
**TODAY'S WOMEN'S HEALTH SPECIALISTS
NOTICE OF PRIVACY PRACTICES**

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.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "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.

Our Legal Duties

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

We Have a Legal Duty to Safeguard Your Protected Health Information (PHI):

We are legally required to protect the privacy of your health information. This information is called "protected health information," hereafter referred to as PHI. It includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the main reception area. Upon your request, a copy of this notice will be given to you, and, at any time you can view a copy of the notice on our website at www.WomensHealthArizona.com.

How We May Use or Disclose Your Protected Health Information (PHI):

We may use your health information, or disclose it to others, for a number of different reasons. These reasons are described below. Examples are also provided. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

1. **Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party (e.g., specialist or laboratory). This means that our employees, staff, physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care may read your health information to learn about your medical condition and use it to make decisions about your care. For example, a hospital nurse may read your medical chart in order to care for you properly, or, your PHI 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.
2. **Payment:** Your PHI will be used and disclosed, as needed, to obtain payment for the services we provide to you. For example, an employee in our billing department may use your health information to prepare a bill. That bill, and any health information it contains may be sent to your insurance company. We may also disclose some of your health information to companies with whom we contract for payment-related services, such as claims processing companies.

- 3. Health Care Operations:** We may disclose your PHI for activities that are necessary to operate this facility. For instance, we may use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may disclose your PHI as necessary to others whom we contract with to provide administrative services. This includes persons such as our accountants, attorneys, consultants, auditors, and others.
- 4. Legal Requirement to Disclose Information:** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For example, we may be required to disclose your PHI and the PHI of others if we are audited by Medicare. We will also disclose your PHI when required to do so by a court order or other judicial or administrative process. Examples of this include, but are not limited to law enforcement, required state agency reporting, or coroners seeking to confirm identity. Additionally, we may disclose your PHI to military authorities for purposes such as national security.
- 5. Research:** We believe that medical research is vital to the advancement of medical science. Accordingly, we may use your PHI to conduct medical research studies, with either your permission, or when a research study is reviewed and approved by an institutional review board before any medical research study begins. In some instances, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make a study scientifically valid.
- 6. Workers' Compensation:** We may use or disclose PHI to comply with workers' compensation laws, or other similar programs established to provide work-related injury or illness benefits.
- 7. Patient Contacts:** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer. We may also use your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.
- 8. Family and Friends:** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. If family or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise. We may share limited PHI to notify a family member or legal representative of your location, condition or death. The opportunity to consent may be obtained retroactively in emergency situations.
- 9. Employment Related:** We may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you authorize the release of that information to your employer.
- 10. Sign-In Sheet:** We may use and disclose your health information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- 11. Business Associates:** We may share your health information with another company that performs business functions or services for us. For example, we may use another company to provide transcription services. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.

Patient Rights:

- 1. Authorization:** We will not use or disclose your health information for any purpose that is not listed in this notice without your written authorization. If you authorize us to use or disclose your health information, you have the right to revoke that authorization at any time. You may not revoke an authorization for us to use and disclose your PHI to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your PHI to contest claims or your coverage, even after you have revoked the authorization.
- 2. Request Restrictions:** You have the right to ask us to restrict how we use or disclose your PHI. We will consider your request, but are not required to agree. If we agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.
- 3. Confidential Communication:** You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send mail to a different address rather than to your home. Or, you may ask us to speak to you personally on the telephone rather than sending your health information by mail. Any such request must be in writing.
- 4. Inspect and Receive a Copy of Health Information:** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medical and billing records. If you want to review or receive a copy of these records, you must make the request in writing. We will provide you with a form to do this. We may charge a fee for the cost of copying and mailing the records.
- 5. Amend Health Information:** You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate. Please note, we cannot delete anything from the formal record, but we can add addendums to the record that may be able to meet your amendment request.
- 6. Accounting of Disclosures:** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. This list will include a date of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period greater than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, health care operations; disclosures for national security purposes, disclosures to correctional or law enforcement personnel, disclosures that you have authorized, disclosures made to friends and family involved in your care, and disclosures made directly to you.
- 7. Complaints:** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with Today's Women's Health Specialists or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Today's Women's Health Specialists, contact the Practice Administrator. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.