

LALLIE KEMP REGIONAL MEDICAL CENTER

Notice of Privacy Practices



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications, including alternate locations or methods

- You can ask us 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 all reasonable requests.
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**Ask us to limit
what we use
or share**

- You can 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.
- 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 six 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 will 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.

**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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a
complaint if
you feel
your rights
are violated**

- You can complain if you feel we have violated your rights by calling the Patient Advocate at (985) 878-1259 or calling the Privacy Officer at 1-800-735-1185.
- 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, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, 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.

In these cases, 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
- Contact you for fundraising efforts

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

In these cases we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes Most sharing of psychotherapy notes
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In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information 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 health information to run our practice, improve your care, and contact you when necessary.
- We may share your information with Business Associates, companies or people we contract with, to do certain work for us. Business associates are required by law to protect your information.

Example: We use health information about you to manage your treatment and services. This may include appointment reminders or asking you questions about the quality of your care.

Example: A release of information service to make copies of your medical records for you. A billing company to prepare your bills.

Bill for your services	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. 	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
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How else can we use or share your health information? We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.htm>.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can use or share your information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research. • We may use your health information to create databases that do not include any details that identify you, as allowed by law. Once your personal information is removed, your de-identified medical information may be used in research. If some limited details remain, it is called a "limited data set", which can also be used for research as permitted by law and regulations. • We may use your health information to create databases that may include a limited data set and select direct identifier(s) as permitted by law and regulations.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law <ul style="list-style-type: none"> • For special government functions such as military, national security, and presidential protective services • For correctional institutions if you are an inmate or in the custody of a law enforcement official.

**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.
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Network of Treatment Providers

Lallie Kemp uses an electronic health record (“EHR”) to document the care you receive. That EHR allows Lallie Kemp’s providers and healthcare affiliates to provide you with comprehensive care based on your medical record. The EHR that Lallie Kemp uses is combined with hospitals in the Louisiana Children’s Medical Center (LCMC) system. That system includes University Medical Center, Manning Family Children’s Hospital, New Orleans East Hospital, Touro Hospital, West Jefferson Hospital, East Jefferson Hospital, Lakeside Hospital, Lakeview Hospital, and those facilities’ subsidiaries and affiliates, and all associated clinics, facilities, and other delivery sites. Together, Lallie Kemp and its providers and the hospitals of LCMC make up an Organized Health Care Arrangement (OHCA), which allows our patients to have one complete record as patients are cared for across the OHCA.

The OHCA also allows for joint utilization review and quality assurance activities, improving the quality of healthcare throughout the system. Those in the OHCA system will only view your medical record for purposes of your treatment, payment for services, and health care operations. All are obligated to protect your privacy and confidentiality.

Lallie Kemp’s contracted and employed medical staff and the employees in our LSU HCSD headquarters, as part of the OHCA, will follow the privacy practices outlined in this Notice.

This Hospital participates in shared electronic health records systems and other patient information systems (“Shared Systems”) and may electronically share your health information for treatment, payment, healthcare operations, and other purposes permitted under HIPAA with other participants in the Shared Systems without your expressed permission. The Shared Systems allows your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. This may include providers outside the Lallie Kemp system who share treatment responsibilities with Lallie Kemp.

Lallie Kemp, through LCMC, participates in Health Information Exchanges (HIE), which are electronic systems through which LCMC Health, and other participating healthcare providers, can share patient information according to nationally recognized standards and in compliance with federal and state laws that protect your health records and privacy. Through HIEs, your Lallie Kemp providers will be able to access records held outside of Lallie Kemp and LCMC necessary for your treatment, unless you choose to have your information withheld from the HIE by opting out of participation. If you choose to opt out of the HIE, LCMC will continue to use your health information in accordance with this Notice of Privacy Practices and the law but will not make your information available to others through the HIE. To opt out of the HIE, contact the Lallie Kemp Health Information Management Department via phone at 985-878-1203 or 985-878-1202. If you choose to opt out of the exchanges, your information will be excluded from all exchanges in which LCMC participates, including with hospitals outside of the Lallie Kemp/LCMC system.

Substance Use Disorder Treatment Information

If Lallie Kemp receives information about you from a substance use disorder treatment program covered by 42 CFR Part 2 in accordance with your general authorization for the purposes of healthcare treatment, payment or operations, we may use or re-disclose that information in accordance with this Notice, except that such information will not be used or disclosed in court proceedings without your written authorization or

a court order. We will not use this information for fundraising communications without providing you an opportunity to opt-out of such communications.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information 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: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective: February 13, 2026

Rebecca Reeves, MSW, CHC
Compliance and Privacy Officer
1-800-735-1185