

Peter D. Vizzi, M.D.
ORTHOPAEDIC SURGERY & SPORTS MEDICINE
A MEDICAL CORPORATION

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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.

USES AND DISCLOSURES OF HEALTH INFORMATION: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax or other methods.

It may be necessary to communicate with you about your healthcare/billing. We will, at times, leave brief messages on your answering machines or voicemail or with someone at your contact number, including home, work or mobile.

We may use or disclose identifiable health information about you without your written authorization for treatment, payment and healthcare operations. Subject to certain requirements, we may also give out health information without your authorization for: communication with family/close personal friends or any other person you identify regarding medical treatment or payment related to your care; public health activities and in cases of emergency including abuse, neglect or domestic violence; health oversight activities; judicial and administrative proceedings; law enforcement purposes; with regard to decedents to coroners, medical examiners and funeral directors; organ procurement organizations; research purposes; averting a serious threat to health or safety; specialized government functions including to correctional institutions; workers' compensation; and when otherwise required by law. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information. You can later revoke that authorization to stop any future uses and disclosures.

We will not use or disclose any protected health information (PHI) for things like marketing or fundraising.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post a new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

INDIVIDUAL RIGHTS: In most cases, you have the right to look at or get a copy of health information about you that we will use to make decisions about your care. If you request copies, we will charge you only normal copy fees. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes and other than when you explicitly authorize it. If you believe that the information is incorrect or if important information is missing you have the right to request, in writing, that we correct the existing information or add the missing information. This does not obligate us to alter the record. You have the right to request restrictions on certain uses and disclosures of protected health information. This does not obligate us to agree to the requested restriction. You have the right to request to receive communications of protected health information from us by alternative means or at alternative locations. You have a right to obtain a paper copy of this notice. You have the right to request a restriction of certain protected health information from disclosure to health plans where you pay out of pocket, in full, for care. You have a right to receive notifications whenever a breach of your unsecured PHI occurs within 60 days following the discovery

COMPLAINTS: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

OUR LEGAL DUTY: We are required by law to maintain the privacy of PHI and to provide this notice about our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the notice currently in effect.

***If you have any questions, requests, or complaints, please contact
Meredith Robicheaux, Office Manager, at the contact information on the top of this notice.***