

New Orleans Center for Mind-Body Health

Notice of Privacy Practices for Protected Health Information

This Notice Describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

The law (45 CFR Part 164) requires that medical information that tells who you are is kept private. It also requires that you are given this notice of what this office does with the medical information about you. The New Orleans Center for Mind-Body Health (NOCMBH) reserves the right to change this notice and policy, but will notify you in the case that he does.

How your medical information may be used:

In general, your medical information is used in two ways:

1. **To provide patient care to you.** Your medical information may be used by the doctors, nurses, and other professionals who are treating you. For example, your medical information is used to help your care-takers find out your problem and to decide the best way to treat you.
2. **To obtain payment.** Your information may be used to prepare your bill and process your payment from you as well as from any insurance company, government program or other person who is responsible for payment.

How your information may be disclosed:

1. In general, beyond the above use of your medical information, your records are only given with your written authorization to those to whom you ask us.

There are a few exceptions:

1. An exception to the above is in the case that there is evidence of abuse, neglect or domestic violence in which by law a report must be filed with the appropriate law enforcement agency.
2. Also medical information must be revealed if ordered by a judge because of a legal issue or if required by law. One example of when this occurs would be if you were to bring suit against someone for emotional damages. In this case, usually the defense attorney has a legal right to review your medical records.
3. If a person was to have an uncontrollable urge and/or plan to kill someone, the prudent doctor would hospitalize the patient to be sure everyone was safe. In these cases, the doctor is required by law to warn the person who is the target of such an intention.
4. Medical information may be revealed about persons who have died to coroners, medical examiners, and funeral directors as allowed by law.

5. The New Orleans Center for Mind-Body Health may be required to disclose your medical information for certain specialized governmental functions, as allowed by law. Such functions include:
 - a. Military and veterans activities
 - b. National security and intelligence activities
 - c. Protective services to the President and others
 - d. Correctional institutions and other law enforcement custodial situations

Family and friends:

1. If family member calls with information that may be important to your care, then your healthcare provider will take the call and listen to the information. They will then speak to you about the call at your next appointment, or sooner, if necessary.
2. It is very beneficial to foster supportive family members and friends. Whenever possible, with your permission, your clinician at NOCMBH will attempt to foster healthy relationships among friends and family.

Other rights:

1. In general, the above is the usual, customary way that the staff at NOCMBH handles your medical information. However, you have the right to ask your healthcare provider to treat your medical information in a special way, different than from what is normally done. Unless you have the right to object to the use of the information, we do not have to agree with you. If we do agree to your wishes, we have to follow your wishes until we tell you that we will no longer do so.
2. You have the right to tell us how you want information to be sent to you. For example, you might want us to call you only at work or only at home. Or, you may not want us to call you at all. If your request is reasonable, we must follow your request.
3. You have a right to look at your medical information and, if you want, to get a copy of it or request it to be sent/faxed to another healthcare provider. You will be charged a copy fee of \$1.00 per one-sided page.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____, acknowledge that I have received a copy of the Notice of Privacy Practices of The New Orleans Center for Mind-Body Health.

Patient's Signature

Date: _____

**Health Care Provider's Documentation of Good Faith Effort to Obtain
Acknowledgement of Receipt**

Efforts to obtain written Acknowledgment

Reasons written Acknowledgement could not be obtained:

NOCMBH Healthcare Provider

Date: _____