



LaSalle General Hospital
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318-992-9200

Notice of Privacy Practices

At LaSalle General Hospital (LGH), we are committed to treating and using your protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information and how you can obtain access to your information. This Notice is effective January 29, 2026, and applies to all protected health information as defined by federal regulations. To file a complaint or access your information, you can contact Lucretia Williams, Health Information Management Director, williams1231@lgh-jena.org, 318-992-9200.

Understanding Your Health Record

Each time you visit LGH, 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. 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,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand what, when, where, and why others may access your health information, and make informed decisions when authorizing disclosure to others.

For More Information Or To Report A Problem

If you have questions, would like additional information, or you believe your privacy rights have been violated and would like to file a complaint, please contact LGH's Facility Privacy Officer at 318-992-9151.

Alternately you may choose to file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). The address for the OCR is as follows:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

There will be no retaliation for filing a complaint with either our Privacy Officer or the OCR.

Your Health Information Rights

Although your health record is the physical property of LGH, the information belongs to you. You have the right to:

- Obtain a paper or electronic copy of your medical record,
- Receive a copy of this notice of privacy practices upon request,
- Inspect and copy your health record,
- Ask for corrections to your health record,
- Choose someone to act on your behalf in exercising these rights,
- Obtain a list of those with whom we have shared your information,
- Request confidential communications of your health information, and
- Request a restriction on certain uses and disclosures of your information. Dependent on specifics of request, LGH may not be required by law to agree to a requested restriction.

Our Responsibilities

LGH is required to:

- Maintain the privacy and security of your health information,
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information,
- Provide you with this notice upon request,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and

- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change LGH's privacy practice and to make the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

We will not use or disclose your health information in a manner other than described in the section regarding *Examples of Disclosures for Treatment, Payment, And Health Operations*, and the section regarding *Examples of Other Disclosures*, without your written authorization. If you have authorized a disclosure, you may revoke your authorization as provided by 45 CFR 164.508(b)(5), except to the extent that action has already been taken. Covered entities, business associates, and others who lawfully receive records as per this notice may redisclose your health information. Redisclosed records may not be protected by federal regulations such as 45 CFR part 164, subpart E.

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.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

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 other physician(s) or subsequent healthcare provider(s) (when applicable) with copies of various reports that should assist them in treating you.

We will use your health information for payment. *For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health 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.

Examples of Other Health Care Operations Disclosures

- **Psychotherapy Notes:** We generally require your written authorization to disclose any psychotherapy notes entered into your record. Without your written authorization, we may disclose for the purposes of treatment by the clinician who provided the psychotherapy, training within our organization, to defend ourselves in court or other proceedings brought by you, or when we are required to do so by the Secretary of the Department of Health and Human Services (the “Secretary”). If we believe that you are a victim of abuse, neglect, or domestic violence, we may disclose your psychotherapy notes to the proper authorities with your consent; however, we may make such a disclosure without your consent if we are authorized by law to do so. We may also disclose your psychotherapy notes pursuant to a valid court order or subpoena without your consent. The clinician who provided the psychotherapy may disclose your psychotherapy notes to authorized healthcare oversight agencies without your consent. Your psychotherapy notes may be disclosed to the coroner, for the purposes of carrying out his/her lawful duties, without your consent. Consistent with applicable law and standards of ethical conduct, we may disclose your psychotherapy notes to avert a serious threat to health or safety of a person or the public.
- **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a transcription service we use to transfer dictated patient care into the medical record. Due to the nature of business associates’ services, they must receive your health information in order to perform the jobs we’ve asked them to do. To protect your health information, however, when these services are contracted, we require the business associate to appropriately safeguard your information.
- **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.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose health information to coroners, medical examiners, and funeral directors to carry out their duties consistent with applicable law.
- **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, eyes, and tissues for the purpose of donation and transplant of organs, eyes, and tissues.
- **Fundraising:** We may contact you as part of a fundraising effort. You can opt out of receiving information regarding fundraising communications.
- **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, Military and Governmental Agencies:** We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation, special government functions, or other similar programs established by law.
- **Public Health and Safety:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury (including child abuse and neglect), or disability.
- **Your Employer:** If requested by your employer for the purposes of medical surveillance of the workplace, determining whether your illness/injury is work-related, or to comply with state and federal workplace safety regulations, we may disclose your protected health information to your employer. In such cases, we will provide you with written notice of our disclosure to your employer.
- **Immunization Records:** Subject to an agreement between a parent or other legal guardian of an unemancipated minor child, or your agreement if you are an emancipated minor, and state or federal law requires schools to maintain proof of immunization for current and prospective students, we may disclose immunization records to your school.
- **Victims of Abuse, Neglect, and Domestic Violence:** If we believe that you are a victim of abuse, neglect, or domestic violence, we may disclose your health information to the proper authorities with your consent; however, we may make such a disclosure without your consent if we are authorized by law to do so.
- **Healthcare Oversight Activities:** We may disclose your health information to authorized healthcare oversight agencies without your consent. These disclosures of health information, including psychotherapy notes disclosed by the clinician who provided the psychotherapy, may be made for any activity necessary for the appropriate oversight of the American healthcare system, government benefit programs, regulatory compliance and enforcement, and civil rights law compliance and enforcement.
- **Serious Threats to Health or Safety:** Consistent with applicable law and standards of ethical conduct, we may disclose your health information to avert a serious threat to health or safety of a person or the public.
- **Appointment Reminders:** We may contact you or a family member at the phone number you have provided to us as a reminder that you have an appointment.
- **Marketing:** We require your written authorization to disclose your health information for marketing purposes. “Marketing” includes any communication by us that encourages someone to purchase any of the products or services we offer. We may contact you, without written authorization, to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, and to provide you with refill reminders or to speak with you about a drug or biologic that is currently being prescribed to you.

