

## HIPAA Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully.**

This Notice of Privacy Practices describes how we may use and disclose your **protected health information (PHI)** 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 PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

We are required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this notice. We may change the terms of our notice, at any time. The revised notice will be effective for all PHI that we maintain after the revised notice's effective date. In the event there is a material change to the notice, upon your request, we will provide you with a copy of the notice when you call the office and request that a revised notice be sent to you in the mail or by asking for one at the time of your next appointment. We will post the revised notice in a clear and prominent location at our office location

### **USES AND DISCLOSURES OF YOUR PHI**

Your PHI may be used and disclosed by your physician, our mid-level providers, our office staff and others outside of our office that are directly involved in your care and treatment, for the purpose of providing health care services to you. Your PHI may also be used and disclosed to enable us to obtain payment for your health care bills and to support the operation of our physician's practice.

The following are examples of uses and disclosures of your PHI that SWC is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by SWC once you have provided consent.

1. **TREATMENT:** SWC 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 that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating. For example 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. Additionally, SWC may disclose your PHI to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
2. **PAYMENT:** Your PHI will also be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as precertification, making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval from the health plan for the hospital admission.
3. **HEALTHCARE OPERATIONS:** SWC may use or disclose, as needed, your PHI in order to support the business activities of SWC. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students (medical school, nursing, nurse practitioner, physician assistant, etc.) and licensing. For example, we may disclose your PHI to medical students that see our patients in the office, we may use a sign-in form at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

SWC may provide general communications regarding government and government sponsored programs and promoting health in general without promoting a particular product or service. SWC may use or disclose your PHI, as

necessary, for the following treatment and health care operations purposes only if SWC does not receive payment from a third party for making these communications: (A) For your treatment by a health care provider, including case management or care coordination for you, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to you; (B) To describe a health-related product or service (or payment for such product or service) that is provided by (or included in a plan of benefits of) SWC, including communications about: the entities participating in a health care provider network or health plan network; replacement of, or enhancements to, a health plan; and health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits; or (C) For case management or care coordination, contacting you with information about treatment alternatives, and related functions to the extent these activities do not fall within the definition of treatment. You may contact our Privacy Officer in writing to require that these materials not be sent to you.

4. **USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION:** Most uses and disclosures of psychotherapy notes (if applicable), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. For marketing communications, SWC must obtain a valid authorization from you before using or disclosing your PHI for marketing communications paid for by third parties whether made by phone, email, or mail, except if the communication is in the form of: (A) a face-to-face communication made by SWC to you or (B) a promotional gift of nominal value provided by SWC. Such a marketing communication authorization must state that SWC receives compensation from a third party. Additionally, other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke an authorization, at any time, in writing, except to the extent that your physician or SWC has taken an action in reliance on the use or disclosure indicated in the authorization.
5. **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:** SWC may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.
  - a. **Others involved in your Healthcare:** Unless you object, SWC may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, SWC may disclose such information as necessary if SWC determines that it is in your best interest based on our professional judgment. SWC may use or disclose PHI 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 transport. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
  - b. **Information Regarding Decedents:** The HIPAA Privacy Rule protects the PHI of a deceased individual for a period of 50 years following the death of the individual. SWC may, but is not required, to disclose PHI to family members or others involved in the care or payment for care of the deceased individual prior to death unless doing so is inconsistent with a prior expressed preference of the deceased individual that is known to SWC. Any such disclosure will be limited to the PHI relevant to the family member or other person's involvement in the individual's health care or payment for health care. Any disclosure will be subject to Ohio law governing sensitive information such as psychotherapy notes, sexually transmitted diseases, substance abuse, and mental health information.
  - c. **Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practical 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 PHI to treat you.
  - d. **Communication Barriers:** SWC may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.
6. **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:**

- a. **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures upon request.
- b. **Business Associates:** We will share your PHI with third parties, i.e. "business associates", that perform various activities (e.g., billing, transcription services) for SWC. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. Business associates are required to maintain the privacy and security of PHI. For example, we may use an outside collection agency to obtain payment when necessary.
- c. **Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.
- d. **Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- e. **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system; government benefits programs, other government regulatory programs and civil rights laws.
- f. **Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. We may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental agency or entity authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- g. **Food & Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance activities, as required.
- h. **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in response to a subpoena, discovery request or other lawful process.
- i. **Law Enforcement:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) if there is a suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not at our office) and it is likely that a crime has occurred.
- j. **Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. SWC may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. SWC may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- k. **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that 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. SWC may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- l. **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran's Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.
- m. **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

- n. **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.
- o. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Health Insurance and Portability Act of 1996 (HIPAA) and its regulations.

## **YOUR RIGHTS**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

1. **You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of PHI, either in electronic or paper form, about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. You have a right to request SWC to send copy of your PHI to your designee if the request is made in writing, is signed by you, and clearly identifies the designated person and where to send the copy of your PHI. 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 PHI that is subject to law that prohibits access to PHI. 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 our Privacy Officer if you have questions about access to your medical record and any applicable fees/costs.
2. **You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your written request must state the restriction requested and to whom you the restriction to apply. You have a right to restrict disclosure of your PHI to a health plan if: (A) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (B) the PHI pertains solely to a health care item or service for which you, a friend or family member on your behalf, has paid SWC in full (out of pocket). You must request the restriction, in writing, prior to obtaining the health care item or service. SWC may require you to pay in full for the health care item or service at the time SWC delivers said health care item or service. Additionally, you may be required to pay in full for all follow-up services/care to maintain the restriction of disclosure to the health plan.

We are not required to agree to any other restriction that you may request. For example, you may also request that any part of your PHI 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. If we believe it is in your best interest to permit the use and disclosure of your PHI, your PHI will not be restricted; if we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Restricting such usage may mean that your physician may be unable to continue your health care. We are bound only by those restrictions to which we agree in writing. With this in mind, please discuss any restriction you wish to request with your physician.

3. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will 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 our Privacy Officer.
4. **You may have the right to have your physician amend your PHI.** This means you may request an amendment of PHI about you 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 our Privacy Officer to determine if you have questions about amending your medical record.
5. **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures 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 members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

6. **Notifications.** You have a right to be notified by SWC if there is a breach of your unsecured PHI.
7. **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 you may obtain a paper copy of this Notice of Privacy.
8. Stark Women's Center participates in the submission of detailed individual personal syndromic and vaccination health information data to the State of Ohio and The Federal government as requested.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have a right to file a complaint with the Secretary of Health and Human Services, Office of Civil Rights. You may file a complaint with us by notifying our privacy officer. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Monica Crenshaw at (330) 493-0313 or (800) 544-0313 for further information about the complaint process or to report a problem.

This notice was published and becomes effective on September 23, 2013.

**ACKNOWLEDGMENT OF RECEIPT**

Stark Women's Center participates in the submission of detailed individual personal syndromic and vaccination health information data to the State of Ohio and The Federal government as requested.

Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below.

I acknowledge that I have received this Notice of Privacy Practices and that I understand that if I have any questions regarding this Notice, I may contact the Privacy Officer of Stark County Women's Clinic dba Stark Women's Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Parent/Guardian (specify which):

\_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Signed Acknowledgment of Receipt on \_\_\_\_\_ . Initials \_\_\_\_\_

Notice of Privacy Practices sent/delivered on \_\_\_\_\_ . Initials \_\_\_\_\_

Patient Refused or Failed to Acknowledge Receipt on \_\_\_\_\_ . Initials \_\_\_\_\_