

# PHYSICIANS FOR WOMEN, P.C.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect April 14<sup>th</sup>, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use or disclose your health information to obtain payment for services we provided to you. 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. For example, recommended medical services may need to be precertified by your insurance company.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We will share your health information with our "business associates" who perform various activities for the practice such as transcription services or payment collection services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your health information.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

**Disclosure of Health Information to Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you request in writing that we do so.

**Disclosure of Health Information to Other Persons Involved in Your Healthcare:** We may use or disclose health information to notify, assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Disclosure of Health Information for Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Disclosure of Health Information Required by Law:** We may use or disclose your health information when we are required to do so by law. Examples of this include, but are not limited to the following:

- Public Health—for the purpose of controlling disease, injury or disability.
- Communicable Disease—your healthcare information may be disclosed to a person who may have been exposed to a communicable disease

or may otherwise be at risk of contracting or spreading the disease.

- Food and Drug Administration-for the purpose of reporting adverse events, product defects or problems, to make repairs or replacements.
- Abuse or Neglect-we may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may also disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.
- National Security-we may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligences, counterintelligence, and other national security activities. We may disclose to correctional institution for law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment reminders:** We may use or disclose you health information to provide you with appointment reminders (such as voicemail messages or postcards).

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## PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information for as long as we maintain your protected health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. In order to obtain access to your health information you must make a request in writing. To assist you in requesting access, you may obtain an “authorization for release of health information form” from our office. We reserve the right to charge you a reasonable cost-based fee for expenses such as copies, staff time, and postage (if applicable). Our fees for medical records will comply with Indiana law.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes other than treatment, payment, healthcare operations and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of an emergency).

**Alternative Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. In order to do so, your request must be submitted in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

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## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT OFFICER AT PHYSICIANS FOR WOMEN, P.C.:	PAM
TELEPHONE:	219-464-0409
FAX:	219-464-2376
ADDRESS:	880 EASTPORT CENTRE DRIVE, SUITE 200, VALPARAISO, IN 46383
WEBSITE:	physicians4women.net