

DOCTORS' SAME DAY SURGERY CENTER

4633 Wichers Drive, Suite 200
Marrero, LA 70072
504-328-0000 / Fax 504-328-9101

NOTICE OF OUR HEALTH INFORMATION PRACTICES

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information: Each time you visit a hospital, physicians, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. It may also contain correspondence and other administrative documents. All of this information, often referred to as your health or medical records serve as a:

- Basis for planning your care and treatment
- Legal documents describing the care you received
- Means by which you, or a third-party payer can verify that services billed were actually provided.
- A source of information for public health officials charged with improving the health of the nation
- Means of communication among the many health professionals who contribute to your care
- A tool in educating health professionals
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner of the facility that compiled it, the information belongs to you. You have the right to:

- Inspect and obtain a copy of your health record¹. To do that you must request this information in writing.
- Request a restriction on certain uses and disclosures of your information on certain uses and disclosures of your information³, although we are not required to agree to those restrictions. To do that, you must submit your request in writing.
- Receive your health information through reasonable alternative means or at an alternative location⁵. To do that, you must submit your request in writing.
- Request that your health information be amended when you believe it is incorrect or incomplete². To do that, you must submit the information that you feel is correct in writing.
- Obtain an accounting of disclosures of your health information⁴. To do that, you must submit your request in writing.

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NOTICE OF OUR HEALTH INFORMATION PRACTICES (CONT.)

Our Responsibilities: This organization is required by law to:

- Maintain the privacy of your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Provide you with a notice as to your legal duties and privacy practices with respect to information we collect and maintain about you.
- Accomodate reasonable requestes you may have to communicate health information by alternative means, or alternative information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our notice of health information practices change, we will make the new version available to you upon request.

We will not use or disclose your health information without your authorization except as provided by law or described in this notice.

1 As provided in R.S. 40:1299.96 and 45 CFR 164.524

2 As provided in 45 CFR 164.528

3 As provided in 45 CFR 164.522

4 As provided in 45 CFR 164.528

5 As provided in 45 CFR 164.522