

## Filing a Complaint

If you believe that your privacy rights have been violated, you may file a complaint. Persons served are asked to submit complaints if they believe or suspect that information about them has been improperly used or disclosed, or if they have concerns about the privacy procedures of FPHSA. This shall be done by submitting a FPHSA Privacy Complaint Report form, 600.1.12.

You will not be penalized for filing a complaint.

## To file a complaint:

FPHSA Privacy Officer

Privacy Officer  
835 Pride Drive, STE. B  
Hammond, LA. 70401  
Phone: (985) 543-4333  
E-mail: [privacy@fphsa.org](mailto:privacy@fphsa.org)

Medicaid (Hotline): 1-800-52-8263

Louisiana Department of Health, Health Standards Section  
Complaint Program Desk  
P.O. Box 3767  
Baton Rouge, LA 70821

If you believe we have violated your rights under 42 CFR, Part 2, contact  
The U.S. Secretary of Health and Human Services  
200 Independence Ave., S.W.,  
Washington, D.C. 20201  
(800) 368-1019

# Health Information Portability & Accountability Act (HIPAA) Notice of Privacy Practices Effective May 1, 2020



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review carefully.**

## FLORIDA PARISHES HUMAN SERVICES AUTHORITY



Florida Parishes Human  
Services Authority  
[www.fphsa.org](http://www.fphsa.org)

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## Your Rights Regarding Medical Information About You that FPHSA Collects and Stores

You have the right to:

- Have personal information kept confidential and to be told about the times when the information can be released without your permission.
- Have only the minimum necessary information disclosed.
- Make a formal and written request to inspect and copy your records, other than psychotherapy notes.
- Make a formal and written request for amendment or addendum to your records. All requests must be made in writing and the Rights Officer will decide, along with the Medical Director and Executive Director, whether such request will be granted.
- Ask for an accounting of all disclosures.
- Make a formal and written request restrictions and limitations on information that is disclosed about you. Be aware that if you place a restriction or limitation on information used to bill a third part (insurance company) for you, you will be billed directly for services received at any FPHSA site.
- Request confidential communication by means of your choice. (Mail, email, telephone, certain hours of the day, etc.)
- Notification of any breaches that may occur and that leaves your private health information unsecured.
- Be given a copy of this document.

### Prohibition on Disclosure of Confidential Information

Federal confidentiality rules (42 CFR part 2) prohibits FPHSA (under criminal penalty) from making any further disclosure of information released to us unless you expressly give us written consent to do so. A general authorization for the release of medical or other information is **NOT** enough for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse clients.

### Important Information about Authorization

A separate signed authorization form is required for the use and disclosure of health information for psychotherapy notes, employment-related determinations by an employer, research purposes unrelated to your treatment, and Substance Use (Alcohol and Drug Use).

An authorization is voluntary. You will not be required to sign an authorization as a condition of receiving treatment services or payment for health care services. If your authorization is required by law or policy, FPHSA will use and disclose your health information as you have authorized on the signed authorization form.

You may cancel an authorization in writing at any time. FPHSA cannot take back any uses or disclosures already made before an authorization was cancelled.

Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by FPHSA privacy policies.

Information related to crimes committed on the premise is not protected under 42 CFR.

Suspected or reported child abuse and neglect is not protected under 42 CFR.

**The Health Information Portability and Accountability Act (HIPAA) protects a person's health information and guarantees certain rights, under State and Federal laws, about the allowed uses and disclosures of your protected health information.**

### PERMITTED USES AND DISCLOSURES

**FPHSA can use or disclose your PHI for purposes of *treatment, payment and health care operations*. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed**

***Treatment*** means the provision, coordination or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for your treatment.

***Payment*** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities. For example, we may need to provide PHI to your Third-Party Payor to determine whether the proposed course of treatment will be covered or if necessary, to obtain payment. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.

***Health care operations*** means the support functions of FPHSA, related to *treatment* and *payment*, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

## OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To share with your family or friends or any other individual identified by you to the extent that the person is directly related to or has some documented involvement in your care or the payment for your care.
- We may use or disclose your PHI to notify, or assist in the notification of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death, unless you object to such disclosures.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We will allow your family and friends to act on your behalf to pick-up filled prescriptions, medical supplies, and similar forms of PHI, when you authorize us to do so.
- To alert the appropriate authorities about any public health risks that you may present to others in your community. These reports are intended to prevent or control disease, injury or disability.
- To provide drug companies of any adverse drug reactions that you may have.
- To notify the appropriate authorities if we become aware of child or elder abuse, as required under the federal and state laws and regulations and with your permission when you are over the age of 18 years.

**YOU MAY REQUEST A COPY OF FPHSA'S NOTICE OF PRIVACY PROCEDURE**

**Persons served by FPHSA, or their Personal Representatives have the following rights which FPHSA may not deny:**

1. Access to their own information, consistent with certain limitations;
2. An accounting of disclosures FPHSA has made of their Protected Health Information (PHI) for up to six years prior to the date of requesting such accounting. Certain limitations may apply.
3. Submit complaints if they believe or suspect that information about them has been improperly used or disclosed, or if they have concerns about the privacy procedures of FPHSA. This shall be done by submitting a FPHSA Privacy Complaint Report form, 600.1.12.

**Persons served or their Personal Representatives may ask FPHSA to take specific actions regarding the use and disclosure of their information and FPHSA may either approve or deny the requests. Specifically, persons served by FPHSA, or their personal representatives have the right to request that:**

1. FPHSA restrict uses and disclosures of their PHI;
2. FPHSA send or receive information to or from FPHSA by alternative means, such as mail, e-mail, fax or telephone, or at alternative locations; and
3. FPHSA amend their information held by FPHSA, to the extent that the request to amend is determined reasonable/valid.

There may be instances where FPHSA will share your protected health information with other programs within the FPHSA system, as allowed under HIPAA regulations and as necessary to carry out treatment, payment or health care operations