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NOTICE OF INFORMATION PRACTICES

This Notice describes how Medical Information about you may be use and disclosed and how you can get access to this information. Please review it carefully, sign at the bottom and return to the receptionist.

Effective Date: April 14, 2003

1. Louisiana CardioVascular & Thoracic Institute, LLC may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested life insurance or sports physicals, referral to nursing homes, foster care homes, home health agencies and/or referral to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but it is not limited to, internal quality control and assurance including auditing of records.
2. Louisiana CardioVascular & Thoracic Institute, LLC is permitted or required to use or disclose protected health information without the individuals's written consent or authorization in certain circumstances. Examples of such are for public health requirements, court orders, law enforcement, and worker's compensation.
3. Louisiana CardioVascular & Thoracic Institute, LLC: unless you object, may disclose to your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.
4. Louisiana CardioVascular & Thoracic Institute, LLC will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
5. Louisiana CardioVascular & Thoracic Institute, LLC may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient.
6. Your rights with respect to your protected health information include: the right to inspect and copy your PHI, to request a restriction of our PHI, to request to receive confidential communications form us by alternative means or at an alternative location, to request to have your physician amend your PHI, to receive an accounting of certain disclosures we have made, if any of your PHI.
7. Louisiana CardioVascular & Thoracic Institute, LLC will abide by the terms of this notice currently in effect at the time of disclosure.
8. Louisiana CardioVascular & Thoracic Institute, LLC reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains.
9. Louisiana CardioVascular & Thoracic Institute, LLC will provide each patient with a copy of any revisions of it's Notice of Information Practice at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.
10. Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer at the following address and/or phone number: 3311 Prescott Road, Suite 202, Alexandria, LA 71301 (318)442-0106
11. It is Louisiana CardioVascular & Thoracic Institute, LLC's policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

12. Patient's Name (please print) _____ 13. Date _____

14. Signature of Patient or Legal Guardian _____