NOTICE OF PRIVACY PRACTICES

Louisiana Association for the Blind | Low Vision Rehabilitation Center

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

YOUR RIGHTS

You have the right to:

Get a copy of your health information. You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will generally provide a copy or summary within 30 days and may charge a reasonable, cost-based fee.

Ask us to correct your health information. You may ask us to correct information you believe is incorrect or incomplete. We may deny your request, but we will explain why in writing within 60 days.

Request confidential communications. You may ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or share certain information for treatment, payment, or health care operations. We generally are not required to agree. If you pay for a service or health care item out-of-pocket in full, you may ask us not to share information about that service or item with your health insurer for payment or health care operations, and we will agree unless disclosure is required by law.

Get a list of certain disclosures. You may request an accounting of certain disclosures of your health information made during the six years before your request. Certain disclosures, including many made for treatment, payment, and health care operations, are not included. One accounting in a 12-month period is provided at no charge; additional requests may be subject to a reasonable, cost-based fee.

Get a copy of this Notice. You may request a paper copy at any time, even if you agreed to receive it electronically.

Choose someone to act for you. A legally authorized personal representative, such as a legal guardian or person with appropriate medical power of attorney, may exercise your rights on your behalf. We will verify the person's authority before taking action.

File a complaint. You may contact us if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. **We will not retaliate against you for filing a complaint.**

YOUR CHOICES

For certain health information, you may tell us your preferences regarding whether we:

- Share information with family, friends, caregivers, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.

If you are unable to tell us your preference, we may share information when we believe doing so is in your best interest or when necessary to lessen a serious and imminent threat to health or safety.

We will obtain your written permission when required for marketing purposes, sale of your health information, and most sharing of psychotherapy notes.

We may contact you regarding fundraising activities as permitted by law. You may tell us not to contact you again for fundraising purposes.

OUR USES AND DISCLOSURES

How We Typically Use or Share Your Information

Treatment: We may use your health information and share it with other healthcare professionals involved in your care.

Health Care Operations: We may use and share your health information to operate our organization, manage your services, improve the quality of care, and contact you when necessary.

Payment: We may use and share your health information to bill and obtain payment from health plans or other entities responsible for payment.

Other Uses and Disclosures

As permitted or required by law, we may use or disclose health information to:

- Help with public health and safety activities
- Conduct health research when legally permitted
- Comply with federal, state, or local law
- Respond to organ and tissue donation requests
- Work with coroners, medical examiners, or funeral directors
- Address workers' compensation matters
- Respond to lawful law-enforcement requests

- Work with health oversight agencies
- Perform certain special government functions
- Respond to court or administrative orders, subpoenas, or other lawful legal processes

SUBSTANCE USE DISORDER RECORDS

To the extent that we maintain substance use disorder patient records subject to **42 CFR Part 2**, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you except as permitted by applicable federal law, including with your written consent or pursuant to a qualifying court order and subpoena.

If fundraising communications would use your Part 2 information, we will provide advance notice and a choice regarding whether you receive those communications.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this Notice and provide you with a copy upon request.

We will not use or share your information other than as described in this Notice unless you give us written permission or the use or disclosure is otherwise permitted or required by law. If you give us written permission, you may revoke that authorization in writing as permitted by law.

CHANGES TO THIS NOTICE

We may change the terms of this Notice. Changes may apply to all health information we maintain about you. The current Notice will be available upon request, in our office, and on our website.

QUESTIONS, COPIES, OR COMPLAINTS

For questions about your privacy rights, to exercise a right, obtain a paper or large-print copy of the complete Notice, or make a privacy complaint, please contact:

Louisiana Association for the Blind
Low Vision Rehabilitation Center
1826 Claiborne Avenue
Shreveport, LA 71103

Phone: 318-698-2300
Website: LaBlind.com

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775

We will not retaliate against you for filing a complaint.

Effective Date: August 1, 2026