



1151 Barataria Blvd Suite 3400
Marrero, Louisiana 70056
Office (504) 265-8304 Fax (504) 309-4193
www.bmcnola.com

Dr. Shibu Varughese & Dr. Amy Varughese

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.

Bethesda Medical Clinic (BMC) provides many types of services. BMC staff must collect information about you to provide these services. BMC knows that information we collect about you and your health is private. BMC is required to protect this information by Federal and State law.

This Notice of Privacy Practices tells you how BMC may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. BMC is required to follow the terms of the notice currently in effect. However, BMC may change its privacy practices and make that change effective for all protected health information (PHI) maintained by the Department. The effective date of this Notice of Privacy Practices is September 8, 2024.

Bethesda Medical Clinic May Use and Disclose Information

- **For Treatment.** We may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** We may use or disclose information to get payment or to pay for the health care services you receive. For example, BMC may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** We may use or disclose information in order to manage its programs and activities. For example, BMC may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** We may send you reminders for medical services, checkups, treatments, and eligibility renewal.
- **Disclosures to Family, Friends, and Others.** We may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.
- **For Health Oversight Activities.** We may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** We will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, BMC will follow the higher standard.

- **Coroners, Medical Examiners, and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.
- **For Abuse Reports and Investigations.** We are required by law to receive and investigate reports of abuse, neglect, or exploitation.
- **For Government Programs.** We may use and disclose information for public benefits under other government programs.
- **Food and Drug Administration (FDA).** We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- **To Avoid Harm.** We may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare, and safety of a person or the public.
- **Workers Compensation.** If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.
- **Employers.** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury.
- **For Research.** We may use information for studies and to develop reports.

Other Uses and Disclosures Require Your Written Authorization

For other situations, Bethesda Medical Clinic will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. BMC cannot take back any uses or disclosures already made with your authorization.

Your Privacy Rights

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask BMC to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask BMC for a list of disclosures made after August 1, 2013. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not

include information provided directly to you or your family or information that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures of Protected Health Information.** You have the right to ask BMC to limit how your information is used or disclosed. You must make the request in writing and tell BMC what information you want to limit and to whom you want the limits to apply. BMC is not required to agree to the limit. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that BMC share information with you in a certain way or in a certain place.
- **Right to File a Complaint.** You have the right to file a complaint with BMC at the address listed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how BMC has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to Bethesda Medical Clinic Privacy Practices.** You have a right to receive notice of changes in BMC privacy practices that affect you on or after the effective date of the change.

How to File a Complaint or Report a Problem

You may contact the Privacy Officer at the clinic if you want to file a complaint or to report a problem about how BMC has used or disclosed information about you.

Bethesda Medical Clinic Notice of Privacy Practices is available on the website at:
<https://www.bmcnola.com/>