

WOMEN'S HEALTH

Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THE FOLLOWING INFORMATION DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF WOMEN'S HEALTH) MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

A. OUR COMMITMENT TO YOUR PRIVACY

Women's Health is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business we will create an electronic medical record regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice.

Women's Health recognizes that HIPAA laws are complicated, but we must provide you with the following information:

1. How we may use and disclose your health information
2. Your privacy rights regarding your health information
3. Women's Health's obligations concerning the use and disclosure of your health information.

The terms of this notice apply to all records containing your individually identifiable health information. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any record that we may create in the future. Our practice will post a copy of our current notice in our office at visible locations at all times, and you may request a copy of our current notice.

B. IF YOU HAVE QUESTIONS REGARDING THIS NOTICE PLEASE CONTACT: Women's Health, Administrator at 739 Irving Avenue, Suite 640, Syracuse, NY 13210.

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Women's Health may use your IIHI to treat you. We may ask you to have laboratory tests, and we may use the results to help us make a diagnosis. We might use your IIHI to write or transmit a prescription for you. Many of the people who work in our office, such as doctors or nurses may use or disclose your IIHI in order to treat you or to assist others in your treatment.
2. **Payment.** Women's Health may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. We may have to contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.
3. **Health Care Operations.** Women's Health may use and disclose your IIHI to operate our business. Women's Health may use your IIHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for Women's Health.
4. **Appointment Reminders.** Women's Health may use your IIHI to contact you and remind you of an appointment.
5. **Treatment Options.** Women's Health may use and disclose your IIHI to inform you of potential treatment options.
6. **Disclosures Required by Law.** Women's Health will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN SPECIAL CIRCUMSTANCES

The following categories describe scenarios in which we may use or disclose your IIHI.

1. **Public Health Risks.** Women's Health may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - a. Maintaining vital records such as births or deaths
 - b. Reporting child abuse or neglect
 - c. Preventing or controlling disease
 - d. Notifying a person regarding potential exposure to a communicable disease

- e. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - f. Reporting reactions to drugs or problems with products or devices
 - g. Notifying individuals if a product has been recalled
 - h. Notifying appropriate government agencies and authorities regarding potential abuse or neglect of an adult patient(including domestic violence); however we will only disclose this information if the patient agrees or we are required by law to disclose this information
 - i. Notifying your employer under limited circumstances related primarily to workplace injury, illness or medical surveillance.
- 2. Health Oversight Activities.** Women’s Health may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or their activities necessary for the government to monitor government programs, compliance with civil law rights and the healthcare system in general.
- 3. Lawsuits and Similar Proceedings.** Women’s Health may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law Enforcement.** We may release IIHI if asked to do so by law enforcement officials:
- a. Regarding a crime victim in certain situations, if we are able to obtain the person’s agreement.
 - b. Concerning a death, we believe has resulted from criminal conduct.
 - c. Regarding criminal conduct in our offices.
 - d. In response to a warrant, summons or court order, subpoena or similar legal process.
 - e. To identify/locate a suspect, material witness, fugitive or missing person.
 - f. In an emergency, to report a crime(including e location or victims of a crime, or a description, identity or location of a perpetrator).
- 5. Deceased Patients.** Women’s Health may release IIHI to a medical examiner or coroner to identify the cause of death. If necessary, we may also release information for funeral directors to perform their job.
- 6. Research.** Women’s Health may use and disclose your IIHI for research in certain purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes.
- 7. Serious Threats to Health or Safety.** Women’s Health may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health or safety, or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.
- 8. Military.** Women’s Health may disclose your IIHI if you are a member of the U.S. Armed Forces (including veterans) and if required by the appropriate authorities.

9. National Security. Women's Health may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IHI to federal officials in order to protect the President, other officials, foreign heads of state, or to conduct investigations.

10. Inmates. Women's Health may disclose your IHI to correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care, for the safety and security of the institution and to protect your health and health and safety of other individuals.

11. Worker's Compensation/Automobile Carriers. Women's Health may release your IHI for worker's compensation/automobile carriers and similar programs.

E. YOUR RIGHTS REGARDING YOUR IHI

1. Confidential Information. You have the right to request that our practice communicate with you about your health and related matters in a particular manner or location. You may ask that we contact you at home, rather than work. In order to request a specific type of confidential communication, you make a written request to the administrator, Women's Health, 739 Irving Avenue, Suite 640, Syracuse, New York 13210

2. Requesting Restrictions. You have the right to request a restriction in our use and disclosure of your IHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict your disclosure of your IHI to certain individuals involved in your care, such as family members or friends. **We are not required to agree to your request.** However, if we do agree, we are bound by the agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IHI, you must make your request in writing to the Administrator, Women's Health, 739 Irving Avenue, Suite 640, Syracuse, NY 13210. Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit Women's Health's use, disclosure or both and to whom you want the limits to apply.

3. Inspection and Copies. You have a right to inspect and obtain a copy of your IHI that may be made to make decisions about you, including patient records, billing records, but not including psychotherapy notes. You must submit your request in writing to Administrator, Women's Health, 739 Irving Avenue, Suite 640, Syracuse, New York, 13210. Women's Health may charge a fee of 0.75 per page for the cost of copying, mailing, labor and supplies associate with your request.

4. Amendment. You may ask to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to the Administrator, Women's Health, 739 Irving Avenue, Suite 640, Syracuse, New York 13210. You must provide us with a reason that supports your request for amendment. Women's Health will deny your request if your fail to submit your request in writing. We may also deny your request if you ask us to amend information that is in our opinion accurate and complete, not part of the IHI kept by our practice, not part of the IHI

which you would be permitted to inspect and copy, or not created by our practice, unless the individual or entity that created the information is available to amend the information.

5. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask for a copy of this notice at any time.

6. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the Administrator. To file a complaint, please submit your complaint in writing to the Administrator, Women's Health, 739 Irving Avenue, Suite 640, Syracuse, NY 13210.

7. Right to Provide an Authorization for Other Uses and Disclosures. Women's Health will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization.

Again, if you have any questions regarding this notice or other health information privacy policies, please contact our Administrator, Women's Health, 739 Irving Avenue, Suite 640, Syracuse, New York, 13210.

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