. We may disclose medical information in the defense of a malpractice claim, or in response to a court or administrative order.

Except under special circumstances, you are entitled to view and/or copy your medical record. You have the right to amend your medical information if you have reason to believe it is incorrect or incomplete.

You are entitled to receive a list of those entities or individuals to whom we may have disclosed your medical information. You are entitled to receive a paper copy of the full Notice of Privacy Practices.

Finally, if you feel your privacy rights have been infringed, you may file a complaint, without fear of penalty, with our institution or with the Federal Government