

# 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.**

**I. Our Responsibilities** We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**II. How We May Use and Disclose Your Protected Health Information.** For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information:

**For treatment:** We may use and disclose health information for your treatment and to provide you with treatment related health care services. For example: we may disclose health information to doctors, nurses, technicians or other personnel, including people in our office who are involved in your medical care and need the information to provide you with medical care.

**To obtain payment:** We may use and/or disclose your health information so that we or others may bill and receive payment from you, an insurance company or third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

**For health care operations:** We may use and/or disclose your Health information in the course of operating our practice. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our business. For example we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their healthcare operation activities.

**Appointment Reminders, Treatment Alternatives and health related benefits and services.** We may use and disclose health information to contact you and to remind you that you have an appointment with us. We also may use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

**Research.** Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researched to look at record to help them identify person who may be included in their research project of for other similar purposes, as long as they do not remove or take a copy of any health information.

**Fundraising Activities.** We may use or disclose your protected health information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications (Optional). if you do not want to receive these materials please submit a written quest to the Privacy Officer.

We may also use and/or disclose your medical information in accordance with federal and state

laws for the following purposes:

- We may disclose your medical information to law enforcement or other specialized government functions in response to a court order, subpoena, warrant, summons, or similar process.

- We may disclose medical information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose medical information to authorities who monitor compliance with these privacy requirements.

- We may disclose medical information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. We may also disclose medical information to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

- We may disclose medical information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

- In certain circumstances, we may disclose medical information to assist medical / psychiatric research.

- In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, or to help with the coordination of disaster relief efforts.

- If people such as family members, relatives, or close personal friends are involved in your care or helping you pay your medical bills, we may release important health information about your location, general condition, or death.

- We may disclose your medical information as authorized by law relating to worker's compensation or similar programs.

- We may disclose your medical information in the course of certain judicial or administrative proceedings. Other uses and disclosures of your medical information not covered by this notice (such as for marketing purposes) or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. 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 you.

**III. Your Rights Regarding Your Medical Information.** You have several rights with regard to your health information. If you wish to exercise any of these rights, please contact our Medical Records Department in our office. Specifically, you have the following rights:

**Ask us to limit what we use or share.** You have the right to ask that we limit how we use or disclose your medical information. For example, for services you request no insurance claim be filed and for which you pay privately, you have the right to restrict disclosures for these services for which you paid out of pocket.

**Get a list of those with whom we've shared information** You have the right to ask that we send you information at an alternative address or by alternative means. We will consider your request but are not legally bound to agree to the restriction. We will agree to your request as long as it is reasonably easy for us to do so. To request confidential

communications, you must make your request in writing to our Privacy Manager. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. You have the right to opt out of communications for fundraising purposes.

- With a few exceptions (such as psychotherapy notes or information gathered for judicial proceedings), you have a right to inspect and copy your protected health information if you put your request in writing. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. We may charge you a reasonable fee if you want a copy of your health information. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. Consent is required prior to use or disclosure of an individual's psychotherapy notes or the use of the individuals PHI for marketing purposes.

- If you believe that there is a mistake or missing information in our record of your medical information you may request that we correct or add to the record. Your request must be in writing and give you a reason as to why your health information should be changed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your medical information. If we approve the request for amendment, we will amend the medical information and so inform you.

- In some limited circumstances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. The list will not include disclosures made to you; for purposes of treatment, payment or healthcare operations, for which you signed an authorization or for other reasons for which we are not required to keep a record of disclosures. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

- You have a right to receive a paper copy of this Notice and/or an electronic copy from our Web site. If you have received an electronic copy, we will provide you with a paper copy of the Notice upon request.

**IV. Questions and Complaints:** If you want more information about our privacy practices or have questions or concerns, we encourage you to contact us. If you think we may have violated your privacy rights, disagree with a decision we made about access to your medical information, we encourage you to speak or write to our Privacy Officer. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights' Region IV office. We will provide the mailing address at your request. We will take no retaliatory action against you if you make complaints, whether to us or to the Department of Health and Human Services. We support your right to the privacy of your health information. If you have questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer, either by phone or in writing at:

The Women's Wellness Center  
c/o Privacy Officer  
2500 N. Military Trail, Suite 111  
Boca Raton, FL 33431  
Ph: 561) 826-3800

Effective Date: This Notice was effective on August 27, 2013.