

**ST. JAMES PARISH HOSPITAL AND
ST. JAMES PHYSICIAN ALLIANCE, INC.
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.**

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of St. James Parish Hospital and St. James Physician Alliance, Inc. (collectively, the “Organization”) and your legal rights regarding protected health information held by the Organization under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA protects certain health information known as “protected health information” (PHI). Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- (1) Your past, present or future physical or mental health condition;
- (2) The provision of health care to you; or
- (3) The past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the Privacy Officer at 225-258-5922.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the Organization's practices and applies to:

- All Organization employees, staff, volunteers, contractors and other personnel;
- All departments and units of the Organization;
- Any member of a volunteer group that may help you while you are in the Organization's care; and
- Any physician or allied health professional who is a member of the Organization's Medical Staff and involved in your care.

All entities, sites and locations of the Organization will follow the terms of this Notice. When this Notice refers to "we" or "us", it is referring to the following entities: St. James Parish Hospital, St. James Physician Alliance and St. James Parish Hospital Clinics. The Organization, the members of its Medical Staff, and other health care providers affiliated with the Organization typically work together in a clinically integrated setting to provide you with health care and in doing so, may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

Each time you visit a hospital, physician, or other health care provider, a record is made of your visit. We need this information to provide you with quality care and to comply with the law. Although your medical record is the physical property of the health care provider that compiles it, the PHI in the record belongs to you. We are required by law to maintain the privacy of your PHI and we are committed to keeping your PHI confidential. We will abide by the terms of this Notice as required by federal law.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to sign an acknowledgement of receipt of this Notice. The intent of this Notice is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. Our delivery of health care services to you will in no way be conditioned upon your signing an acknowledgement. If you decline to sign the acknowledgement, we will continue to provide treatment to you, and will use and disclose your PHI for treatment, payment and health care operations when necessary and as permitted by law.

ST. JAMES PARISH HOSPITAL AND ST. JAMES PHYSICIAN ALLIANCE, INC. NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

HOW WE MAY USE AND DISCLOSE YOUR PHI: In some circumstances we are permitted or required to use or disclose your PHI without obtaining your prior authorization and without offering you the opportunity to object. The following categories describe these circumstances. For each category we will explain what we mean. Not every use and disclosure in a category is listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories described below.

Treatment - PHI is used to provide you with medical treatment. Your PHI may be disclosed to physicians, nurses, technicians and other individuals who are involved in your care. Departments of the hospital may share your PHI in order to coordinate the things you need, such as medications, lab tests and x-rays. For example: a physician treating you for a broken bone will need to know if you are a diabetic as diabetes may slow the healing process. The physician may need to tell the dietitian about the diabetes so appropriate meals can be prepared for you. We may also disclose your PHI to another healthcare provider who provides treatment to you.

Payment - We may use and disclose your PHI so that we can bill and collect payment for services we provide. This could include disclosing your PHI to an insurance company or other third party payor. For example, if you are covered by health insurance, the insurance company may need information from us about a surgery or other procedure you had before it will pay us. Your insurance company may require information from us prior to a treatment you are to receive to determine if it will pay for the treatment. We may also disclose your PHI for the payment activities of another of your healthcare providers.

Health Care Operations - Your PHI may be used or disclosed for the purposes of our day-to-day operations. These activities are necessary for us to operate and to monitor the quality of care our patients receive. Examples of these purposes include:

- To assess your satisfaction with our services;
- To evaluate treatment provided by our staff; and
- To improve the quality and effectiveness of the services you receive.

Business Associates – There are some services provided by the Organization through contracts with business associates. Examples of a business associate include a billing agency that submits claims to insurers for services we provide and a copy service we use when making copies of your health record. The law permits us to disclose your PHI to our business associates so that they can perform the job we've asked them to do on our behalf, but only after they agree in writing to implement appropriate safeguards to protect your PHI.

Health Information Exchange (HIE) – We may share your PHI for treatment, payment, and health care operations purposes through a health information exchange in which we participate in order for participants in the exchange who also treat you to efficiently access and use your PHI for treatment and other lawful purposes. Information about your past medical care and current medical conditions and medicines is available to all providers who participate in the HIE. You have the right to opt out of the HIE, however, even if you do, some of your health information will remain available to certain health care entities as permitted by law.

Appointment Reminders – We may contact you to remind you of an appointment for treatment or medical care at our Organization.

Treatment Alternatives – We may contact you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services – We may contact you about health-related benefits or services, such as disease management programs and community-based activities in which we participate and that may be of interest to you.

Fundraising Activities – We may contact you as part of our effort to raise funds for our Organization. You have the right to opt out of receiving fundraising communications and all fundraising communications from us to you will include information about how you may opt out of future communications.

Research – Under certain circumstances and restrictions, we may use and disclose your PHI for research purposes through a special approval process designed to protect safety, welfare, and confidentiality. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. For example, a research project may involve comparing patients who have the same condition but are treated with different medications. We may also disclose your PHI to researchers preparing to conduct a research project so long as the information they review does not leave the hospital.