- **Sale of Protected Health Information:** We are not in the business of selling your protected health information. In any event, your health information is protected from any sale because we would require your written authorization in order to sell your health information.
- **Directory:** Unless you notify us that you object, we may use your name, location in the facility, and general condition for our directory purposes. This information may be provided to members of your family and to other people who ask for you by name.
- **Notification:** Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member or personal representative (or other person responsible for your care) of your location and general condition.
- **Communication With Family:** Unless you notify us that you object, or in cases where you are absent or otherwise unable to be afforded an opportunity to object, health professionals, using their best judgment, may disclose to a family member, other relative, or 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. Unless you notify us that you object, in the event of your death, we may disclose information relevant to your treatment and death to family members or anyone involved in your care or responsible for payment prior to your death.
- **Emergencies and Disaster Relief:** Unless you notify us that you object, or in cases where you are absent or otherwise unable to be afforded an opportunity to object, health professionals, using their best judgment, may disclose your health information to lawfully authorized disaster relief agencies for the purposes of assisting in disaster relief efforts.
- **Legal Action:** We are permitted to share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Law Enforcement:** We are permitted to disclose health information for law enforcement purposes as required by law or in response to a valid court order.

SPECIAL DISCLOSURE RULES: REPRODUCTIVE HEALTHCARE

We protect the privacy of your reproductive healthcare information to the extent permitted by law and generally require your written authorization to release your information. For purposes of this notice, reproductive healthcare includes services or actions related to pregnancy, contraception, fertility, pregnancy loss, abortion, and related counseling, referrals, assistance, payment, or coverage. Reproductive healthcare is presumed to be lawful unless we have specific information demonstrating otherwise. We do not independently investigate or determine the legality of reproductive healthcare.

General Rule: Except as permitted or required by law, we will not use or share your health information, including reproductive health information, to investigate you or to identify any person for the purpose of investigating or imposing criminal, civil, or administrative penalties on anyone just for seeking, receiving, providing, or helping with reproductive healthcare.

When these Protections Apply: These protections apply when the reproductive healthcare:

- Was lawful under the law of the state where it was provided, based on the circumstances at the time;
- Was protected, required, or authorized by federal law, regardless of where it was provided; or
- Is presumed lawful under federal privacy rules.

For example: If you receive reproductive healthcare that is lawful where it was provided or protected by federal law, we are not permitted to share your medical records with law enforcement if the purpose of the request is to investigate or punish you or another person for seeking or providing that care. We also may not share information to help identify you or others for that purpose.

Uses and Disclosures That Require an Attestation: We are required to obtain an attestation from any person or entity seeking your health information related to reproductive healthcare verifying that the information will not be used for any of the following purposes:

- A law enforcement investigation,
- A criminal, civil, or administrative proceeding, or
- Any other action that could result in criminal, civil, or administrative liability related to seeking, obtaining, providing, or facilitating reproductive healthcare.

For example: If law enforcement requests medical records related to pregnancy or abortion care as part of an investigation, we must first receive a written attestation stating that the information will **not** be used to investigate or impose penalties on any person for seeking, providing, or helping with reproductive healthcare. If we do not receive that attestation, we will not share the information unless required by law.

SPECIAL DISCLOSURE RULES: CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

Certain health information in your medical record may be protected by a federal law known as 42 CFR Part 2 (“Part 2”). This law provides additional privacy protections for records related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment from a federally assisted substance use disorder program. Part 2 records are more protected than other health information. Wherever stronger protections against disclosure apply to Part 2 records, the types of examples in the section *on Examples of Other Healthcare Operations Disclosures* are not applicable, and the stricter Part 2 rules apply.

Uses and Disclosures with Your Consent: With your written consent, LGH may use and disclose your Part 2–protected records for treatment, payment, and healthcare operations, as permitted by federal law. A single consent may authorize these uses and disclosures and will remain valid until you revoke it in writing. You may revoke your consent at any time, except to the extent that action has already been taken in reliance on it.

We may not disclose your SUD records we receive from a Part 2 program, or provide testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you

without your written consent. We may not disclose SUD records subject to Part 2 for fundraising purposes without first providing you with a clear and conspicuous opportunity to opt-out of receiving fundraising communications.

Uses and Disclosures without Your Consent: We may disclose Part 2–protected records without your consent in limited circumstances permitted by law, including:

- Medical emergencies,
- Reporting suspected child abuse or neglect, as required by law,
- Certain public health and health oversight activities,
- Court orders that meet the requirements of 42 CFR Part 2.

Re-disclosure: Re-disclosure is permitted under HIPAA once lawfully disclosed, but Part 2 records generally cannot be re-disclosed unless specific authorization is received from you. Should improper use/disclosure of Part 2 information occur, civil, criminal, administrative, and professional consequences apply. Federal law prohibits discrimination against individuals based on substance use disorder information.

Your Rights Regarding Part 2 Records: In addition to your HIPAA rights, you have the right to:

- Request restrictions on certain uses and disclosures of your Part 2–protected information,
- Revoke your consent in writing,
- File a complaint if you believe your rights under 42 CFR Part 2 have been violated.

Breach Notification: If there is a breach of your Part 2–protected health information, we will notify you as required by law.