

# Notice of Privacy Practices

**THIS 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.**

Colon and Rectal Associates is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Colon and Rectal Associates please contact:

Michael D. Stratton, M.D., privacy officer, or  
Kay Davis, office manager

**Effective Date of This Notice: April 14, 2003**

## **I. How Colon and Rectal Associates may Use or Disclose Your Health Information**

Colon and Rectal Associates collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Colon and Rectal Associates, but the information in the medical record belongs to you. Colon and Rectal Associates protects the privacy of your health information. The law permits Colon and Rectal Associates to use or disclose your health information for the following purposes:

1. Treatment. Your health information will be gathered and recorded by Colon and Rectal Associates for the purpose of determining your treatment and management. Information may also be requested from or shared with referring physicians, hospitals or consultants. This may be in the form of correspondence, written reports, or verbal communication.

2. Payment. We may disclose your health information to your insurer, third party payer, or collection agency for the purpose of payment. This may include diagnosis, treatments and procedures.

3. Regular Health Care Operations. Information about you may be used in order to review treatment and services and in order to evaluate the performance of the staff. This may include quality assurance, peer review, underwriting, and credentialing.

4. Information provided to you. Your health information may be provided to you or your representative in written or verbal form. This may include test results or billing information.

5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by law. As required by law, we may use and disclose your health information.

7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board such as clinical chart reviews. Patients will not be enrolled in clinical trials or identified individually without separate authorization.
14. 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.
15. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
17. Reminders. We may contact you to provide reminders regarding appointments, tests, or procedures.
18. Change of Ownership. In the event that Colon and Rectal Associates is sold or merged with another organization, your health information/record will become the property of the new owner.

## **II. When Colon and Rectal Associates May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Colon and Rectal Associates will not use or disclose your health information without your written authorization. If you do authorize Colon and Rectal Associates to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Colon and Rectal Associates is not required to agree to the restriction that you requested. Requests will be reviewed on an individual basis by the privacy officer.
2. You have the right to inspect and copy your health information on the premises. Copying costs will be the patient's responsibility as specified in the privacy policy.
3. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Reproduction and other costs, such as mailing, will be the patient's responsibility.

4. You have a right to request that Colon and Rectal Associates amend your health information that is incorrect or incomplete. Requests for amendment must be submitted in writing and will be reviewed by the privacy officer. The privacy officer may deny request for amendment if it is felt that the record is correct and complete, or if the information was not created by Colon and Rectal Associates.

5. You have a right to receive an accounting of disclosures of your health information made by Colon and Rectal Associates, except that Colon and Rectal Associates does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 15 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Michael D. Stratton, M.D., privacy officer, Colon and Rectal Associates, (318)424-8373.

#### **IV. Changes to this Notice of Privacy Practices**

Colon and Rectal Associates reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Colon and Rectal Associates is required by law to comply with this Notice. If the notice is amended, all patients will be provided with an updated Notice of Privacy Practices at the time of their first patient contact after the effective date.

#### **V. Complaints**

Colon and Rectal Associates will in no way retaliate for any complaints regarding this privacy policy. Complaints about this Notice of Privacy Practices or how Colon and Rectal Associates handles your health information should be directed to:

Michael D. Stratton, M.D.  
Privacy Officer, Colon and Rectal Associates  
1801 Fairfield Ave, Suite 401  
Shreveport, LA 71101  
(318)424-8373

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.