

# SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

**TECHE ACTION BOARD, INC.**

**Revised: November 10, 2011**

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. If you have any questions about this notice, please contact Teche Action Board, Inc. at 337-828-2550.

## **Who will follow this notice?**

Teche Action Clinic  
Teche Action Clinic @ Dulac  
West St. Mary School Based Health Center  
Teche Action Clinic @ Reserve

Teche Action Clinic @ Edgard  
Teche Action Clinic @ Houma  
Teche Action Clinic @ Pierre Part  
Teche Action Clinic @ Morgan City

This notice describes our privacy practices. All of the above sites and locations follow the terms of this notice. In addition, these sites and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

## **Our pledge regarding health information:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you, and describe certain obligations we have regarding the use and disclosure of your health information.

## **We are required by HIPAA law to:**

- make sure that health information that identifies you is kept private
- give you this notice of our legal duties and privacy practices with respect to health information about you
- follow the terms of the notice that is currently in effect

## **How we may use and disclose health information about you.**

The following categories describe different ways that we may use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

## **There are also various other ways in which we may use or disclose your information:**

- Appointment reminders
- To allow oversight of the quality of the healthcare we provide
- To allow workers' compensation claims
- As required by subpoena in lawsuits and disputes
- Various uses as required by law or to avert a serious threat to health or safety

## **Your rights regarding health information about you:**

### **You have the following rights regarding health information we maintain about you.**

- \* Right to inspect and copy (retrieval and copying fees will be assessed)
- \* Right to request an amendment
- \* Right to an accounting of disclosure
- \* Right to request restrictions
- \* Right to request confidential communications
- \* Right to a paper copy of this notice

## **Changes to this notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Any revised notices will be posted in our facility. In addition, each time you register for treatment or health care services we will offer you a copy of the current notice in effect.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the complaint officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.