Tissue Donation and Organ Transplant Services

You.

To provide patient care to you.

Public Health Authorities

Law Enforcement Officers.

How Your Medical/Dental Information May Be Disclosed:

We may use your medical information to contact you to remind you of appointments, and to give you information about other treatment options, or other health – related benefits and services that may be of interest to you.

To obtain payment. Your medical information may also be used by our business office to put together information from you as well as from any insurance company, government program or other person who is responsible for payment.

For our healthcare operations. Your medical information may be used to review the quality and appropriateness of the care you receive. We may also use your medical information to put together information about us and to make improvements in the services and care we give you. In some cases we may have students, trainees, or other health care personnel, as well as some non-Health care personnel, who come to our facility to learn under the guidance of faculty to practice or improve their skills.

To create de-identified databases. We may use your medical information for the purpose of research, to see how we are doing and to make improvements in the services and care we give you. In some cases we may have students, trainees, or other health care personnel, as well as some non-Health care personnel, who come to our facility to learn under the guidance of faculty to practice or improve their skills.

Fundraising. We may use your medical information to raise funds for our organization directly or to raise funds for our organization through an institutionally – related foundation or business associate. HOW YOUR MEDICAL/DENTAL INFORMATION MAY BE DISCLOSED: In addition to using your medical information, we may disclose all or part of it to certain other people. This includes giving your information to:

You. In order to get your medical information, you will need to fill out an authorization form.

You may also have to pay for the cost of some or all of the copies.

People You Ask Us To Give It To. If you tell us that you want us to give your medical information to someone, we will do so. You will need to fill out an authorization form. You may stop this authorization at any time. We are not allowed to force you to give us permission to give your medical information to anyone. We cannot refuse to treat you because you stop this authorization.

Payers. We have the right to give your medical information to insurance companies, government programs such as Medicare and Medicaid, and the people who process their claims as well as to others who are responsible for paying all or part of the cost of treatment provided to you. For example, we may tell your health insurance company what is wrong with you and what treatment is recommended or has been given to you.

“Business Associates.” Business associates are companies or people we contract with to do certain work for us. Examples include information auditors, attorneys and specialized people providing management, analysis, utilization review or other similar services to us. Another example is giving health information to a business associate so that the business associate can create a de-identified data base. Business associates are required to agree to take reasonable steps to protect the privacy of your medical information.

Limited Data Set Recipients. If we use your information to make a “limited data set,” we may give the “limited data set” that includes your information to others for the purposes of research, public health action or health care operations. The persons who receive the “limited data set” are required to agree to take reasonable steps to protect the privacy of your medical information.

The Secretary of the U.S. Department of Health and Human Services. The Secretary has the right to see your records in order to make sure we follow the law.

Public Health Authorities. We may disclose your medical information to a public health authority responsible for preventing or controlling disease, maintaining vital statistics or other public health functions. We may also give your medical information to the Food and Drug Administration in connection with FDA- regulated products.

Law Enforcement Officers. We may reveal your medical information to the police. We may also give your medical information to persons whose job is to receive reports of abuse, neglect or domestic violence. And we may give it to people whose job is to receive reports of abuse, neglect or domestic violence. And we may give it to people who are doing what we normally do. Unless you have the right to object to the use of the information, we do not have to agree with you. If we do agree to your wishes, we have to follow your wishes until we tell you that we will no longer do so.

You have the right to tell us how you would like us to send your information to you. For example, you might want us to call you only at work or only at home. Or you may not want us to call you at all. If your request is reasonable, we must follow your request.

You have the right to look at your medical information and, if you want, to get a copy of it. We can charge you for a copy, but only a reasonable amount. Your right to look at and copy your medical records is based upon certain rules. For example, we can ask you to make your request in writing, or, if you come in person, that you do so at certain times of the day.

You have the right to ask us to change your medical information. For example, if you think we made a mistake in writing down what you said about when you began to feel bad, you can tell us. If we do not agree to change your record, we will tell you why, in writing, and give you information about your right to request an impartial review.

You have the right to be told to whom we have given your medical information in the six years before you ask. This does not apply to all disclosures. For example, if we gave someone your medical information so that they could treat you or pay for your care, we do not have to keep a record of that.

You have the right to get a copy of this notice at no charge.

You have the right to complain to us or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you have a complaint or concern, please call our 24 hour Hotline: (504) 568-2347 Your call will be handled by our Privacy Officer. You may remain anonymous and all calls are kept confidential.

For further information about your rights or about the uses and disclosures of your medical information, please call The Office of Compliance Programs at: (504) 568-2350 to speak with either our Compliance or Privacy Officer or OCP team member.

Or write to:
LSUHSC New Orleans
Office of Compliance Programs
433 Bolivar Street, Room 807
New Orleans, LA 70112

Or email: nocompliancehotline@lsuhsc.edu