NOTICE OF PRIVACY PRACTICES
Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW TECHE HEALTH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About this Notice of Privacy Practices ("Notice")

Teche Health is committed to protecting the privacy of health information we create or obtain about you. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this health care practice, whether made by your personal provider or others working in this office. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by the Health Insurance Portability and Accountability Act (HIPAA) to:

- make sure your health information is protected
- give you this Notice describing our legal duties and privacy practices with respect to your health information
- explain your rights
- follow the terms of the Notice that is currently in effect

The privacy practices described in this Notice will be followed by all members of the workforce at Teche Health, including health care professionals, employees, trainees, and volunteers. Additionally, third parties ("business associates") that provide services on our behalf will be required to comply with all applicable provisions.

How We May Use and Disclose Health Information About You

The following sections describe different ways we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure is listed. The following are examples of how Teche Health is permitted to use and disclose health information.

Treatment

We may use or disclose health information about you to ensure you receive the appropriate medical treatment or services. We may share your health information to coordinate and manage your care or to plan a course of treatment for you. This may include sharing your health information with other health care providers, agencies, or facilities only if it is related to your medical care. For example, your primary care physician may share your health information with a specialist to coordinate your care.

Payment

We may use and disclose health information about you, as needed, so that the treatment and services you receive at Teche Health may be billed to you and payment collected from you, an insurance company or a third party. For example, we may need to give information to your health insurance company about treatment you are receiving to obtain payment for the services provided by Teche Health.

Health Care Operations

We may use and disclose health information about you for our healthcare operations, which include internal administration and planning of various activities that improve the quality and cost-effectiveness of care. For example, we may use health information to evaluate the performance of our staff, assess the quality of care, conduct training programs, or to ensure we are complying with all applicable laws.

Appointment Reminders, Treatment Choices, and Health-Related Products and Services

We may use and share medical information to remind you of an appointment with us. We may use and share medical information to tell you about treatment choices or health-related products or services that may be of interest to you.

Individuals Involved with Your Care or Payment for Your Care

We may share medical information about you with a friend or family member who is involved in decisions about your medical care, who helps pay for your care, or in an emergency so that your family can be notified about your condition, status, and location.

Additional Uses and Disclosures of Your Health Information

We may use or disclose your health information without your authorization or permission to the following individuals or entities, or for other purposes permitted or required by law, including:

- **As Required by Law.** We may disclose health information when required by federal, state, or local law.
- **Public Health Activities.** We may disclose health information to public health authorities for activities such as preventing or controlling disease, injury, or disability, or reporting vital events such as births or deaths.
- **Health Oversight Activities.** We may disclose health information to health oversight agencies for activities authorized by law, including audits, investigations, inspections, and licensure. This allows the government to monitor the health care system, government programs, and make sure civil rights laws are followed. As a Federally Qualified Health Center (FQHC), we are required to collect demographic information to better understand and serve our patient community. This information may include, but is not limited to, details such as age, gender, race, ethnicity, and socioeconomic status. Collected data is used to assess the needs of the community population, improve quality of care, and ensure equitable access to all our health services. Any information collected remains unidentifiable, confidential, and is used for statistical and operational purposes only. Information collected is in accordance with applicable laws and regulations and will only be used for purposes related to your care and to enhance our community health initiatives.
- **Judicial and Administrative Proceedings.** We may disclose health information in response to a court order, subpoena, discovery request, or other lawful process you are involved in. We must first try to contact you to tell you about the request (which may include written notice to you) or to get an order protecting the information requested.
- **Law Enforcement.** We may disclose health information to law enforcement officials for law enforcement purposes as permitted by law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose health information to coroners, medical examiners, and funeral directors to carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** We may disclose health information to organizations involved in the procurement, banking, or transplantation of organs, eyes, or tissue.
- **Research.** We may use or disclose health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your information.
- **To Avert a Serious Threat to Health or Safety.** We may use or disclose health information when necessary to prevent a serious threat to the health or safety of you, another person, or the public.
- **Specialized Government Functions.** We may disclose health information for military, national security, protective services, or correctional institution purposes as authorized by law.
- **Workers' Compensation.** We may disclose health information as authorized by workers' compensation laws.

Confidentiality of Substance Use Disorder Records (42 CFR Part 2)

Teche Health strictly adheres to the federal regulations outlined in 42 CFR Part 2, which provide additional protections for substance use disorder (SUD) treatment records beyond those required by the Health Insurance Portability and Accountability Act (HIPAA). Under 42 CFR Part 2, Teche Health may obtain a single written consent from patients to disclose their SUD treatment information to specified recipients for purposes

of treatment, payment, and health care operations. Redisclosure of SUD treatment information is strictly prohibited unless explicitly authorized by the patient or permitted under 42 CFR Part 2. Any disclosure must include a notice to recipients indicating that further redisclosure is prohibited unless the patient explicitly consents.

Teche Health is permitted to disclose SUD treatment records without patient consent to public health authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule. The use of SUD treatment records and testimony in civil, criminal, administrative, and legislative proceedings against patients is prohibited unless the patient consents or there is a court order accompanied by a subpoena or other legal requirement compelling disclosure.

Minors' Health Records

Special processes are in place to protect minors' health records for services like reproductive health, mental health, and treatment for sexually transmitted infections. Teche Health ensures these records are accessible only to the minor and authorized individuals, unless disclosure is mandated by law. Minors are informed about their rights to confidentiality and access to their records in accordance with state law.

