



NOTICE OF PRIVACY PRACTICES

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.

Our Commitment to Your Privacy

West Ascension Parish Hospital is required by law to maintain the privacy of your protected health information ("PHI"), provide you with notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. PHI includes information that identifies you and relates to your past, present, or future physical or mental health condition, the provision of healthcare to you, or payment for your healthcare.

How We May Use and Disclose Your Information

We may use and disclose your PHI, without your written authorization, for the following purposes:

- **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your care and related services among physicians, nurses, technicians, and other healthcare providers involved in your treatment.
- **Payment:** We may use and disclose your PHI to bill and collect payment for the healthcare services and supplies we provide to you.
- **Healthcare Operations:** We may use and disclose your PHI for our healthcare operations, including quality assessment and improvement activities, staff review, credentialing, training, auditing, compliance, and other business management activities.

We may also use or disclose your PHI as permitted or required by law, including for the following purposes:

- **Public Health Activities:** To report disease, injury, vital events, abuse, neglect, or domestic violence, and to assist with recalls or public health investigations.
- **Health Oversight Activities:** For audits, investigations, inspections, licensure, accreditation, and other oversight activities authorized by law.
- **Judicial and Administrative Proceedings:** In response to a court order, subpoena, discovery request, or other lawful process when permitted by law.
- **Law Enforcement:** For certain law enforcement purposes as permitted or required by law.
- **Coroners, Medical Examiners, and Funeral Directors:** As authorized by law.
- **Organ and Tissue Donation:** If you are an organ donor, as permitted by law.
- **Research:** When approved through a process that protects your privacy, such as Institutional Review Board or privacy board approval, or as otherwise permitted by law.
- **To Avert a Serious Threat to Health or Safety:** When necessary to help prevent a serious threat to your health and safety or the health and safety of another person or the public.
- **Workers' Compensation and Other Government Functions:** As authorized by law.
- **Individuals Involved in Your Care or Payment for Your Care:** To a family member, close personal friend, personal representative, or another person identified by you, when appropriate and consistent with applicable law.

When using or disclosing PHI, we will make reasonable efforts to limit the information to the minimum necessary for the intended purpose when required by law.

Uses and Disclosures Requiring Your Authorization

Other uses and disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time in writing, except to the extent we have already acted in reliance on it.

Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and obtain a copy** of your paper or electronic medical record and certain other PHI we maintain about you, subject to limited exceptions.
- **Request an amendment** to your PHI if you believe it is incorrect or incomplete.
- **Request confidential communications** by asking us to contact you in a specific way or at a specific location.
- **Request restrictions** on certain uses or disclosures of your PHI. We are not required to agree to every request, except where required by law.
- **Receive an accounting of certain disclosures** of your PHI made during the six years prior to your request, excluding disclosures for treatment, payment, healthcare operations, and certain other exceptions.
- **Receive a paper copy of this notice** upon request, even if you agreed to receive it electronically.
- **Choose someone to act for you** if that person has legal authority to act on your behalf.
- **Be notified following a breach** of your unsecured PHI when notification is required by law.

Requests to exercise these rights should be submitted in writing to our Privacy Officer.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with West Ascension Parish Hospital's Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Privacy Officer
West Ascension Parish Hospital
301 Memorial Drive
Donaldsonville, LA 70346
HIM Director: LaWanda Sanders
Email: lawanda.sanders@westaph.org

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Changes to This Notice

We reserve the right to change this notice and to make the revised notice effective for all PHI we maintain. The current notice will be available at the hospital and on our website.

Accessibility

Translated versions of this Notice of Privacy Practices are available upon request to support patient access and understanding.