

# 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.**

Oceans Healthcare will be referred to in this Notice of Privacy Practices (“Notice”) as “Oceans”. This Notice is given to you by an Oceans facility to describe the ways in which Oceans may use and disclose your medical information (called “protected health information” or “PHI”) and to notify you of your rights with respect to PHI in the possession of Oceans. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of health care products and services to you; or the payment for such services. This Notice applies to the locations listed at the end of this Notice, which are part of the Oceans Affiliated Covered Entity.

Oceans protects the privacy of PHI, which also is protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by Oceans or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Oceans is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Oceans reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Oceans makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in registration and admitting areas.

Louisiana Behavioral Health, which is part of the Oceans Affiliated Covered Entity, maintains a Designated Record Set through the use of an electronic health record (“EHR System”) maintained by Ochsner Clinic Foundation and Ochsner Health System. Through the EHR System, PHI of patients of this location(s) is combined with that of other Covered Entities that participate in the EHR System (each, a “Participating Covered Entity” and collectively, the “Participating Covered Entities”), such that each patient has a single, longitudinal health record with respect to physician office services provided by the Participating Covered Entities.

Through the EHR System, the Participating Covered Entities have formed an organized system of health care in which the Participating Covered Entities participate in joint

utilization review and/or quality assurance activities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"). As OHCA participants, all Participating Covered Entities may use and disclose the PHI contained within the EHR System for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.

### **Uses and Disclosures for Treatment, Payment and Health Care Operations**

Oceans may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you. The protections afforded to substance use disorder information are discussed in a separate section below.

**FOR TREATMENT.** Oceans may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities at another healthcare facility. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide your health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

**FOR PAYMENT.** Oceans may use and disclose PHI in order to collect payment for the health care services provided to you. For example, Oceans may need to give PHI to your health plan in order to be reimbursed for the services provided to you. Oceans may also disclose PHI to their business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. Oceans may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

**FOR HEALTH CARE OPERATIONS.** Oceans may use and disclose PHI as part of their operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include hospital training, underwriting activities, compliance and risk management activities, planning and development, and management and administration. Oceans may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes. These disclosures help make sure that Oceans is complying with all applicable laws and continuing to provide health care to patients at a high level of quality. Oceans may also disclose PHI to other health care facilities plans for certain of their operations, including their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and

abuse detection or compliance, provided that those other facilities and plans have, or have had in the past, a relationship with the patient who is the subject of the information.

**FOR SHARING PHI AMONG OCEANS AND PROFESSIONAL STAFF.** Oceans works together with physicians and other care providers on their professional staff to provide medical services to you when you are a patient at an Oceans facility. Oceans and members of their respective professional staff will share PHI with each other as needed to perform their treatment, payment and health care operations activities.

**Other Uses and Disclosures for which an Authorization is not Required**

In addition to using or disclosing PHI for treatment, payment and health care operations, Oceans may use and disclose PHI without your written authorization under the following circumstances:

**BUSINESS ASSOCIATES.** Oceans may use or disclose your PHI with outside companies that perform services for us such as accreditation, legal, computer, or auditing services. These outside companies are called "Business Associates" and are required by HIPAA and by contract to keep your medical information confidential.

**INDIVIDUALS INVOLVED IN YOUR CARE.** Oceans may share your PHI with a family member, guardian or other individuals who are involved in your care, or who help pay for your care. If you have any objection to sharing your PHI in this way, please contact Oceans' Privacy Officer, whose contact information is listed at the end of this Notice.

**TO YOU OR YOUR PERSONAL REPRESENTATIVE.** Oceans may disclose your PHI to you, or a representative appointed by you or designated by applicable law.

**AS REQUIRED BY LAW AND LAW ENFORCEMENT.** Oceans may use or disclose PHI when required by law, Oceans also may disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or the identity, description or location of a person who committed a crime, or for other law enforcement purposes.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS.** Your PHI may be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process.

**FOR PUBLIC HEALTH ACTIVITIES AND PUBLIC HEALTH RISKS.** Oceans may disclose PHI to government officials in charge of collecting information about births and deaths,

preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

**FOR HEALTH OVERSIGHT ACTIVITIES.** Oceans may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS.** Oceans may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**ORGAN, EYE, AND TISSUE DONATION.** Oceans may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

**RESEARCH.** Under certain circumstances, Oceans may use and disclose PHI for medical research purposes. A researcher may have access to information that identifies you only through the special review process, or with your written permission. In addition, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a consent form.

**TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY.** Oceans may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

**LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, Oceans may disclose health information about you in response to a court or administrative order.

**SPECIALIZED GOVERNMENT FUNCTIONS.** Oceans may use and disclose PHI of military personnel and veterans under certain circumstances, and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

**WORKERS' COMPENSATION.** Oceans may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

**HEALTH-RELATED BENEFITS AND SERVICES; LIMITED MARKETING ACTIVITIES.** Oceans may use and disclose PHI to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.

