



## NOTICE OF PRIVACY PRACTICES

Effective Date: January 20, 2009

Obstetrics & Gynecology

### **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 Practice creates a record of the care and services you receive from the Practice. Your medical records and billing information are systematically created and retained on a variety of media which may include computers, paper and films. That information is accessible to Practice personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information (PHI) and records. This Notice describes your rights and our legal duties regarding your PHI. The entities covered by this Notice include this Practice and all health care providers who are members of its medical and ancillary services staffs. We are required to abide by the terms of this Notice currently in effect.

**Definitions:** terms related to this Notice include:

- **Practice** refers to The Women's Health Group.
- **Protected Health Information** or **PHI** is your personal and protected health information that we use to render care to you and bill for services provided.
- **Privacy Officer** is the individual in the Practice who has responsibility for developing and implementing all policies and procedures concerning PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
- **Business Associate** is an individual or business independent of the Practice that works for the Practice to help provide the Practice or you with services.
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This Practice may use and disclose your PHI without authorization for the following:

**Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other Practice personnel who are involved in taking care of you at the Practice. For example, a physician treating for a pregnancy may need to know if you have high blood pressure. Information provided by your Primary Care physician may change how we follow you during your pregnancy.

**Payment.** We may use and disclose PHI about you so that the treatment and services you receive from the Practice may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at the Practice so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment or services you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment or services.

**Health Care Operations.** We may use and disclose PHI about you for Practice operations. These uses and disclosures are necessary to run the Practice. For example, we may use PHI about your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train Practice personnel. We may also combine PHI about many Practice patients to decide what additional services the Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also combine PHI with PHI from other practices to compare how we are doing and see where we can make improvements in the care and services we offer.

**Business Associates.** We may disclose your PHI to Business Associates independent of the Practice with whom we contract to provide services. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of the Practice to provide medical transcription services for the Practice, or to provide collection services for past due accounts.

**Appointment Reminders.** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the Practice. This may be done through an automated system or by one of our staff members or by sending a card. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone.

**Health Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

**As Required by Law.** We will disclose PHI about you when required to do so by federal, state or local law. For example, Oklahoma law requires us to report all sexually transmitted diseases to the Oklahoma Department of Health.

**To Avert a Serious Threat to Health or Safety.** We may, consistent with applicable law and standards of ethical conduct, use or disclose PHI if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. For example, we may disclose PHI to law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

**Organ and Tissue Donations.** We may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Research Purposes.** We may use or disclose PHI for research, regardless of the source of funding of the research, in compliance with applicable law.

**Military and Veterans Activities.** We may use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has complied with applicable regulations.

**Worker's Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Public Health Reporting.** We may disclose PHI about you for public health activities to, for example:

- prevent or control disease, injury or disability;
- report birth defects or infant eye infections;
- report cancer diagnoses and tumors;
- report child abuse or neglect or a child born with alcohol or other substances in its system;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;

- notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases; or
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the Practice; or
- in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as required by law. We may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the deceased.

**National Security and Intelligence Activities.** We may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333). We may also disclose PHI to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or to for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

**Correctional Institutions and Other Law Enforcement Custodial Situations.** We may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual PHI about such inmate or individual, if the correctional institution or such law enforcement official represents that such PHI is necessary for the provision of health care to such individuals; the health and safety of such individual or other inmates; the health and safety of the officers or employees of or others at the correctional institution; the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; law enforcement on the premises of the correctional institution; and the administration and maintenance of the safety, security, and good order of the correctional institution.

**For Notification and Other Purposes.** We may rely on your informal permission to release PHI to a friend or family member who is involved in your medical care and those who help pay for your care. We may also rely on your informal permission to disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

## **YOUR RIGHTS REGARDING PHI ABOUT YOU**

You have the following rights regarding PHI we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and request a copy of your PHI, except as prohibited by law.

To inspect and/or request a copy of your PHI that may be used to make decisions about you, in either paper or electronic format (available only if already maintained in an electronic format), you must submit your request using a written authorization. If you request a copy of the information, we may charge a per page fee appropriate with state law and federal law to offset the costs associated with the request.

***We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.***

**Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice. To request an amendment, your request must be made in a writing that states the reason for the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by or for the Practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request every 12 months one free accounting of the disclosures we made of PHI about you. To request this list, you must submit your request in writing. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists within the 12 months, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a condition you have.

We are not required to agree to your request unless you have paid for services in full, in advance, from your own personal funds and are requesting that the information be withheld from a health plan for payment purposes or healthcare operations. If your PHI has been withheld from your health plan, you may be requested to continue to pay in full, in advance, for future services to preserve this request. If your health plan seeks the information for treatment purposes, we are obligated to provide it to them. For all other requests, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**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. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy, contact the appropriate Privacy Officer listed in this document. You may also obtain a copy of this notice at our website, [www.twhg.com](http://www.twhg.com).

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Practice. The Notice will contain on the first page, near the top, the effective date. In addition, each time you register at the Practice for treatment or health care services we will make available to you a copy of the current Notice in effect.

## **AUTHORIZATION FOR OTHER USES OF PHI**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI 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 authorization, and that we are required to retain our records of the care that we provided to you.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with the Practice or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Practice, write:

Privacy Officer (918) 293-6200  
The Women's Health Group  
1120 South Utica Avenue, Suite G-100, Tulsa, OK 74104

To file a complaint with the Secretary of the Department of Health and Human Services, contact:

Regional Director, Office for Civil Rights  
The U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169, Dallas, TX 75202

(214) 767-4052  
(214) 767-0432 *fax*  
OCRMail@hhs.gov

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards.

**You will not be retaliated against for filing a complaint.**

### **QUESTIONS**

If you have questions regarding your privacy rights, please contact the Practice Privacy Officer at (918) 293-6200.