

Tulane University

Notice of Privacy Practices Effective as of April 7, 2023

THIS NOTICE OF PRIVACY PRACTICES (“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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this Notice which describes the health information privacy practices of Tulane University Medical Group. This notice covers information held by non-hospital based (including telehealth) Tulane University Medical Group sites. A copy of our current Notice will always be maintained in our office. You will be given a Notice at the time you first seek treatment. You will also be able to obtain your own copy by calling 504-988-7739, asking for one at the time of your next visit, or by visiting our website: <https://counsel.tulane.edu/upo/hipaa-privacy-policies-procedures-forms>.

This Notice does not cover health information generated and maintained by a hospital for hospital services provided to you by a Tulane University Medical Group physician. Please refer to the hospital notice of privacy practices for how that medical information may be used or maintained.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a Tulane University Medical Group patient or receiving treatment or health-related services from Tulane University Medical Group;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered); *when combined with:*
 - demographic information (such as your name, address, or insurance status);
 - unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or
 - other types of information that may identify who you are.

REQUIREMENT FOR WRITTEN AUTHORIZATION

We will obtain your written authorization before using your health information or sharing it with others outside Tulane University Medical Group, except as we describe in this Notice. Uses and disclosures of health information that require your written authorization include: most uses and disclosures of psychotherapy notes (where appropriate), most uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information. Uses and disclosures of your protected health information by us not described in this Notice will be made only with your written authorization.

If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please request an authorization

revocation form from the Privacy Official at the contact information at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are described below. Not every use or disclosure in a category will be listed. Your health information may be stored in paper, electronic or other form and may be disclosed electronically and by other methods.

Treatment, Payment, and Health Care Operations

Tulane University Medical Group may use your health care information or share it with others in order to provide health care services to you, obtain payment for those services, and run Tulane University Medical Group's normal business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for treatment, payment, and normal business operations without your written authorization.

Treatment: We may share your health information with doctors or other clinicians in the Tulane University Medical Group who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Tulane University Medical Group doctors or clinicians may share your health information with another doctor, clinician, or someone at another medical practice or hospital, to determine how to diagnose or treat you. Your doctor or clinician may also share your health information with another doctor to whom you have been referred for further health care.

Payment: We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

Health Care Operations: We may use or disclose your health information in connection with our health care operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may disclose health information to other entities covered by HIPAA to conduct certain health care operations, such as quality assessment and improvement activities, or for healthcare fraud and abuse detection or compliance. In addition, we may use health information for customer service, business planning, and development, and we may utilize certain tracking technology vendors that are our "business associates" (as described below) to collect information about how you interact with our website or patient portal for these purposes.

Appointment Reminders, Treatment Alternatives, Benefits, Services and Information regarding Drugs Currently Prescribed: In the course of providing treatment for you, we may use your health information to contact you about health promotion activities, disease awareness, or case management or to remind you about an appointment for treatment or services. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. However, to the extent a third party provides financial remuneration to us so that we make these treatments or healthcare operations-related communications to you, we will secure your authorization in advance as we would with any other marketing communication (as described later in this Notice). We may also inform you about generic equivalents of your current prescription, encourage you to continue to take your prescribed medication as directed, remind you to refill your current prescription, or provide you with information regarding self-administration of certain medications, even if a third party pays the reasonable costs incurred by us to make this communication to you.

Business Associates: We may disclose your health information to contractors, agents, and other business associates

who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract with such business associate to ensure that our business associate protects the privacy of your health information.

Health Information Exchanges: We may participate in one or more Health Information Exchanges (“HIEs”) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

Friends and Family Involved in Your Health Care

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We will share only the information that is relevant to their involvement in your care or payment for that care.

Emergencies or Public Need

Emergencies: We may use or disclose your health information if you need an emergency treatment or if we are required by law to treat you but are unable to obtain your written consent. If this happens, we will try to obtain your written consent as soon as we reasonably can after we treat you.

As Required by Law: We may use or disclose your health information if we are required by law to do so. For example, we may disclose health information about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law. We also will notify you of these uses and disclosures if law requires notice.

Public Health Activities: We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities under the law, such as controlling disease or public health hazards. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. We may also release your health information to government disease registries. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect, or Domestic Violence: We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence.

Health Oversight Activities: We may release your health information to government agencies authorized to conduct audits, investigations and inspections of our office. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Disaster Relief: We may disclose your health information to certain entities authorized by law to assist in disaster relief efforts for certain purposes such as identifying or locating your personal representative or family member to notify them of your location, general condition, or death.

Product Monitoring, Repair, and Recall: We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance

of a product after it has been approved for use by the general public.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute.

Law Enforcement: We may disclose your health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, or necessary to report a crime that occurred on our property.

To Avert a Serious and Imminent Threat to Health or Safety: We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases we will only share your information with someone able to prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services: We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President, foreign heads of state, or other important officials.

Military and Veterans: If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out in their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary, to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation: We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners, and Funeral Directors: In the unfortunate event of your death, we may disclose health care information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties consistent with applicable law.