**DISASTER RELIEF.** Oceans may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**DISCLOSURES FOR HIPAA COMPLIANCE INVESTIGATIONS.** Oceans must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

#### **Uses and Disclosures to Which You May Object**

You may object to the following uses and disclosures of PHI that Oceans may make:

**PATIENT DIRECTORIES.** Your information may be included in a patient directory that is available only to those individuals whom you have identified as contacts during your hospital stay. You will receive a unique patient code that can be provided to these contacts.

#### **Other Uses and Disclosures of PHI for Which Authorization Is Required**

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which you have the limited right to revoke in writing. Your PHI may not be used or disclosed for marketing purposes or sold by Oceans without your prior written authorization. If you sign a written authorization permitting uses and disclosures of your PHI other than those described in this Notice, you may revoke your authorization by submitting a written request to Oceans' Privacy Officer at any time. However, Oceans is unable to retract or invalidate any uses or disclosures that were made with your permission before you revoked your authorization.

HIPAA provides additional protection for psychotherapy notes, and most uses or disclosures of psychotherapy notes require your written permission. Psychotherapy notes

are the personal notes of a mental health professional about a private or group counseling session.

In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others; we may seek that permission in Oceans' intake forms if permitted by law. If you have any questions about this, contact Oceans' Privacy Officer, whose contact information is provided at the end of this Notice.

### **You have the following rights regarding your PHI**

You have the following rights regarding your PHI. All requests must be submitted in writing to Oceans' Privacy Officer. Please contact the Privacy Officer for additional information regarding any of these rights. The contact information for the Privacy Officer can be found at the end of this Notice.

**You may request Oceans restrict the use and disclosure of your PHI.** Oceans is not required to agree to any restrictions you request, but if the entity does so it will be bound by the restrictions to which it agrees except in emergency situations. To request restrictions, you must make your request in writing. In your request, you must tell us: (1) What information you want to limit; (2) Whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**You have the right to request that communications of PHI to you from Oceans be made by particular means or at particular locations.** For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be in writing and sent to the Privacy Officer. Oceans will accommodate your reasonable requests without requiring you to provide a reason.

**Generally, you have the right to inspect and/or copy your PHI in the possession of Oceans within a Designated Record Set if you make a request in writing to the applicable Medical Records Department.** Within fifteen (15) days of receiving your request, Oceans will inform you of the extent to which your request has or has not been granted. In some cases, Oceans may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Oceans may impose a reasonable fee to cover copying, postage, and related costs. If Oceans denies access to your PHI, it will explain the basis for denial and your opportunity to have the denial reviewed by a licensed health care professional (not involved in the initial denial decision) designated as a

reviewing official. If Oceans does not maintain the PHI you request, if it knows where that PHI is located it will tell you how to redirect your request.

**If you believe that your PHI maintained by Oceans in a Designated Record Set contains an error or needs to be updated, you have the right to request that Oceans correct or supplement your PHI.** Your request must be made in writing and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Oceans will inform you of the extent to which your request has or has not been granted. Oceans generally can deny your request if your request relates to PHI: (i) not created by Oceans; (ii) that is not part of the records Oceans maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, Oceans will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Oceans' denial attached, if you do not file a statement of disagreement; and (iii) complain about the denial.

**You generally have the right to request and receive a list of certain types of disclosures of your PHI Oceans has made during the six (6) years prior to your request.** The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) for an Oceans patient directory or to persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data set. You should submit any such request to the Privacy Officer, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Oceans will respond to you regarding the status of your request. Oceans will provide the first accounting you request in any 12-month period free of charge. Oceans may impose a reasonable, cost-based fee for each subsequent request for accounting within the 12-month period. Oceans will notify you of the fee in advance and provide you with an opportunity to withdraw or modify your request.

**You have the right to receive PHI in an electronic format, if electronic medical records are in use in the facility.**

**You have the right to receive a paper copy of this notice upon request even if you have agreed to receive this notice electronically.** You can view a copy of this notice on Oceans' website, [oceanshealthcare.com](http://oceanshealthcare.com). To obtain a paper copy of this notice, please contact the Privacy Officer, whose contact information is provided at the end of this Notice.

**You have the right to receive notice in the event of a breach of confidentiality.** As required by law, Oceans will notify you of any breach of your PHI that is unsecured, as defined by law.

**You have the right to opt out of fundraising communications.**

**You have the right to restrict disclosures of PHI to health plans if you have paid for services out of pocket in full.**

### **Your Rights Related to Substance Use Disorder Records**

Federal law and regulations, 42 USC § 290dd-2 and 42 CFR Part 2, provide additional protections for the confidentiality of information related to the diagnosis, treatment, and referral for treatment or prevention of substance use disorders. Generally, Oceans will not disclose to anyone outside the program that a person attends the program or disclose any protected substance use disorder information identifying an individual without written authorization. Oceans may, however, disclose your information pursuant to your written authorization.

