

## HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS REQUIRED BY FEDERAL LAW AND DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Once you sign our Patient Information consent form, we may use and disclose your medical information in order to treat you, obtain payment, and to operate the practice.

This Notice of Privacy Practices ("Notice") describes the ways in which we may use and disclose your Protected Health Information (PHI) and how you can get access to this information. "Protected Health Information" is information about you that is contained in your medical and billing records maintained by this organization. It includes demographic information and information that relates to your present, past or future physical or mental health and related healthcare services.

If you have any questions about this Notice, please contact our Privacy Officer.

**Uses and Disclosures of Protected Health Information:** We may use and disclose your Protected Health Information for purposes of healthcare treatment, payment and healthcare operations as described below.

**For Treatment:** We may use and disclose your Protected Health Information to provide, coordinate or manage your healthcare and any related services. Examples of how we will disclose information for treatment may include sharing information about you with: referring physicians, your primary care physician, a specialist, hospitals, ambulatory care centers, pharmacies or home health agencies.

**For Payment:** Your Protected Health Information will be used and disclosed as required, so that we can bill and receive payment for the treatment and services you received from us. Examples of how we will disclose information for payment include: contacting your health plan to confirm your coverage or obtain precertification of a service, or we may provide information to any other healthcare provider who requests information necessary for them to collect payment.

**For Healthcare Operations:** We may use and disclose your Protected Health Information in performing business activities that we call "healthcare operations". This includes internal operations, such as for general administrative activities and to monitor the quality of care you receive at our facility. Examples include: quality of care assessments, training of medical staff, assessing certain services that we may want to offer in the future, evaluating the performance of our employees, licensing, or conducting or arranging other business activities. Other examples include: leaving messages on your answering machine; leaving messages at your place of employment or sending our recall notices. We may use or disclose your Protected Health Information when making calls to remind you of your appointment. We will use a sign-in sheet at the receptionist's desk where you will be asked to sign your name and the name of the provider you are seeing. We will also call you by name when you are in our waiting room.

**Other Uses and Disclosures We May Make Without Your Written Authorization:** Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, we may use and disclose your Protected Health Information in which you do not have to give authorization. These situations include: those Required by Law, Public Health Information in which you do not have to give authorization. These situations include: those Required by Law, Public Health Risk Issues as required by Law, Communicable Diseases, Health Oversight Activities, reporting Victims of Abuse, Neglect or Domestic Violence, Legal Proceedings, Law Enforcement, Coroners, Medical Examiners, Funeral Directors, Organ/Tissue Donation Organizations, Research; Criminal Activity and National Security, Inmates/Law Enforcement Custody, and Workers Compensation. **Any Other Use or Disclosure of Your Protected Health Information Requires Your Written Authorization:** Will be made only with your consent, authorization or opportunity to object unless required by law.

**Your Rights Regarding Your Protected Health Information:** You have the right to access your personal Protected Health Information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information.

**WOMEN'S HEALTH AND SURGERY CENTER**  
YOUR HEALTH • YOUR BABY • YOUR LIFE

**You Have the Right to Request Restrictions:** You have the right to request a restriction on the way we use or disclose your Protected Health Information for treatment, payment or healthcare operations. You may make this request in writing, at any time. If we do agree to the restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your emergency treatment.

**You Have the Right to Request Confidential Communications:** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number or a specific address. We will accommodate your reasonable requests, but may deny the request if you are unable to provide us with appropriate methods of contacting you.

**You Have the Right to Request that We Amend your Protected Health Information:** If we deny your request, we will give you a written notice, including the reasons for the denial. You can submit a written statement disagreeing with this denial. Your letter of disagreement will be attached to your medical record.

**You Have the Right to Request an Accounting of Certain Disclosures of Your Protected Health Information.**

**You Have the Right to Obtain a Paper Copy of This Notice,** even if you have agreed to receive this notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone.

**You May Issue a Complaint** to our Privacy Officer (listed on the first page) or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. We will not retaliate against you for filing a complaint.

We Reserve the Right to Change the Terms of This Notice of Privacy Practices and to make the new provisions effective for all Protected Health Information we already have about you as well as any Protected Health Information we create or receive in the future. If we make any changes, we will:

- a. Post the revised Notice in our office(s), which will contain the new effective date; and
- b. Make copies of the revised Notice available to you upon request (either at our offices or through the contact person listed on the Notice)

This Notice was published and effective 04/21/09

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

The practices listed above reserves the right to modify the privacy practices outlined in the notice.

-I have received or have been offered a copy of the Notice of Privacy Practices for the practices listed above.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party if Patient is a Minor

\_\_\_\_\_  
Date