

# 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 AND NOTE THAT THE FOLLOWING POLICY AND PRACTICES SHALL ONLY APPLY TO RESTORIXHEALTH'S PATIENTS.

We understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice of Privacy Practices (or "Notice") describes how we will use and disclose protected information and data that we receive or create related to our patients' health care.

## **OUR DUTIES**

We are required by law to maintain the privacy of your protected health information ("PHI"), and to give you this Notice describing our legal duties and privacy practices with respect to your PHI. We are also required to follow the terms of the Notice currently in effect.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We will not use or disclose your health information without your authorization, except in the following situations:

**Treatment:** We will use and disclose your PHI to provide you with medical supplies and services. We may also provide other healthcare providers with your PHI who are involved in your care or healthcare decisions. For example, information provided by your physician or other member of your healthcare team will be recorded in your record and used to determine the equipment, supplies or services that should work best for you, and we routinely disclose information to your healthcare providers to assist them in making decisions related to and coordinating your care. In addition, we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Payment:** We will use and disclose your PHI to obtain payment for supplies and service that we provide to you. For example, we disclose PHI to submit health insurance claims and obtain payment from your health plan or other company that arranges or pays the cost of some or all of your healthcare ("your payer"). We may also use and disclose your PHI to determine your eligibility for payment for certain benefits.

**Health Care Operations:** We may use and disclose your PHI to operate our business and ensure our customers receive quality and cost-effective supplies and services. We may use third party companies to help us operate our business and we may disclose your PHI to such companies, subject to contract provisions that protect your PHI. We may also disclose your PHI to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the healthcare services that they provide. We may also use your health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

**Business Associates:** There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associates, so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your health information.

**Notification of Family:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care and general condition.

**Communication with Family:** We may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person's involvement in your care.

**Research:** Consistent with applicable law we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Director, Coroner, and Medical Examiner:**

Consistent with applicable law we may disclose health information to funeral directors, coroners, and medical examiners to help them carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse and neglect.

**Victims of Abuse, Neglect or Domestic Violence:**

We may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Health Oversight:** To oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigation.

**Court Proceeding:** We may disclose your health information in response to a request made during judicial and administrative proceedings, such as court orders or subpoenas.

**Law Enforcement:** Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Threats to Public Health or Safety:** We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

**Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Workers Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Other Uses:** We may also use and disclose your personal health information for the following purposes:

- Regarding your initial supply order, and/or refills to your initial supply order.
- To obtain insurance information.
- To collect co-payments, deductibles or balances owed.

**PROHIBITION OF OTHER USES OR DISCLOSURES**

We may not make any other use or disclosure of your personal health information, such as for marketing or sale, without your written authorization. Once given, you may revoke the authorization by writing to the contact person listed below. Understandably, we are unable to take back any disclosure we have already made with your permission.

**INDIVIDUAL RIGHTS**

You have many rights concerning the confidentiality of your health information. You have the right:

- To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations.  
We are not required to agree to these requests.

To request restrictions, please send a written request to the contact person included in this Notice.

- To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, please send a written request to the contact person included in this Notice and tell us how or where you wish to be contacted.
- To inspect or copy your health information. Please send a written request to the contact person included in this Notice. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional will then review your 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.
- To amend your health information. If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, please send a written request to the contact person included in this Notice. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if:
  - ▶ The information was not created by us, unless the person that created the information is no longer available to make the amendment,
  - ▶ The information is not part of the health information kept by or for us,
  - ▶ The information is not part of the information you would be permitted to inspect or copy, or
  - ▶ The information is accurate and complete.

To receive an accounting of disclosures of your health information, please send a written request to the contact person included in this Notice. Not all health information is subject to this request. Your request must state a period, no longer than

6 years. Your request must state how you would like to receive the report (paper, electronically). The first accounting you request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

To request a paper copy of this Notice, even if you have agreed to receive the Notice electronically, you must submit your request in writing to the contact person included in this Notice.

All requests to restrict use of your health information for treatment, payment, and health care operations, to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be made in writing to the contact person included in this Notice.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, a complaint may be made to our Compliance Department at (888) 475-8376 or the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## **CONTACT PERSON**

Our contact person for all questions, requests or for further information to the privacy of your health information is:

### **Lauren Arensman**

*Privacy Director | RestorixHealth*

3445 North Causeway Boulevard, Suite 600  
Metairie, LA 70002

Phone: **(504) 609.3304** Fax: **(866) 550.4098**

## **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revisions to our privacy practices will be described in a revised Notice that will be posted prominently in our facility and available on our website.

*This version of the Notice of Privacy Practices is effective July 10, 2023*

## Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of RestorixHealth's operations. The Notice of Privacy Practices also describes my rights and RestorixHealth's duties with respect to my protected health information.

Customer Account Number

Date

Printed Name of Customer

Signature of Customer or Personal Representative

Printed Name of Personal Representative

Personal Representative's Relationship to Customer

Please complete the above acknowledgment and mail to:

**Lauren Arensman**

RestorixHealth  
3445 N Causeway Blvd, Ste 600  
Metairie, LA 70002

Or email to:

**NoticePP@RestorixHealth.com**