

## **Notice of Privacy Practices**

### **Empower Women Health Center Notice of Privacy Practices**

Patients have the right to know how their medical information will be used and disclosed by Empower Women Health Center. This medical information is referred to as Protected Health Information (PHI). "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The patient has a right to know his or her rights regarding the information and the Empower Women Health Center's legal duties with respect to the Protected Health Information.

This Notice of Privacy Practices describes how Empower Women Health Center may use and disclose your medical information to carry out treatment, payment or health care operations and for the other purposes that are permitted or required by law. It describes how you can get access and control your Protected Health Information. It is important that you review it carefully.

If you have any questions about this notice please contact: our Privacy Contact who is Andrea Hall.

We are required to abide by 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. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

#### **I. Uses and Disclosures of Protected Health Information**

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your Protected Health Information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your medical information as described in this section. Your Protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Below are examples of uses and disclosures of your Protected Health Information that this physician's office is permitted to make once you have signed our consent form. These

examples are meant to provide you with a description of the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use and disclose your Protected Health Information to provide treatment, coordinate treatment, or manage your health care and any related services. This includes the 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; or any other physician or health care provider (e.g., a specialist or laboratory).

**Payment:** Your Protected Health Information will be used, as needed to obtain payment for your health care services. This may include certain activities such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may be required to contact your insurance provider to obtain required approvals for payment.

**Healthcare Operations:** We may use or disclose, as-needed, your Protected Health Information in order to support the business activities of this physician's practice. Examples of our healthcare operations would be our sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. Calling you by name in the waiting room when your physician is ready to see you, or contacting you to remind you of your appointment.

Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. Your may revoke this authorization, at any time, in writing, except to the extent that your physician or the physicians' practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Emergencies:** We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your Protected Health Information to treat you.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclosed such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location,

general condition or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other patients involved in your health care.

## **II. Patient's Rights**

Following is a statement of your right with respect to your Protected Health Information and a brief description of how you may exercise these rights.

You have the right to access, inspect and copy your Protected Health Information. This means you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records that your physician and the practice will use for making decisions about you.

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. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact Andrea Hall if you have questions about access to your medical record.

You have the right to amend you Protected Health Information. This means you may request to amend you Protected Health Information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact Andrea Hall to determine if you have questions about amending your medical record.

You have the right to request a restriction of your Protected Health Information. You may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your Protected Health

Information, your Protected Health Information will not be restricted. If your physician does agree to the requested restriction, we will not use or disclose your information unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician. Please contact Andrea Hall if you would like to request a restriction.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will make every effort to accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to Andrea Hall.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family member or friends involved in your care, or for notification purposes. You have the right to receive specific information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

### **III. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Andrea Hall at (478) 743-4030 for further information about the complaint process.