

Notice of Our Health Information Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. We have updated our privacy practices to reflect new protections, including expanded patient rights, enhanced security measures, and language that aligns 42 CFR Part 2 more closely with HIPAA and the HITECH Act. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a law requiring Abbeville General (AG) to make sure your personal medical and other treatment information is kept private. It is also required to give you this notice, so that if AG has any of your personal health information (PHI), you will know how AG may use it, or whether and how AG may give your protected health information (“PHI”) to others. The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, addresses the privacy and security concerns associated with the electronic transmission of health information, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules. AG programs and services are already keeping your personal medical information private. HIPAA establishes the minimum standards for these protections.

The NPP explains how we may legally use and disclose your PHI, who can access it, where to file a complaint if you think your PHI was mishandled, when a signed authorization is needed for certain disclosures, and other privacy rights you have. We are required to follow all the terms of this notice. We reserve the right to change the provisions of this notice and make it effective for all PHI we maintain. This notice applies to all AG programs and services. For a full list of programs and services currently run by AG, visit our website at www.abbevillegeneral.com.

Understanding Your Health Record/Information: Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents. All this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Inspect and obtain a paper or electronic copy of your health record as provided in R.S. 40:1299.96 and 45 CFR 164.524. To do that, you must contact the Health Information Management Department at (337) 898-6542. You will need to sign a medical authorization allowing the hospital to allow you to inspect your medical record or to release copies of your medical record. The request will be handled within 30 days of your request. Pictured identification will be required. Patients may receive ten pages of their medical record free of charge. You may decide which ten pages you wish to receive. If you desire to have more than ten pages copied, the charge will be \$1.00 per page for pages 11-25, \$.50 per page for pages 26-500, and \$.25 per page for pages 501 and above.
- Request that your paper or electronic health information be amended when you believe it is incorrect or incomplete as provided in 45 CFR 164.528. To do that, you must submit a written request to the Health Information Management Department at (337) 898-6557. You must state that you wish to have your medical record amended. The Request for Amendment Form will be given to you to complete. The request should be handled within 60 days. The facility can deny a request for amendment, but you will be notified in writing of the reason. If a request is denied, the facility will allow you to submit a written statement of disagreement to be made as a permanent part of your medical record.
- Request a restriction on certain uses and disclosures of your information for treatment, payment, or healthcare operations, as provided by 45 CFR 164.522, although we are not required to agree to those restrictions. To do that, you may contact the Health Information Management Department at (337) 898-6557. The Request for Additional Privacy Protection Form will be given to you for completion. You may also electronically submit a Confidentiality Request via secure messaging function in your patient portal, Oracle Health Patient Portal. Your concern and request are important to us.
- Obtain a paper or electronic copy of the Notice of Health Information Privacy Practices. This will be provided to you at the time of registration as a patient at Abbeville General. You may also request a copy at any time by going to the Patient Access Department of Abbeville General.

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528, except those for treatment, payment, healthcare operations, or patient authorized disclosures. To do that, you must contact the Health Information Management Department at (337) 898-6557. This accounting must be provided to the patient within 60 days of the request. No accounting of disclosures made prior to April 14, 2003 will be provided. The patient is entitled to one free accounting of disclosure every twelve months. The patient will have to pay for any subsequent account of disclosure requests within the twelve - month period.
- Receive your health information through a reasonable alternative means or at an alternative location as provided by 45 CFR 164.522. To do that, you must alert the Patient Access Department at the time of registration. The Request for Additional Privacy Protection Form will be given to you to complete. Your concern and request is important to us. The hospital will contact patients at the telephone number and/or address provided by the patient at the time of registration. If the patient does not wish to be contacted at that location, an alternate location must be provided to the Patient Access Department. This information will be forwarded to the appropriate parties within the hospital.
- Permit someone appointed as medical power or attorney or legal guardian to exercise your rights and make choices about your health information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. To do that, you must contact the Health Information Management Department at (337) 898-6557. A written request will be required.

Our Responsibilities: This organization is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to the requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Ensure medical power of attorney or legal guardian has authority and can act before any action is taken.
- Promptly notify you if a breach occurs that may have compromised the privacy or security of your information.

We will not use or disclose your health information without your consent or authorization except as provided by law or described in this notice.

Genetic test results: Louisiana law, recorded as R.S. 22:213.7, provides special protection for genetic test results, and we will not release these results without specific authorization from you.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the new version available to you upon request, on our website, www.abbevillegeneral.com, and on display at AG program/services sites and clinics, in waiting areas or at reception desks.

For More Information or to Report a Problem: If you have a question, you may contact the Privacy Officer at (337) 898-6112 or email at wendy.broussard@abbevillegeneral.com. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer of Abbeville General or with the Office for Civil Rights at Centralized Case Management Operations U.S. Department of Health and Human Services at 200 Independence Ave. S.W., Room 509F, HHH Building Washington DC 20201, by calling 1-800-368-1019, or TDD (800) 537-7697, or by email at ocrmail@hhs.gov. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations: Pursuant to law and the consent form which you have signed:

Abbeville General may participate in one or more health information exchanges (HIEs) and we may share protected health information for treatment, payment and healthcare operations purposes with other participants in the HIEs.

AG prioritizes the confidentiality of our clients' PHI. Our physicians, clinicians, and employees are mandated to uphold this confidentiality. We have established policies, procedures, and safeguards to protect your PHI from unauthorized use and disclosure. Below is a brief description of the uses and disclosures of your PHI, along with some examples. Please note that not every use or disclosure in a category is listed. The ways we use and disclose substance and alcohol abuse information will be separately described later in this notice.