Organ and Tissue Donation: In the unfortunate event of your death, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Marketing, Research and Fundraising

Marketing: We may not disclose your health information or share it with others outside Tulane University Medical Group for purposes of marketing without your prior authorization. Marketing is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

However, we may inform you about products or services during face-to-face communications with you without your authorization, including providing related written materials to you. We may also, without your authorization, provide to you promotional gifts of nominal value that may encourage you to purchase or use a product or service.

Research: We are permitted to use and disclose your health information for research with your authorization or under limited circumstances as permitted by law, for example, when approved by the institutional review board.

Fundraising: We are permitted to use your demographic information and dates of your health care, treating physician and department information for purposes of fundraising. However, you have the right to opt-out of future communications. If you do not wish to be contacted for fundraising efforts, please call or email the Program Manager of the Grateful Patient, Family, and Friends Program at (504) 247-1383 or gratefulgiving@tulane.edu. Fundraising is a communication from Tulane University Medical Group or one of its business associates for the purpose of raising funds for Tulane University Medical Group, including appeals for money or sponsorship of events.

Completely De-identified or Partially De-identified Information

We may use and disclose your health care information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also remove most information that identifies you from a set of data and use and disclose this "partially de-identified" health information about you for research, public health, and health care operations if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of treatment session, other patients in the treatment area may see or overhear discussion of your health information.

WE WANT YOU TO KNOW THAT YOU HAVE THE FOLLOWING RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION:

Right to Inspect and Copy Records

You have the right to inspect and obtain a copy from us in a timely manner of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the manager of the clinic where you have been seen or by sending a request to TUMGROI@tulane.edu. If you request a copy of the information, we may charge a reasonable, cost-based fee for costs of copying, mailing, or other supplies we use to fulfill your request. If the information you request is stored electronically, we will provide the information in the form and format you request if the information is readily producible in that format, or, if not, we will reach an agreement with you as to alternative readable electronic format. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide a written denial that explains our reasons for doing so and a complete description of your rights to have that decision reviewed and how you can exercise those rights.

Right to Amend Records

If you believe that the health information that we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records. To request an amendment, please write to the manager of the clinic where you have been seen who will forward the request to the Privacy Official. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have

certain information related to your requested amendment included in your records.

Right to an Accounting of Disclosures

You have a right to request an "accounting of disclosures," which identifies certain other persons or organizations to whom we may have disclosed your health information in the previous six years. Many routine disclosures we make will not be included in this accounting; however, the accounting will include non-routine disclosures. To request an accounting of disclosures, write the request indicating a time period within the past six years for the disclosures you want us to include and address it to the manager of the clinic where you have been seen who will forward the request to the Privacy Official. You have a right to receive one accounting within every 12-month period for free. However, we may charge you a reasonable, cost-based fee for providing any additional accounting in that same 12-month period. The scope of your right to request an accounting may be modified by changes in federal law from time to time.

Right to Request Additional Privacy Protections, Including Restriction of Disclosures to Health Plans

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care.

We are not required to agree to your request for a restriction except as described below, and in some cases, the restriction you request may not be permitted under law. *However, if we do agree we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases we will need your permission before we can revoke the restriction. We are required to agree to a request to restrict certain disclosures of protected health information to a health plan where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

Right to Request Confidential Communications

You have the right to request that we contact you about your medical matters in a way that is more confidential for you, such as calling you at home instead of at work. To request more confidential communications, please write to the manager of the clinic where you have been seen. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.*

Right to Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf. Your personal representative may exercise any of the rights of an individual described in this Notice.

Right to Obtain a Copy of Notices

You may obtain a paper copy of this Notice by requesting a copy at your visit. We may change our privacy practices from time to time. If we do, we will revise the notice maintained in the office. You will also be able to obtain your own copy of the revised notice. We are required to abide by the terms of the Notice that is currently in effect.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the

Department of Health and Human Services. To file a complaint with us, please contact:

Privacy Official
1441 Canal Street, Suite 424
New Orleans, La 70112
hipaa@tulane.edu
504-988-7739.

No one will retaliate or take action against you for your complaint.

Right to be Notified Following a Breach of Unsecured Protected Health Information

If you are affected by a breach of your unsecured protected health information, you have the right to, and will, receive notice of such breach. Unsecured protected health information is health information that has not been secured through the use of technology, such as encryption, to render your protected health information unusable, unreadable, or indecipherable to unauthorized individuals.

To exercise any of your individual rights, contact the following:

Privacy Official
1441 Canal Street, Suite 424
New Orleans, La 70112
hipaa@tulane.edu
504-988-7739.

If you have any questions about this Notice or would like further information, please contact the Privacy Official at 504-988-7739

**TULANE UNIVERSITY MEDICAL GROUP
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES**

I hereby acknowledge that I received a copy of the Tulane University Medical Group (TUMG) Notice of Privacy Practices. I consent and agree to the uses and disclosures of my health information described in the Notice of Privacy Practices. I understand that TUMG may participate in one or more Health Information Exchanges (HIEs) and may share my health information for permitted purposes with other participants of such HIEs.

I understand that my health information may include information concerning mental health, use of alcohol or drugs, or communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), laboratory test results, medical history, treatment progress or any other such related information.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature

Date

Print Patient's Name _____

If not signed by the patient, please indicate relationship: _____

Print Name _____