Law Enforcement - Subject to certain restrictions, we may disclose PHI to federal, state or local law enforcement officials.

Serious Threats to Health or Safety - We may disclose your PHI when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Required by Law - We will disclose your PHI when disclosure is required by federal or state law.

SPECIAL SITUATIONS

We may also use or disclose your PHI without your consent in the following special situations:

Organ and Tissue Donation – Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, tissues or eyes to facilitate organ, tissue and eye donation and transplantation.

Military and Veterans - If you are, or have been, a member of the armed forces, we may disclose your PHI as required by military authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation – We may disclose PHI about your work-related injury or occupational illness to your employer for purposes related to workers' compensation or similar programs. These programs provide benefits for work-related injuries and illnesses.

Public Health Risks - We may disclose your PHI to prevent or control disease, injury or disability; to report births and deaths; to report certain injuries such as gunshot and knife wounds; to report reactions to medications or problems with products; to report to state and federal tumor registries; to notify patients of recalls of drugs or medical devices; to notify patients who may have been exposed to a disease or are at risk of contracting or spreading a disease; or to provide proof of immunization to a school that is required by state or other law to have such proof, with the disclosure being subject to the agreement of the minor's parent, legal guardian or other personal representative.

Abuse, Neglect or Domestic Violence -We may notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities – We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings – If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process after we have received assurances that efforts have been made to tell you about the request or to give you the opportunity to obtain a court order protecting the information requested.

Law Enforcement – We may disclose your PHI to a law enforcement official to respond to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; to provide information about an individual who is or suspected to be the victim of a crime if the individual agrees or if we are unable to obtain his agreement because of incapacity or other emergency circumstances; to provide information about a death we suspect may be the result of criminal conduct; to provide information that we believe in good faith is evidence of criminal conduct at the Organization; and, in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Medical Examiners, Coroners, and Funeral Directors - We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors as needed for them to perform their duties.

Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or authorized law enforcement personnel for the following purposes: to provide health care services to you; to protect your health and safety or the health and safety of other inmates; or to protect the safety and security of the correctional institution and its officers and employees.

National Security - We may release patient information to authorized federal officials for matters related to national security (intelligence and counterintelligence).

We may also use or disclose your PHI in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to using or disclosing your PHI and will, at that time, offer you the opportunity to object.

Patient Directory – We may include certain limited information about you in our hospital directory while you are an inpatient at the hospital. If someone asks for you by name, we may provide verification that you are a patient, your location in the facility, your general condition (such as fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy even if that person does not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may object to disclosure of this information in writing to the Privacy Officer.

Individuals involved in your care or payment for your care - We may disclose your PHI to a family member or friend who will be involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

With few exceptions, we must obtain your written authorization prior to uses and disclosures of your PHI involving: certain marketing communications about a product or service if we will be paid by a third party for communicating the information; sale of your PHI; and psychotherapy notes, HIV-related information, alcohol and substance abuse treatment information and genetic information.

Except as permitted under HIPAA or as described above, disclosures of your PHI will be made only with your prior written authorization. You may revoke your authorization at any time by providing a written notice of revocation to the Privacy Officer. Any disclosures we made in reliance upon your authorization before it was revoked will not be affected by the revocation.

YOUR RIGHTS REGARDING YOUR PHI:

To inspect and copy - You have the right to inspect and to obtain a copy of your PHI kept by the Organization and used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes, information compiled in anticipation of or for use in a legal proceeding, or other information to which your access is limited by law. If the requested PHI is maintained electronically and you request an electronic copy, we will provide access in an electronic form you request, if readily producible, and if not readily producible, in a readable electronic form and format you and we mutually agree upon.

To inspect your PHI, you must submit your request in writing to the Privacy Officer at the address listed below. To obtain a copy of your PHI, in electronic or paper format, you must submit your request in writing to Health Information Management Department at St. James Parish Hospital, Lutchter Family Clinic, Poche Medical Clinic, St. James Surgical Specialists, St. James Urology Clinic and St. James West Bank Clinic. In accordance with HIPAA and Louisiana law, we may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Despite your general right to access your PHI, access may be denied in limited circumstances. For example, access may be denied under certain circumstances if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the Federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality may be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. Otherwise, we will provide a written explanation on the basis for the denial and your right to have the denial reviewed.

To request an amendment to your PHI - If you believe that your PHI kept by the Organization is incorrect or incomplete, you have the right to request an amendment to the information. You have this right for as long as we maintain the PHI. You must make your request in writing to the Privacy Officer at the address listed below. In addition, you must provide a reason that supports your request. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of your disputed PHI will include your statement.

We may deny your request to amend your PHI if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that originated the information is no longer available to make the amendment;
- Is not part of the PHI kept by the Organization;
- Is information you would not be permitted to inspect and copy; or
- Is accurate and complete.