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare

team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital. We may use and disclose your PHI to provide treatment, case management, and care coordination or to direct or recommend health care and any related services such as government services or housing. We may also share your health information with community resources and providers in the county who may be involved in your case or treating you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies and other organizations, as it is necessary to collect for services rendered. If you pay for a service or healthcare 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, unless the law requires us to share that information, per HITECH 13405 (a).

We will use your health information for regular healthcare operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may also use or disclose, as needed, your protected health information in order to train medical and nursing students. We may disclose your health information to other staff or business associates who perform billing, consulting, behavioral health and health services, auditing, licensing, accreditation, investigatory, and other services for AG. Additionally, we may have to call you by name in a waiting room when it is your turn to be treated.

Other permitted uses and disclosures:

Required by law: As required by federal, state, or local law, we may use and disclose your health information. For example, the Secretary of the U.S. Department of Health and Human Services (DHHS) may review our compliance efforts, which may include accessing your PHI.

Business Associates: There are some services provided in our organization through contracts with outside companies, known as business associates (BAs). Examples include physician services in the emergency department and radiology, certain laboratory tests, collection agencies, a copy service we use when making copies of your health record, electronic and personal health record vendors, Health Information Exchanges, and behavioral health service providers. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: Unless you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. We may also share information in a disaster relief situation. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use PHI to remind you of your upcoming appointments for treatment or other necessary health care.

Communication with family, friends, and others: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. In situations where you are unable to give consent due to an emergency or lack of capacity, we may need to disclose your PHI to family members or those involved in your care. We will use our professional judgment to determine if it is in your best interest to do so, and we will only disclose the information that is directly relevant to the person's involvement in your health care. For instance, we may share information about potential exposure to an infectious disease if it requires immediate attention.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Research: 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.

Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Judicial and administrative proceedings: We may disclose your health information in the course of any administrative or judicial proceedings.

Deceased person information: We may disclose your health information to coroners, medical examiners and funeral directors.

Public safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized government functions: We may disclose your health information for military, national security, and prisoners.

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.

Fund raising: We may contact you as part of a fund-raising effort, however, you may request that we not contact you again.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose certain health information for law enforcement purposes as required by law or in response to a valid subpoena. We may disclose your PHI to help locate or identify a missing person, suspect, or fugitive. This may also occur when there is suspicion that death has occurred because of criminal conduct, to report a crime that happens at our clinics or offices, or to report certain types of wounds, injuries, or deaths that may be the result of a crime. This information may be disclosed to authorized officials such as the police, sheriff, or FBI for law enforcement purposes and in response to legal processes, such as a search warrant or court order.

Change of ownership: In the event that this organization is sold or merged with another organization, your health information will become the property of the new owner.

Identity Verification: We may take a photograph of you for identification purposes and store it in your medical record.

Immunization Records: With written or verbal authorization from a parent, guardian, or other person acting in place of a parent, or from an emancipated minor, we may disclose proof of your child's immunization to a school and provide information about a child who is or will be a student at the school as required by state or other laws.

Electronic Health Records (EHR): We may use an electronic health record to store and retrieve your health information. One of the advantages of the EHR is the ability to share and exchange health information among personnel and other community healthcare providers involved in your care. When we enter your information into the EHR, we may share that information by using shared clinical databases or health information exchanges. We may also receive information about you from other healthcare providers involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about sharing or exchange of your PHI, discuss with your provider.

Other disclosures: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Your information will not be shared without your written permission for marketing, sale of your information, or sharing of psychotherapy notes. Any disclosure of information carries with it the potential for an unauthorized redisclosure, and the information may not be protected by the confidentiality rules.

Uses and Disclosures of Your Substance and Alcohol Use Disorder Records: Your records related to substance use disorder (SUD) are protected by federal law under 42 CFR Part 2. This law provides extra confidentiality protection and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. 42 CFR Part 2 allows patients to sign a single consent form for all future uses and disclosures for SUD treatment, payment, and other health care operations. Disclosure of these records requires your explicit written consent, except in limited circumstances. You may revoke this consent at any time.

- Medical Emergencies: Only to the extent needed to treat your emergency.
- Reporting Crimes on Program Premises.
- Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities

Prohibitions on Use and Disclosure of Part 2 Records:

- The new rule expands prohibitions on the use and disclosure of Part 2 records in civil, criminal, administrative, or legislative proceedings conducted against a patient unless the patient provides consent, or a court order is issued.
- A separate consent is required and must specifically address the use and disclosure of SUD counseling notes. Consent cannot be combined.

Notice of Nondiscrimination [AFFORDABLE CARE ACT (ACA) 45 CFR 92]

- AG complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. We provide the following services:
- Free aids and services for people with disabilities to help them communicate with us, such as qualified sign language interpreters and written information in alternative formats (such as large print, audio, and accessible electronic formats).
- Free language services for individuals whose primary language is not English, including qualified interpreters and information in other languages.

Discrimination Based on Disability in HHS Programs or Activities

- Effective May 1, 2024, AG complies with the Discrimination Based on Disability in Health and Human Service Programs or Activities for people with disabilities under Section 504 of the Rehabilitation Act. The "Rehab Act" protects disabled people from discrimination of all ages.

Effective Date: February 16, 2026

Access to Quality Care Close to Home™
"This institution is an equal opportunity provider and employer."
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