



NOTICE OF PRIVACY PRACTICES
(Notice Revised/Effective February 24, 2025)

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. St. Tammany Health System (“STHS”) facilities, affiliated providers and physicians on our medical staff present this joint notice as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). The notice applies to records of your care generated by STHS personnel, your doctor and other healthcare providers. If your personal physician is not affiliated with STHS, he or she may have different policies about how to handle your information and may provide a separate notice to you.

There may be instances where STHS shares your protected health information with members of an Organized Health Care Arrangement allowed under HIPAA regulations as necessary to carry out treatment, payment or health care operations. These members include patient care facilities affiliated with STHS such as Ochsner Health System and all medical staff, employees, volunteers, students and other personnel who work there. STHS may also elect to participate in secure health information networks designed and developed to promote healthcare continuity.

This notice addresses your protected health information (“PHI”) which is written, electronic and verbally transmitted health information including demographic data that can be used to identify you. It is health information created or received by STHS that relates to your past, present or future physical or mental health or condition.

OUR RESPONSIBILITIES. STHS is required by law to maintain the privacy and security of your PHI. We must follow the duties and privacy practices described in this Notice and give you a copy of it.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We will not use or share your PHI 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 see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

OUR USES AND DISCLOSURES. We typically use or share your PHI in the following ways.

- **Treat you.** We can use your PHI 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 PHI to run our facilities, improve your care and contact you when necessary. We may also disclose your PHI to educate students. We may post your name outside the door to the room that you occupy in the main hospital. (If you do not want us to post your name in this manner, tell your nurse.) *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 PHI about you to your health insurance plan so it will pay for your services.*

OUR OTHER USES AND DISCLOSURES OF PHI. We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health. We must meet many conditions in the law before we can share your information for these purposes. More information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues and health research. We can share PHI about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications / Helping with product recalls
- Reporting suspected abuse, neglect or domestic violence and preventing or reducing a threat to anyone’s health or safety.
- We can use or share your information for health research.

Comply with the law. We will share PHI about you if state or federal laws require it, including with the Department of Health and Human Services and Louisiana Department of Health if either wants to see we are complying with applicable law.

Respond to organ and tissue donation requests. We can share PHI about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can share PHI 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 PHI 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

Use and disclose for health system business. We can use or share PHI about you:

- To remind you that you have an appointment for medical care, assess your satisfaction with our services and tell you about possible treatment alternatives and health-related benefits or services that may be of interest to you.
- For accreditation, certification, licensing or credentialing activities and for review or auditing purposes including compliance reviews and maintaining compliance programs.
- For business management, general administrative activities and communications with STHS business associates such as 3rd parties who process certain laboratory tests and the service we use to make requested copies of health records.

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.

Use and disclose of PHI related to reproductive health care. Before we use or share PHI about a woman's reproductive health without a court order for purposes not related to health care, we will obtain an attestation from the entity receiving the information that it will not be used for the purpose of conducting a criminal, civil or administrative investigation related to lawful reproductive healthcare or to impose liability therefor.

YOUR RIGHTS. Your health record is the property of STHS, and you have the following rights.

Get an electronic or paper copy of your medical record. 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. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- If you request a copy in electronic format, we will provide the information in an electronic format. If there are fees for the costs of creating this format, we may charge you for them.
- We may deny your request to inspect or copy in certain circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by STHS will review the request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Ask us to correct or amend your medical record. You can ask us in writing to correct PHI about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request method of confidential communications. You can ask us **in writing** to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to reasonable requests. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

Ask us to limit what we use or share. You can ask us not to use or share certain PHI 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.

- 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.

Get a list of those with whom we've shared information. You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with and why.

- 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.

Get a copy of this privacy notice. 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. You may also obtain a copy from our website at www.sttammany.health.

Choose someone to act for you. 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 PHI if you are unable to make decisions for yourself.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your privacy rights by contacting us using the information in this notice.

- You can file a complaint with 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, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You may file a complaint directly with STHS by writing to the Patient Experience Office, St. Tammany Health System, 1202 South Tyler Street, Covington, Louisiana 70443, or by sending a message via email at px@stph.org. A complaint will not affect your current or future medical treatment at our facility. We will not retaliate against you for filing a complaint.

YOUR CHOICES. For certain PHI, 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 to the extent reasonable and appropriate. 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. **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. This information may be provided to the clergy and except for religious affiliation to other people who ask for you by name.

We never share your information unless you give us written permission for a sale of your PHI and for most sharing of psychotherapy notes

Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again. If you do not want to be contacted for these efforts, notify the St. Tammy Health Foundation at (985) 898-4174 or in writing to the Foundation c/o 1202 South Tyler Street, Covington, Louisiana 70433.

CONTACT INFORMATION. If you have questions about this notice, contact the Patient Experience Department by dialing (985) 898-4669. For additional information about requests for copies of PHI, you may contact the Health Information Management Department, Release of Information, at (985) 898-4419. If you have a request for an amendment to your PHI, please contact that department in writing at 1202 South Tyler, Covington, Louisiana, 70433.

CHANGES TO THE TERMS OF THIS NOTICE. STHS can change the terms of this notice, and the changes will apply to all PHI we have about you. The new notice will be available upon request and on our web site.

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