To request restrictions - You have the right to request that we restrict or limit the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you may not want a prior surgery to be disclosed to a family member or friend who will be involved in your care upon release from the facility.

Except as provided below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We will comply with your request to restrict disclosure of PHI to an insurer if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which you, or a party other than the health plan has been paid the Organization in full. The Organization is not responsible for notifying other health care providers of your request for restrictions on disclosures to health plans for those items and services, so you will need to notify other providers if you want them to abide by the same restriction.

You must make your request for restriction in writing to the Privacy Officer at the address listed below. In your request, you must include: what information you want to restrict, whether you want to restrict our use and/or disclosure, and to whom you want the limits to apply, for example, disclosures to your spouse.

To request confidential communications - You have the right to request that we communicate with you about medical matters in a certain way or at a particular location. For example, you can ask that we only contact you at work or by mail. We will not ask the reason for your request. We will accommodate all reasonable requests. You must make your request for confidential communications in writing to the Privacy Officer at the address listed below.

To request an accounting of disclosures - You may request an “accounting” of certain disclosures of your PHI the Organization made during the 6 year period preceding the date of your request. However, the following disclosures will not be accounted for: (1) disclosures we made for the purpose of carrying out treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures of information maintained in our patient directory, disclosures made to persons involved in your care, or disclosures for the purpose of notifying family about your whereabouts; (4) disclosures for national security or intelligence purposes; (5) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; (6) disclosures that occurred prior to April 14, 2003; (7) disclosures made pursuant to an authorization signed by you; (8) disclosures that are part of a limited set we may keep, but which does not contain any information that identifies you; (9) disclosures that are incidental to another permissible use or disclosure; (10) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request; or (11) disclosures of your PHI that do not contain information that identifies you. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person’s address (if known), and a brief description of the information disclosed and the purpose of the disclosure.

You should submit a written request for an accounting of disclosures to the Privacy Officer at the address listed below. Your request must state the time period to be covered for the accounting and indicate the format, for example paper or electronic. The first accounting you request within a 12-month period will be provided to you free of charge. For subsequent accountings, we will charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

OUR DUTIES

We are required by law to maintain the privacy and security of your PHI.

We are required to provide you this Notice of our legal duties and privacy practices.

We are required to notify you in the event that we discover a breach of unsecured PHI pertaining to you, as that term is defined by HIPAA.

We are required to follow the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all PHI that we maintain on or after the effective date of the changes. Any changes to this Notice will be posted on our website and at our facility and will be available from us upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Organization's Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the Organization, please contact the Privacy Officer at (225) 258-5922. The Secretary of the Department of Health and Human Services may be contacted at 200 Independence Avenue, S.W.; Washington, DC20201 or by phone at (877) 696-6775.

You will not be penalized for filing a complaint.

Privacy Officer:	St. James Parish Hospital
	Attn: Susan Duhon, RHIA - Privacy Officer
	1645 Lutchet Avenue
	Lutcher LA 70071
	225-258-5922

Revision of this Notice September 6, 2011
Revision of this Notice September 23, 2013
Revision of this Notice January 2, 2015
Revision of this Notice June 5, 2025

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of St. James Parish Hospital, St. James Physician Alliance and St. James Parish Hospital Clinics. The Notice of Privacy Practice provides information about how we may use and disclose your protected health information.

ACKNOWLEDGMENT OF UNDERSTANDING

By signing this form, I acknowledge my understanding of the following information (as outlined in the Notice of Privacy Practices):

Uses and Disclosures of Protected Health Information (PHI):

- To provide medical treatment to me, regarding my treatment and coordinating and managing my healthcare with others.
- To bill and receive payment for medical services provided to me (i.e. insurance company reimbursement)
- To others involved in my care – regarding PHI directly relevant to that person's involvement in my health care
(for example, discussion of treatment options in presence of a relative or friend)
- When required by federal law (for example, response to court and administrative orders and subpoenas)
- In the event of emergency circumstances or a serious threat to my safety or the safety of others

If you should have any questions about the Notice of Privacy Practices, please contact:

Susan Duhon, RHIA - Privacy Officer
St. James Parish Hospital
1645 Lutchter Avenue
Lutchter LA 70071
225-258-5922

I acknowledge receipt and understanding of the Notice of Privacy Practices at St. James Parish Hospital, St. James Physician Alliance and St. James Parish Hospital Clinics.

Patient/Patient representative

Date

Office use

Inability to obtain acknowledgment

To be completed only if no signature is obtained. If it is not possible to obtain the individual's signed acknowledgment, describe the good faith efforts made to obtain the individual's signed acknowledgment, and the reason why a signed acknowledgment was not obtained:

Signature of hospital representative

Date

Revision of acknowledgement June 18, 2009
Revision of acknowledgement September 23, 2013
Revision of acknowledgement January 2, 2015
Revision of acknowledgement June 5, 2025