

Ashley Women's Center  
Notice of Privacy Practices

Effective 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.

If you have any questions about any part of this notice, please ask to speak to our Privacy Officer.

### Introduction

This notice of Privacy Practices describes how we may use and disclose your protected health information needed to treat you, obtain payment for services, for health care operations, and for other purposes permitted by law. The term "protected health information" means any information about you, including information that may identify you and relates to your past, present, or future physical or mental health condition and related health care services.

AWC provides this Notice to comply with the Privacy Regulations issued by the Dept. of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our practice is required to comply with the terms of this Notice of Privacy Practices.

We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time with the last revision date on the front. The current notice will always be posted in our office and on our website. To request a revised Notice you may call our office and request a copy to be sent to you, or ask for a copy at your next appointment, or open our website to read and/or print a copy.

### Understanding Your Health Record

Each time you visit AWC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the other health care professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning and marketing,
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

## Your Health Information Rights

Although your health record is the physical property of Ashley Women's Center, the information in it belongs to you. You have a right to:

Obtain a paper copy of this Notice of Privacy Practices upon request,  
Inspect and obtain a copy of your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with state law),  
Amend your health record as provided by 45 CFR 164.526,  
Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528,  
Request confidential communications of your health information as provided by 45 CFR 164.522(b),  
and  
Request restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522(a) (however, we are not required by law to agree with a requested restriction).

## Our Responsibilities

We understand that your medical information is personal to you, and we are committed to protecting the information about you. You should be comfortable in sharing any information about your health with your physician's office in order to help them provide the most appropriate health care. As our patient, we create paper and electronic medical records about your health, our care plan for you, and the services and/or items we provide to you. We need this record to provide for your care and to comply with certain legal requirements.

All of our medical and administrative staff understands that AWC is required by law to:

Maintain the privacy of your protected health information,  
Provide you with this Notice of Privacy Practices,  
Inform you of your legal rights with respect to your protected health information,  
Abide by the terms of this Notice,  
Notify you if we are unable to agree to a requested restriction,  
Accommodate reasonable requests you may make to communicate your health information.

## For More Information or To Report A Problem

If you have questions and would like additional information, you may contact our Privacy Officer, Jackie Adams, at 704-865-7416.

If you believe your privacy rights have been violated, you can either file a complaint with Jackie Adams, or with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR is:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## Examples of Disclosures For Treatment, Payment, and Health Operations

The following are examples of different ways that we use and disclose protected health information that we have and share with others. Each type of use or disclosure provides a general explanation and some examples of uses. This list does not include every potential use or disclosure of information in a category. The explanation is provided only to help you understand how AWC may use or disclose your protected health information (PHI) in compliance with any authorizations or consents required by law.

### We will use your information for treatment.

We may use your health information to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. Therefore, we may, and most likely will, disclose medical information about you to physicians, nurses, lab or imaging technicians, hospital and home health personnel who are involved in taking care of you.

*For example:* Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

### We will use your health information for payment.

We may use and disclose medical information about you, as needed, to obtain payment for your health care services. This may include certain activities that your insurance plan may undertake before it approves or pays for health care services, such as determination or eligibility for coverage of benefits, reviewing services provided for medical necessity, and utilization review procedures.

*For example:* Obtaining approval for a hospital stay may require that your protected health information be disclosed to your insurance carrier.

### We will use your health information for regular health operations.

We may use or disclose your protected health information, as needed, to support the business activities of our practice. These uses include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may share your health information with third party "business associates" that perform various activities (billing, transcription, etc.) for the practice. We may also use your information for marketing activities, such as newsletters and direct mail. All uses or disclosures with a business associate will require a written contract that advise them of their obligation to maintain the privacy of your records.

### Unemancipated Minors-Treatment for Pregnancy; Drug & Alcohol Abuse; Venereal Disease; Emotional Disturbance

If you are under age of 16 and are not married and have not been emancipated by a court of law, we will not reveal any information about any treatment you receive for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbances, except in the following circumstances:

1. Your health care provider determines that this information needs to be shared with your parents because there is a serious threat to your life or health.
2. You have given us written authorization to discuss your treatment about one of the 4 conditions listed above with your parent or guardian.

Appointment Reminders We may use and disclose health information to contact you as a reminder that you have an appointment with us (this includes calling the phone number you provide to us and leaving a message as an appointment reminder).

Emergency Situations We may disclose information about you to an organization assisting in a disaster relief effort or in a emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practical after the delivery of treatment.

As Required by Law We may disclose health information about you when required to do so by federal, state, or local law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process. It may also include complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to notify you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.

Public Health Risks Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report child abuse or neglect.
4. To report reactions to medications or problems with products.
5. To notify people of recalls of products they may be using.
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
7. To notify 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 to when required or authorized by law.

Others Involved in Your Care Unless you object, we may disclose to a family member, other relative, close personal friend, or any other person you identify as involved in your care, your protected health information that directly relates to that person's involvement in your health care. Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director. We may also release medical information about you for workers' compensation or similar programs.

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.