

# HIPAA Notice of Privacy Practices

*Effective Date:* 4/14/03

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.

If you have any questions about this notice, please contact our privacy officer/office manager.

**Our obligations:** We are required by law to:

( Maintain the privacy of protected health information

( Give you this notice of our legal duties and privacy practices regarding health information about you

( Follow the terms of our notice that is currently in effect

**How we may use and disclose health information:** Following are the ways we may use and disclose protected health information that identifies you . Except for the following purposes, we will use and disclose protected health information (hereafter referred to as "PHI") only with your written permission. You may revoke such permission at any time by writing to our practice's privacy officer/office manager.

***Treatment.*** We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. This would include your family physician; an outside physician to whom we have referred you or are consulting regarding your care; an outside laboratory, radiology center or other health care facility where we have referred you for testing; home health agency, durable medical equipment agency to whom we have referred you for health care services and products; the hospital where we are admitting or treating you. We may share and discuss your PHI with another health care provider who seeks information for the purposes of treating you. We will page patients in the waiting room by name when it is time for them to go to an exam room; and may, in the future, use a patient sign-in sheet in the waiting area which is accessible to all patients. We may use and disclose PHI when mailing you notices in envelopes or by postcard folded in half and sealed with tape with our office name and return address visible.

***Payment.*** We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay the claim for your treatment and coordinate benefits for secondary insurance coverage, or determine whether you are eligible for coverage. We may share your address, birth date and social security information with other health care providers who seek payment for services. We will mail bills in envelopes with our practice name and return address to you, family members or friends who are responsible for payment for services rendered to you. We must allow your health insurer access to your medical records or other documentation to support a medical necessity or quality review audit. We will also provide consumer reporting agencies, a collection agency, and our attorney with credit information for the purposes of securing payment of a delinquent account.

***Health care operations.*** We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose

PHI for quality assessment activities, reviewing the competence or performance of health care professionals, conducting training programs for medical or nursing students or resident doctors, business planning and development activities, or sharing information with entities that are interested in purchasing our practice.

**Research.** Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose PHI for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

**Special situations: We may use and disclose PHI when necessary:**

***As required by law*** under international, federal, state or local law.

***To avert a serious threat to health or safety*** to you, another person or the public. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

***Business associates*** that perform functions on our behalf or provide us with services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

***Organ and tissue donation*** (if you are an organ donor) to organizations that handle organ procurement, banking or transportation of organs, eyes, or tissues.

***Military and veterans*** as required by military command authorities.

***Worker's compensation*** for work-related injuries or illnesses.

***Public health risks:*** including disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

***Health oversight activities*** including, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Lawsuits and disputes*** in response to a court order, subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

***Law enforcement*** if the information is 1) in response to a court order, subpoena, warrant, summons or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victim, or the identity, description, or location of the person who committed the crime.

***Coroners, medical examiners and funeral directors*** to identify a deceased person or determine the cause of death or to a funeral director as necessary for their duties.

***National security and intelligence activities*** to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

***Protective services for the President and others*** to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

***Inmates or individuals in custody*** to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

**Your rights:** You have the following rights regarding the PHI we have about you:

***Right to inspect and copy*** that may be used to make decisions about your care or payment for your care. This includes medical and billing records other than mental health care, HIV related information, alcohol and drug abuse treatment notes. To inspect and obtain a copy of this information, you must make your request in writing to the practice.

***Right to amend*** if you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to the privacy officer/office manager.

***Right to an accounting of disclosures*** we have made of PHI for the purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the privacy officer/office manager.

***Right to request restrictions*** or limitations on the PHI we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse or parents. To request a restriction, you must make your request in writing to the privacy officer/office manager. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

***Right to request confidential communication*** to you in a certain way or at a certain location. For example, you may ask that we contact you only by mail or not at work. To request confidential communication, you must make your request in writing to the privacy officer/office manager. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

***Right to a paper copy of this notice.*** You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our web site, [www.womenslifecycles.net](http://www.womenslifecycles.net). To obtain a paper copy of this notice, please ask the receptionist.

**Changes to this notice:** We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the privacy officer/office manager. All complaints must be made in writing. You will not be penalized for filing a complaint.