

**WOMEN'S HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

Effective Date April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Women's Health Services (hereby known as WHS) is required by law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices of protected health information.

Use Or Disclosure Of Protected Health Information for Treatment, Payment and Health Care Operations. WHS may use or disclose your protected health information (information from your health record) to provide treatment services to you, for payment purposes or for health care operations, without a written authorization from you. We may disclose protected health information for treatment services, to another health care provider for payment activities, or to another health care agency for health care operations.

Appointment Reminders, Treatment Options, and Other Health- Related Services: WHS may contact you to remind you of appointments, information about treatment, or other health-related benefits and services that may be of interest to you, based on your contact status.

Other Permitted Or Required Uses and Disclosures. WHS may also use or disclose your protected health information without your written authorization if permitted or required by law. We will use our professional judgment and disclose your information with your best interest in mind whenever possible.

Permitted Uses and Disclosures Where a Patient Has the Opportunity to Agree or Object. While the uses and disclosures described below may be done without a patient's written authorization, the patient must usually be given an opportunity to agree or object. To get more information regarding this, see the contact information at the end of this Notice.

Parent or Legal Guardian: WHS may disclose to a parent or guardian protected health information directly relevant to your care or payment related to your care. However, according to another law for family planning services, we must get your consent to release your information.

Other Permitted or Required Uses and Disclosures. The uses and disclosures described below may be done without your written authorization and without giving you an opportunity to agree or object. To obtain information on these uses and disclosures, see the contact information at the end of this Notice.

Required by Law: WHS may use or disclose protected health information to the extent as required by law, complies with the law, and is limited to the requirements of the law.

Public Health Activities: WHS may disclose protected health information for public health activities.

These include, for example, disclosure to public health to collect or receive information for the prevention or control of disease, including communicable diseases, injury or disability or to a public health or other authority to receive reports of child abuse or neglect; or to a person under the jurisdiction of the Federal Drug Administration (FDA) regarding a regulated product or activity for which there is a responsibility related to the quality, safety, or effectiveness of the FDA product or activity.

Abuse, Neglect, or Domestic Violence: WHS may disclose protected health information about a patient whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority as required by law; where the individual agrees to the disclosure; or where expressly authorized by law.

Health Oversight Activities: WHS may disclose protected health information to an health oversight agency for activities, including audits; civil, administrative, or criminal investigations, proceedings, or actions; licensure or disciplinary actions; or other activities necessary for the oversight of the healthcare clinic, government benefit programs, or compliance with governmentally-regulated program standards or civil rights laws. Where the patient is the subject of the investigation or activity, there are restrictions on when such information may be used or disclosed.

Judicial and Administrative Proceeding: WHS may disclose protected health information in a judicial or administrative proceeding in response to a court or subpoena, discovery request, or other lawful process not accompanied by a court order.

Threat to Health or Safety: WHS may use or disclose protected health information to other organizations or individuals to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or to identify or apprehend someone who may have caused serious physical harm to another person or who appears to have escaped from custody.

Other Specialized Government Functions: WHS may use or disclose protected health information related to military and other government functions, for example, for the members of the Armed Forces.

Workers' Compensation: WHS may disclose protected health information as authorized by laws relating to workers' compensation.

Mental Health, Psychotherapy and Marketing: Uses and disclosures of psychotherapy notes, mental health care, treatment for substance abuse and marketing will not be released without your written consent.

Uses and Disclosures Requiring An Authorization. Except as presented in this *Notice*, WHS will use and disclose protected health information only with your written authorization. You may revoke an authorization at any time except to the extent WHS has acted in reliance on the authorization.

Patient Rights. You have the following rights concerning your protected health information:

Right to Restrictions: You have the right to request restrictions on uses and disclosures of protected health information to carry out treatment, payment, or health care operations. You also have the right information.

Right of Access: You have the right of access to your protected health information.

Right to Amend: You have the right to amend your protected health information. WHS may deny the request under certain circumstances, for example, if WHS determines that the information is accurate and complete.

Right to an Accounting: You have a right to receive an accounting of disclosers of protected health information.

Right to Receive a Copy of this Notice: The patient has the right, upon request, to obtain a paper copy of this *Notice* from WHS.

CHANGES TO THIS NOTICE. WHS is required to follow the terms of the current *Notice*.

WHS reserves the right to change this *Notice* and to make it available to you upon request. The *Notice* and will be posted at our clinic and on our web site.

FOR MORE INFORMATION, TO REVOKE AN AUTHORIZATION, OR TO REPORT A PROBLEM.

For more information or to register a complaint, contact the HIPAA compliance officer or WHS executive director at 563-243-1413. Complaints can also be directed to the Secretary of the United States Department of Health and Human Services at www.os.dhhs.gov.

All complaints must be submitted in writing. There will be no retaliation against you for filing a complaint.

The following signature acknowledges that I have received *Women's Health Services Notice of Privacy Practices for Protected Health Information* concerning the use and disclosure of my protected health information.

Printed Name of Patient

Patient Signature

Date

If other than patient signature:

Signature

Relationship to patient

Date
