

HIPAA Notice of Privacy Practices
Midwifery and Women's Health Care at Geneva Woods

This notice describes how medical information about you may be used and disclosed, and how you can obtain this 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 (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information that may identify you; also relates to your past, present or future physical or mental health or condition, and related health care services.

Your Rights

The following is a statement of your rights, with respect to your protected health information:

Get a copy of your health records. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records. You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may deny your request, but you will be notified as to why, within 60 days.

Request confidential communications. You can ask us to contact you in a specific way by filling out your preferred method of communication on our Release of Protected Health Information form. We will say yes to all reasonable requests.

Ask us to limit what we use or share. You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and may deny simply because it would affect your care.

Get a list of those with whom we've shared information. You can request a list of the times we've shared your health information, for six years prior to your request, including who we shared it with and why. We will provide one list per year for free, but will assess a small, reasonable fee if an additional one is requested within that year.

Get a copy of this privacy notice. You can ask for a copy of this notice at any time. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority before any information is disclosed.

File a complaint if you feel your rights are violated. You can file a complaint if you feel we have violated your rights by contacting us using the information on the back page. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for any complaints made.

Your Choices

For certain health information, you can tell us your choices about what we share.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in payment for your care; and/or share information in a disaster relief situation.

In these cases we never share your information unless you give us written permission: Marketing purposes or the sale of your information.

Our Uses and Disclosures

We are allowed or required to share your information in many ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information

for these purposes (for more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

The following are ways that we typically use or share your health information:

Help manage the health care treatment you receive. We can use your health information and share it with professionals who are treating you.

Run our organization. We can use and disclose your information to run our practice, improve your care and contact you when necessary.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities.

Help with public health and safety issues. We can share health information about you for certain situations, such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect, reporting suspected domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Do research. We can use or share your information for health research.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director. We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security and presidential protective services.

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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 make a copy available to all clients that request 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.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website and at the front desk of our clinic.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone.

Acknowledgement of our HIPAA Notice of Privacy Practices is in the form of a signature on your face sheet. A copy of this form will be provided to you, if requested.

This notice was published and becomes effective on April 14, 2003.

Updated March 2015, September 2015, November 2015