NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR DUTY: We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the Company Contact information listed below.

USES AND DISCLOSURES OF HEALTH INFORMATION: Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of TREATMENT, PAYMENT, HEALTH CARE OPERATIONS, and OTHER REASONS REQUIRED BY LAW.

TREATMENT: Providing, coordinating, or managing health care and related services by one/more health care providers/physicians.

PAYMENT: Activities such as obtaining payment for services, confirming coverage, billing, or collection activities, and utilization review. An example of this would be billing your insurance company or Medicare for services rendered.

HEALTH CARE OPERATIONS: Running our clinic, including conducting quality assessment and improvement activities, credentialing and licensing, auditing functions, cost-management analysis and customer service. An example of this would be training a new employee.

PUBLIC HEALTH, ABUSE or NEGLECT, HEALTH OVERSIGHT, and OTHER REASONS REQUIRED BY LAW: We will use and disclose your PHI when we are required to do so by federal, state or local laws. We may disclose your PHI to public health authorities that are authorized by law to collect information, or to a health oversight agency for activities including but not limited to: response to a court order or administrative order; if you are involved in a lawsuit or similar proceeding; and response to a discovery request, subpoena, or other lawful process by another party involved in the dispute-- but only if we made an effort to inform you of the request or obtain an order protecting the information the party has requested. We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death or if you are an organ donor. We may release your PHI to organ procurement organizations. We may use and disclose PHI when necessary to reduce or prevent a serious threat to the health and safety of you, another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose PHI for reporting victims of abuse, neglect or domestic violence to a government authority authorized by law to receive such information. We may disclose your PHI to certain government agencies charged with special government functions, as limited by applicable law. We may disclose your PHI to Correctional Institutions or Law Enforcement Officials if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution. We may release your PHI for worker's compensation and similar programs.

We may disclose your PHI to business associates who do work on our behalf. All business associates are required to safeguard your PHI in accordance with applicable law.

In addition, your confidential information may be used to remind you of an appointment (electronically, by mail, letters, voicemail messages, or postcards) or provide you with information about treatment options or other health related services including release of information to friends or family members that are directly involved in your care or assist in taking care of you.

PATIENT RIGHTS

AUTHORIZATION: Any uses or disclosures of your PHI not addressed above may only be made with your authorization. You may revoke such authorization in writing and we are required to honor and abide that written request, except to the extent that we have already taken actions relying on your authorization.

ACCESS: You have the right to access and obtain copies of your health information, with limited exceptions. You must make a request in writing to our Compliance Officer to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies, electronic media storage, and staff time.

RESTRICTIONS: The following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures of PHI for fundraising or marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this NPP.

ADDITIONAL RESTRICTIONS: You have the right to request additional restrictions on our use or disclosure of your health information. This must be made in writing and must identify: (i) the information to be restricted; (ii) the type of restriction being requested (i.e., on the use of information, the disclosure of information, or both); and (iii) to whom the limits should apply. We are not required to agree to these additional restrictions.

RESTRICTING DISCLOSURE TO YOUR INSURANCE COMPANY: We must comply with your restriction request if you have paid for your services out-of-pocket, in full, and you are requesting that we not disclose your PHI related solely to those services to your health plan. This request must be made in writing on the date of the service to allow our office to provide you with the information on your out-of-pocket cost, collect necessary fees for service, obtain a signature of this request, and avoid filing to your insurance.

DISCLOSURES OF ACCOUNTING: You have the right to receive a list of instances in which we have disclosed your health information for purposes other than treatment, payment, health care operations and other reasons required by law herein, for the last six years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must be in writing and specify the alternative means or location and provide satisfactory explanation about how payments will be handled under the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

COPY OF NOTICE: Upon request, you have the right to receive a paper copy of this Notice.

BREACH: We are required to notify you if there is a breach and/or unauthorized use of your PHI.

QUESTIONS AND COMPLAINTS: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or disagree with a decision we made about access to your health information, contact the person below. You may also submit a written complaint to the U.S. Department of Health & Human Services. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health & Human Services.

CONTACTS:

Company's Contact: Privacy Officer 600 Jefferson St, Ste 600 Lafayette, LA 70501 PHONE: (337) 223-3368 FAX: (337) 465-4604	**Government Contact:** U.S. Dept. of Health & Human Services Sec. of Health and Human Services 200 Independence Ave., S.W. Washington, D.C. 20201 Toll Free: 877-696-6775

Effective Date: September 27, 2023