In addition, Oceans may disclose information identifying an individual as having or having had a substance use disorder without authorization, in the following situations (1) when the disclosure is made to medical personnel in a medical emergency; (2) to law enforcement agencies that are directly related to a patient's commission or threat of a crime on Oceans' premises or against Oceans' personnel; (3) when relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics; (4) when the disclosure is made under state law to report suspected child abuse or neglect; (5) when the disclosure is allowed by a court order in limited circumstances; (6) to individuals within the criminal justice system who have made participation in the program a condition of the disposition of a criminal proceeding or of the patient's parole; (7) to medical personnel of the FDA in limited circumstances; and (8) for audit and evaluation purposes, subject to certain requirements.

The restrictions on disclosure also do not apply to, and Oceans may also disclose substance use disorder information through, communications of information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are either (a) within Oceans, or (b) between Oceans and an entity that has direct administrative control over the program. Similarly, federal law permits communications between Oceans and a "qualified service organization" (QSO) of information needed by the QSO to provide services to Oceans.

Oceans is required by law to inform you that information related to a patient's commission of a crime on Oceans' premises or against Oceans' personnel is not protected and that reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

Violation of federal law and regulations by Oceans is a crime, and suspected violations may be reported to the United States Attorney for the judicial district in which the violation occurs:

Western District of Texas  
(210) 384-7100

Western District of Louisiana  
(318) 676-3600

Eastern District of Texas  
(409) 839-2538

Middle District of Louisiana  
(225) 389-0443

Northern District of Texas  
(214) 659-8600

Eastern District of Louisiana  
(504) 680-3000

Southern District of Texas  
(713) 567-9000

Southern District of Mississippi  
(228) 563-1560

Reporting to the Substance Abuse and Mental Health Services Administration ([www.SAMHSA.gov](http://www.SAMHSA.gov)) may also be proper.

Patients who have consented to disclose their patient identifying information using a general designation will be provided, upon submitting a written request to the Privacy Officer, a list of the entities to which their information has been disclosed pursuant to the general designation. The request must be made in writing and is limited to disclosures made within the last two years. Oceans will respond within 30 days and provide the following for each disclosure: the names of the entities to which the disclosure was made, the date of the disclosure, and a brief description of the patient identifying information disclosed.

### **Changes to this Notice**

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of the new notice on our website. The notice will contain the effective date on the final page.

### **Complaints**

*You may complain to Oceans if you believe your privacy rights with respect to your PHI have been violated by contacting Oceans' Privacy Officer, whose contact information provided at the end of this Notice, and submitting a written complaint. Oceans will not penalize you or retaliate against you for filing a complaint regarding their privacy practices.*

*You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. To submit a complaint to the Department of Health and Human Services, you must contact the Office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. Further information and regional contact information is also available on the Office for Civil Rights' website at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).*

### **Contact Information**

*If you have any questions about this notice, please visit Oceans Healthcare's Compliance Department's website at [www.oceanshealthcare.com/corporate-compliance](http://www.oceanshealthcare.com/corporate-compliance) or contact the Privacy Officer at the address or telephone number provided below*

Oceans Healthcare  
Attn: Privacy Officer  
5360 Legacy Drive  
Suite 101  
Plano, TX 75024  
(972) 464-0022

**Effective:** January 15, 2021

This Notice applies to the following facilities:

- Louisiana Behavioral Health
- Oceans Behavioral Hospital Abilene
- Oceans Behavioral Hospital Alexandria
- Oceans Behavioral Hospital Alexandria – Outpatient
- Oceans Behavioral Hospital Amarillo
- Oceans Behavioral Hospital Baton Rouge
- Oceans Behavioral Hospital Baton Rouge-North Campus
- Oceans Behavioral Hospital Baton Rouge – Outpatient
- Oceans Behavioral Hospital Biloxi – Inpatient
- Oceans Behavioral Hospital Biloxi – Outpatient
- Oceans Behavioral Hospital Broussard
- Oceans Behavioral Hospital Broussard – Outpatient

- Oceans Behavioral Hospital DeRidder
- Oceans Behavioral Hospital Greater New Orleans – Kenner
- Oceans Behavioral Hospital Greater New Orleans – Marrero
- Oceans Behavioral Hospital Greater New Orleans – Westbank Campus
- Oceans Behavioral Hospital Hammond
- Oceans Behavioral Hospital Katy
- Oceans Behavioral Hospital Kentwood
- Oceans Behavioral Hospital Lake Charles
- Oceans Behavioral Hospital Longview
- Oceans Behavioral Hospital Longview – Outpatient
- Oceans Behavioral Hospital Lufkin
- Oceans Behavioral Hospital Lufkin – Outpatient
- Oceans Behavioral Hospital of Opelousas
- Oceans Behavioral Hospital Pasadena
- Oceans Behavioral Hospital Permian Basin
- Oceans Behavioral Hospital Waco