

# HIPAA Notice of Privacy Practices Of Associates in Womens Healthcare, P.A.

Original Effective Date: April 14, 2003

**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.**

## **OUR OBLIGATIONS**

We are required by law to:

- Maintain the privacy of protected health information (PHI)
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of our notice that are currently in effect

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION (PHI)**

Described as follows are the ways we may use and disclose PHI that identifies you. Except for the following purposes, we will use and disclose PHI only with your written **permission**. The examples included do not list every type of use or disclosure that may fall within the category.

*Treatment.* We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment. For example, we may use and disclose PHI about you when you need a prescription, lab work, and x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider,

*Payment.* We may use and disclose PHI so that we or others may bill and receive payment from you, like an insurance company, or a third party for the treatment and services you received. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For **example**, we may give your health plan information so that they will verify coverage or pay for your treatment.

*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 information to make sure the obstetric and gynecologic care you receive is of the highest **quality**. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

*Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.* We may disclose PHI to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

*Individuals Involved in Your Care or Payment for Your Care.* In most situations it will be necessary to obtain written permission to disclose PHI to family members or friends. However when appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your

prescription and other medical supplies to the friend or relative who brought you in for treatment. We may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescriptions, medical supplies, x-rays, or other things that contain PHI about you. We also may notify your family about your location or general condition or disclose such information to entity assisting in a disaster relief effort.

*Research.* We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets, specific, detailed criteria established by the **HIPAA** Privacy Rule to ensure the privacy of PHI.

#### Special Situations

*As Required by Law.* We will disclose PHI when required to do so by international, federal, state or local law.

*To Avert a Serious Threat to Health or Safety.* We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

*Business Associates.* We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or 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**, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation; and **transplantation**.

*Military and **Veterans.*** If you are a member of the armed **forces**, we may release Health Information as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

*Workers' Compensation.* We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

*Public Health Risks.* We may disclose PHI for public health activities. These activities generally include 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.

*Health Oversight Activities.* We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, 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.* If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a **subpoena**, **discovery request**, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

*Law Enforcement.* We may release PHI if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate suspect, fugitive, material witness, or missing person; 3) about the victim of a crime

even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in a emergency to report a crime, the location of the crime or victims, or the identity, **description**, or location of the person who committed the crime,

*Coroners, Medical Examiners, and Funeral Directors.* We may release PHI to a coroner or medical **examiner**. This may be necessary, for example to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

*National Security and Intelligence Activities.* We may release PHI 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.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI 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 others, or 3) for the safety and security of the correctional institution.

*HIPAA Privacy Rule.* We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

*Any other use or disclosure of PHI about you requires your written **authorization**.*

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about **you**, you may revoke your authorization in writing at any time, except to the extent we have taken action based on the authorization.

## YOUR RIGHTS

Under federal law, you have the following rights regarding PHI about you:

*Right to Inspect and Copy.* You have a right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes medical and billing records, other than psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy this PHI you must make your **request**, in writing, to our Privacy Official. We may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

*Right to **Amend**.* You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official. You must give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

*Right to an Accounting of Disclosures.* You have the right to request an "accounting" of certain disclosures that we have made of PHI for **you**. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for **treatment**, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes) and disclosures made before April 14, 2003. To request a list of disclosures, you must make your **request**, in writing to our Privacy Official. If you request a list of disclosures more than once in 12 months, we may charge a reasonable fee.

*Right to Request Restrictions.* You have the right to request additional restrictions on the PHI that we may use for treatment, payment, or health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. To request a restriction, **you** must make your request, in writing, to our Privacy Official. In your request please include: **1)** the information that you want to restrict; **2)** how you want to restrict the

**information**, and 3) to whom you want those restrictions to **apply**. *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 or as required by law.

*Right to Request Confidential Communication.* You have the right to request that we communicate with you about medical matter in a certain way or at a certain location. To request confidential communication, you must make your request, in writing to our Privacy Official. Your request must specify how or where you wish to be contacted. We must accommodate reasonable **requests**, but, when appropriate, may condition that accommodation on your providing us with information **regarding** how payment will be handled.

*Right to a Paper Copy of This Notice.* You have the 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 from our business office personnel or by contacting our Privacy Official.

## **CHANGES TO THIS NOTICE**

We reserve the right to make changes to this Notice and make such changes effective for all PHI we may already have about you. If this Notice is changed, we will post a copy **in** our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our business office or Privacy Official.

## **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, please contact our Privacy Official. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

## **QUESTIONS**

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