

**Right to Amend:** If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information.

We may deny your request for an amendment, and if this occurs you will be notified of the reason for denial.

**Right to Accounting of Disclosures.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as family member or friends. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we do not disclose information to your spouse about certain care that you received.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request, or if we believe that it will negatively impact our ability to care for you.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the first page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.



If you are concerned about the care that you have received and/or the safety in the organization, please contact the Administrative Office at 2913 Betin Avenue, Monroe LA 71201. Phone: (318) 388-1250.

**Right to a Paper Copy of this Notice:**

You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from any of our PHSC locations identified on the front page of this notice.

**Changes to this Notice:**

*We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the bottom right-hand corner. We will also give you a copy of our current notice upon request.*

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with PHSC or for further information about the complaint process, please contact our Compliance Officer at (318) 388-1250. Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

**Other Uses and Disclosures of Your Protected Health**

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



Primary Health Services Center  
*"Champions in Health Care"*

**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 THIS NOTICE CAREFULLY

**Desiard Street  
Primary Care Clinic**  
2913 Desiard Street  
Monroe, LA 71201  
(318) 651-9914

**Grambling Family  
Health Center**  
7604 Hwy. 80  
Grambling, LA 71245  
(318) 596-1700

**Behavioral Health Clinic**  
2913 Desiard Street  
Monroe, LA 71201  
(318) 325-7740

**West Monroe  
Family Health Center**  
301 McMillan Road  
West Monroe, LA 71291  
(318) 737-7616

**Dental Clinic**  
2914 Betin Avenue  
Monroe, LA 71201  
(318) 323-4450

**School Based Health  
Centers**

*Carroll Jr. High School*  
2945 Renwick Street  
Monroe, LA 71201  
(318) 654-8760

**Pediatric & Women's  
Health Clinic  
(Wellness Center)**  
2915 Betin Avenue  
Monroe, LA 71201  
(318) 651-9945

*Wossman High School*  
1600 Arizona Ave.  
Monroe, LA 71202

**Pharmacy**  
2913 Desiard Street  
Monroe, LA 71201  
(318) 654-8756

**Family Justice Center**  
620 Riverside Drive  
Monroe, LA 71202

**S. D. Hill Clinic**  
850 South 2nd Street  
Monroe, LA 71202  
(318)-651-0041

**Mobile Health Clinics**  
(Serving Ouachita, Lincoln,  
& Morehouse Parishes)

### **Our Pledge:**

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working in this office, and tells you about the ways we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

### **How We May Use and Disclose Your Health Information:**

We may use and disclose your personal health information for these purposes:

**For Treatment.** We may use health care information about you to provide you treatment or service. For example, we may consult with a specialist who lends his/her services to the Health Center about your care or disclose to an emergency room doctor who is treating you for a broken leg, that you have diabetes, because diabetes may affect your body's healing process.

**For Payment.** We may use and disclose health information about you to bill and collect payments from you, your insurance company, including Medicaid and Medicare, or other third party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. For example, if you have health insurance, we may need to share information about your office visit with your health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you may need to obtain your health plan's prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose health information about you for our day-to-day operations, and may disclose information about you to other health care providers involved in your care or to your health plan for use in their day-to-day operations.

These uses and disclosures are necessary to run the Health Center and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, we may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you.

### **We may also use and disclose health information:**

- To remind you of a Health Center appointment
- To notify you of health related services, benefits and treatments alternatives.
- To individuals involved in your care or payment for your care.
- To organizations that handle organ and tissue donation if you are an organ donor.
- When required by federal, state, and/or local law.
- When there are risks to public health or safety.
- To workers compensation or similar programs providing benefits for work related injuries or illness.
- To military command authorities or the Department of Veteran Affairs
- To health oversight agencies that monitor the health care system, government programs and compliance with civil rights laws.
- In response to a court or administrative order.
- To coroners, health examiners, and funeral directors to the extent needed to carry out their duties.
- To business associates contracted to perform agreed upon services and billing for services.
- To authorized federal officials for intelligence, counterintelligence, protective services for the President/heads of state and other national security activities authorized by law.
- To correctional institution or law enforcement official if you are an inmate or under the custody of a law enforcement official. This release would be for the institution to provide you health care, to protect your safety and safety of others or the safety and security of the correctional institution.



### **Research**

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who received another for the same condition. All research projects however, are subject to a special approval process.

**Public Health Activities.** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

### **Your Rights:**

You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them.

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. To inspect a copy of your personal health information, you must submit your request in writing to our medical records department. If you request a copy of the information, any applicable costs associated with your request will be compliant with state and/or federal law. We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. We will comply with the outcome of this review.

Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.