Use of Unsecure Electronic Communications

If you choose to communicate with us via unsecure electronic communications, such as regular email or text message, we may respond to you in the same way the communication was received and to the same email address or account from which you sent your original communication. In addition, if you provide your email address or cell phone number to a health care provider, we may send you emails or text messages related to appointment reminders, surveys, or other general informational communications. For your convenience, these messages may be sent unencrypted. Before using or agreeing to use any unsecure electronic communication to communicate with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that the use of email or other electronic communications is not intended to be a substitute for professional medical advice, diagnosis, or treatment. ***We strongly encourage you to use the secure electronic communications features we have available, such as your secure patient portal.***

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and for marketing purposes fall within this category and require your authorization before we may use your health information for these purposes. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your health information without your written authorization. ***If you provide us with authorization to use or disclose your health information about you, you may revoke your authorization, in writing, at any time. However, uses and disclosures made before the revocation of your authorization are not affected by your action and we cannot take back any disclosures we may have already made with your authorization or that may have been made on reliance of your authorization***.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information we maintain about you:

Right to Access and Copy

You have the right to request access to and obtain a copy of your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but may not include some mental health information. You can request copies of your health information in the format of your choice. To access or request a copy of your health information, please contact our Health Information Management Office at the address provided at the end of this Notice. We reserve the right, under limited circumstances, to deny access to your health information, and if so, to provide you with a written explanation for the denial, as well as your right to appeal that decision.

We may impose a reasonable fee to cover the costs of creating copies of health information and mailing costs if applicable. We are required to notify you in writing of any anticipated fees prior to sending the requested information, if the requested health information will be delayed for any reason, or if the requested health information cannot be provided in the format requested.

Right to Amend

If you feel your health information is incorrect or incomplete, you have the right to request we amend your health information for as long as the information is kept by or for our clinic. To request an amendment to your health information, please contact our Health Information Management Officer at the address provided at the end of this Notice. You must provide a reason to support your request for an amendment; and, under limited circumstances, we may deny your request. If your request is denied, we must provide an explanation why it was denied.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures," which lists how we have disclosed your health information. The list will not include certain disclosures, such as health information used or disclosed for your treatment, payment, or health care operations, or disclosures made with your authorization. To request an accounting of disclosures, please contact our Health Information Management Office at the address provided at the end of this Notice. Your request must include a time period of disclosures within the last six years. One request within a 12-month period will be free of charge. We may charge a reasonable fee for subsequent requests.

Right to Request Restrictions

You have the right to request restrictions on what health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member or friend. We are not required to agree to your restriction request except in one situation: ***if you pay for a service or item out of pocket in full, you can ask not to share your information about that service with your health insurer, and we will honor that request***. To request restrictions on your health information, please contact our Health Information Management Office at the address provided at the end of this Notice. Your request must include what information you want to restrict, whether you want to limit the use, disclosure, or both, whether you paid for services in full, and/or to whom you want the limits to apply. If agreed, we will comply with your request unless restricted information is needed to provide you with emergency treatment.

Right to Request Confidential Alternative Communications

You have the right to request we communicate with you about medical matters or your health information in an alternative manner or location. To request alternative communication methods, please contact our Health Information Management Office at the address provided at the end of this Notice. Your request must specify

how you wish to be contacted. We will not ask the reason for your request and will accommodate all reasonable requests.

Right to Notice in the Event of a Breach
You have the right to be notified when your health information has been acquired, accessed, used, or disclosed in a manner that is not legally permitted, and where we determine your health information has been potentially compromised (referred to as a "breach"). If a breach of your health information occurs, you will be notified of the breach in writing within 60 days of when the breach was discovered.

Right to a Paper Copy of this Notice
You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you can still ask for a paper copy of this notice. You may also obtain a copy of this Notice by visiting www.techehealth.org or by contacting our Health Information Management Office at the address provided at the end of this Notice.

Changes to the Terms of This Notice.
We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our facility, and on our website.

Complaints
If you believe your privacy rights have been violated, that your health information has been improperly accessed, used, or disclosed or have concerns about our privacy practices, please contact our Privacy Officer at the address provided at the end of this Notice. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Teche Health Privacy Officer
1115 Weber Street
Frankin, LA 70538
compliance@techehealth.org
(337) 828-3015

To File a Complaint with HHS:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C.20201
Website: www.hhs.gov/hipaa/filing-a-complaint

Contact Information
If you have any questions about this Notice or our privacy practices, or you wish to exercise your HIPAA rights, please contact our Health Information Management Office:

Teche Health
Attn: Health Information Management Office
1115 Weber Street
Franklin, LA 70538
(337) 828-2550 ext. 2178

If you have any questions about this Notice or our privacy practices, or you wish to make a complaint, please contact our Patient Complaint Officer.

Teche Health
Attn: Patient Complaint Officer
1115 Weber Street
Franklin, LA 70538
(337) 828-0102

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Acknowledgement of Receipt

By signing below, I acknowledge that I have reviewed and/or received a copy of Teche Health's Notice of Privacy Practices.

_____	_____
Patient Name (print)	Patient DOB
_____	_____
Patient Signature	Today's Date
_____	_____
Parent/Guardian Signature (if applicable)	Today's Date

If signed by a personal representative, please describe relationship to patient and authority to act on patient's behalf: _____

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS

ATTENTION: If you need help in your language, call 337-828-2550. Language Aids and services for people with disabilities, like documents in braille and large print, are also available. These services are free of charge.