



NOTICE OF PRIVACY PRACTICES
TCHEFUNCTA URGENT CARE

This notice describes how your medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

From time to time, Tchefuncta Urgent Care uses and discloses confidential personal health information about patients. We know this information is private. We call this information "protected health information" (PHI). We are required to protect the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. This notice describes how we may use and disclose your PHI and certain rights you have with respect to your PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations

HIPAA privacy rules permits us to use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining a specific written permission from you, known as an "authorization".

FOR TREATMENT: We may use or disclose information (PHI) about you to coordinate your healthcare. We may consult with other health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

FOR PAYMENT: We may use or disclose information to get payment for the health care services you receive. For example, we may provide PHI to bill your health plan for services provided to you.

FOR HEALTH CARE OPERATIONS: We may use or disclose information in performing business activities, which are called health care operations. Health care operations allow us to improve the quality of care we provide.

APPOINTMENTS AND OTHER HEALTH INFORMATION: We may send you reminders for medical services. We may send you information about health services that may be of interest to you.

Other uses and disclosures for which authorization is not required.

In addition to using and disclosing PHI for treatment, payment and health care operations, the HIPAA Privacy Rule permits (or requires) us to use and disclose PHI without your written authorization under the circumstances described below:

AS REQUIRED BY LAW AND FOR LAW ENFORCEMENT: We will use and disclose information when required or permitted by federal or state law or by a court order. If federal or state law creates higher standards of privacy, we will follow the higher standard.

FOR ABUSE REPORTS AND INVESTIGATIONS: If we reasonably believe a patient has been a victim of abuse or neglect, we may disclose PHI as required by law.

FOR GOVERNMENT PROGRAMS: We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of Supplemental Security Income (SSI) benefits.

TO AVOID HARM: We may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.

FOR RESEARCH: We may use information for studies and to develop reports.

DISCLOSURES TO FAMILY, FRIENDS AND OTHERS: We may disclose information to the family or other persons who are involved in the patient's medical care. You have the right to object to the sharing of this information.

Please list the names of the persons to whom we may disclose the patient's PHI and state how the individual is related to the patient:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Other uses and disclosures require your written authorization

For other situations, we will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. We cannot take back any uses or disclosure already made with your authorization.

Your Privacy Rights:

RIGHT TO INSPECT AND COPY MEDICAL RECORDS: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

RIGHT TO REQUEST RESTRICTIONS: You have the right to ask us to limit how your information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the limit. You can request in writing that the limit be terminated.

RIGHT TO AMEND: You may ask us to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

RIGHT TO RECEIVE CERTAIN DISCLOSURES: You have the right to ask us for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment or health care operations. This list will not include information provided directly to you or your family or information that was sent with your authorization.

RIGHT TO OBTAIN A PAPER COPY: You have the right to ask for a paper copy of this notice at any time.

RIGHT TO FILE A COMPLAINT: You have the right to file a complain with us at the address listed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how we have used or disclosed information about you.

RIGHT TO REVOKE PERMISSION: If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

RIGHT TO CHOOSE HOW WE COMMUNICATE WITH YOU: You have the right to ask that we share information with you in a certain way or in a certain place. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

RIGHT TO RECEIVE NOTICE OF CHANGE TO TCHEFUNCTA URGENT CARE PRIVACY STATEMENT: You have a right to receive notice of changes in our privacy statement that affect you on or after the effective date of the change.

If you have any questions about this Notice, the name and phone number of our contact person is listed on this page.

Luis Matta, MD
Tchefuncta Urgent Care
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Covington, LA 70433
(985) 809-8868

I hereby acknowledge that I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed above. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified or changed in any way.

Print Patient or Representative Name	Patient or Representative Signature	Date
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Patient or Representative refused or unable to sign because of _____

Date: _____ Witnessed by: _____

This notice was published and becomes effective on March 5, 2006