# Lane HIPAA 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.

If you have any questions about this Notice, please contact Lane Regional Medical Center's (LRMC) HIPAA/Privacy Officer at 225-658-6788.

## Our Responsibilities

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. You have certain rights and we have certain legal obligations regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We will abide by the terms of this Notice.

## Uses and Disclosures

**How we may use and disclose Health Information about you.**
The following categories describe examples of the way we may use and disclose your health information:

**For Treatment:** We may use health information about you for your medical treatment or services. We may disclose health information about you to doctors, nurses, and technicians, medical students, or other LRMC personnel who are involved in taking care of you. For example, your health information may be provided to a physician or other health care provider to which you have been referred. This will help them stay informed about your care.

**For Payment:** We may use and disclose health information about your treatment and services to bill and get payment from health plans or other entities. For example, we may need to give information about you to your health insurance plan so it will pay for your services.

**For Health Care Operations:** We can use and disclose your information to run our organization and contact you when necessary. We may also use and disclose health information:

- To assess quality and improve services.
- To review the qualifications and performance of our health care providers and to train our staff.
- To contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services
- To conduct or arrange for certain services, including:
  - Medical quality review
  - Accounting, legal, risk management, and insurance services
  - Audit functions, including fraud and abuse detection and compliance programs.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include computer companies and a copy service we use when making copies of your claim record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

**Future Communications:** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community-based initiatives or activities our Health Plan participates in.

**Health Information Exchange/Regional Health Information Organization:** Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

**When We Must Obtain Your Authorization:** We must obtain your authorization before using or disclosing health information for the following purposes:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**As required by law.** We may disclose information when required to do so by law.

**As permitted by law,** we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors and Coroners
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- A person or persons able to prevent or lessen a serious threat to health or safety

**Law Enforcement:** We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

**For Judicial or Administrative Proceedings:** We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based studies relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

## Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your Protected Health Information, as well as transmit a copy to a designated person or entity of your choice. The Protected Health Information you can access includes: medical records; billing and payment records; insurance information: clinical laboratory test results; medical images, such as X-rays; wellness and disease management program files; clinical case notes; other information used to make decision about you. The following is excluded from your right to access: Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session; Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and obtain a copy in certain limited circumstances to all or a portion of the protected health information you requested. If you are denied access to Protected Health Information, you have a right to have the denial reviewed by a licensed health care professional chosen by LRMC who did not participate in the original decision to deny. We will provide written notice to you of the determination of the reviewing official, as well as take other action as necessary to carry out the determination.

- **Right to Request an Amendment:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for LRMC. Any request for an amendment must be sent in writing to LRMC HIPAA/Privacy Officer. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- **Right to Restrict Uses or Disclosures:** You have a right to 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.

- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if disclosure of all or part of that information could endanger you. For example, you may ask that we contact you at work instead of your home. LRMC will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and includes your statement that disclosure of all or part of that information could endanger you, a mailing address where you will receive communication from LRMC. Please realize, 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. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

LRMC has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

**To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.**

## Changes to the Notice

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in LRMC offices and on our website and include the effective date.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with LRMC by contacting the LRMC's HIPAA/Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

## Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the payments we provided for you.

**LRMC HIPAA/Privacy Officer**
**Telephone Number: 225-658-6788**

Revised 8/2025 2326675.v1

Lane Regional Medical Center

LaneRMC.org