

## Adefris & Toppin Women's Specialists

### NOTICE OF PRIVACY PRACTICES OUR PROMISE TO YOU, YOUR INFORMATION IS CONFIDENTIAL

*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.*

*Effective April 14, 2003*

#### **Introduction**

We are honored that you have chosen Adefris and Toppin Women's Specialists to participate in your medical care. In doing so a medical record is created and maintained. Our promise to you is that we will treat your personal information with respect and keep it private and confidential. With this promise you can be assured that access to your personal information is limited to those who need it to perform their jobs. We are required by law to provide you with this notice and to follow its terms.

If you have any questions or concerns after reading this notice please see the front desk for an appointment with our Privacy Officer, or one of the nurses. They will gladly go over it in detail with you.

#### **How We May Use and Disclose Your Health Information**

The following description lists the ways we may use and disclose your personal health information without your written consent. Except for the following reasons we will only share your information with your written permission. You may cancel any such permission by submitting a written request to the front desk.

**Treatment:** We may use and disclose your health information for your treatment and health care services. For example, we may share information with other doctors, nurses, technicians and other personal, including professionals outside our office, who need the information to provide you with medical care.

**Payment:** We may use and disclose your health information so that we or others may bill and receive payment from you, an insurance company, or a third party for treatment and services you received. For example, we may share that you were seen for prenatal care with your insurance company in order to receive payment.

#### **Appointment Reminders & Other**

**Communication from the Clinic:** We may use and disclose your personal health information to contact you and to remind you that you have an appointment with us. We may also contact you

by phone or mail to communicate other information, such as test results, or treatment Options. For example we may leave a message on your voice mail identifying ourselves and asking you to return our call. If you have a request in how we contact you please notify us in writing.

**Health Care Operations:** We may use and disclose your information for our clinic operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care, and to operate and manage our clinic. For example, your insurance company or we may review your chart to insure our practice is compliant with all of the HIPAA regulations.

**Individuals Involved in your care:** When appropriate we may share your health information with a person who is involved in your care or payment for your care, such as your family member or a close friend. For example if you allow your friend to accompany you during your annual exam, we may discuss such things as your use of birth control in front of them. We may also notify your family about your location or general condition or share such information with an entity assisting in a disaster relief effort.

## **Special Situations**

**As required by Law:** We will disclose health information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat:** We may disclose health information when necessary to prevent a serious threat to yourself or to others. Disclosures however will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose health information to our business associates that perform functions on our behalf. For example, we may use another company to perform billing services on our behalf. All of our business

associates are obligated to protect your health information.

**Organ and Tissue Donation:** If you are an organ donor we may release your information to the entity that is procuring the organ.

**Military and Veterans:** If you are a member of the armed forces, we may release your information as required by military command authorities.

**Public Health Risks:** We may disclose you information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability. We will only make this disclosure if you agree or when required by law.

## **Your Rights**

You have the following rights regarding the Health Information we have about you:

**Right to Inspect:** You have the right to inspect your record at any time for any reason. To make a request you need only to tell a staff member, they will arrange a meeting with the nurse as soon as possible to go over your health record with you.

**Right to Request Copies:** You have the right to obtain a copy of your health record that we have developed in our clinic. This does not include records from other entities, such as other doctors, that you have had transferred to us. Please submit an Authorization for Release form, which you may obtain from the front desk.

**Right to Amend:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment please submit the request in writing to the Privacy Officer.

**Right to an Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your health information for purposes other than treatment, payment, and health care

operations. To request this list please submit your request in writing to the Privacy Officer.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we disclose. For example, you could ask that we not share information about a particular diagnosis with your spouse. To request a restriction please submit your request in writing to the Privacy Officer. ***We are not required to agree to your request.*** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communication:** 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 contact you only by mail or at work. To request confidential communication you must submit your request in writing to our Privacy Officer. Your request must specify how or when you wish to be contacted. We will accommodate reasonable requests.

**Right to Receive a Paper Copy of this Notice:** You have the right to request a copy of this notice at any time. Please ask the front desk.

## **Changes to this Notice**

We reserve the right to change this notice and make the new notice apply to health information we all ready have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the date on the first page in the center heading.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office. Please submit a written request to our Privacy Officer. You may request a form from the front desk, or contact our Privacy Officer at (651) 686-6400.

If you wish to file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

There will be no retaliation for filing a complaint with us, or with the government.