



## **NOTICE OF PRIVACY PRACTICES**

Circle of Life Women's Center recognizes and values the sensitivity of your personal health information (PHI). We are committed to making every effort in safeguarding the privacy and confidentiality of your health record. Our ethics and policies require that your information be held in strict confidence. This Notice of Privacy Practices, which applies to all protected health information as defined by federal regulations, helps you understand our commitment to your privacy and describes your rights in relation to your medical information.

HIPAA (Health Insurance Portability and Accountability Act) Privacy Regulation is a federal ruling that requires us to provide a detailed notice of our privacy practices and policies. This notice describes how medical information about you may be used and disclosed in addition to how you can get access to this information. Please review it carefully.

### **Understanding Your Health Record**

Each time you visit Circle of Life Women's Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care and/or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged to improve the health of the state and nation.
- Source of data for our planning and marketing.
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

### **Our Responsibilities**

Our practice is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice on our company website (www.colwc.com). In addition, each time you visit our facility for treatment, you may request a copy of the current notice in effect.

We will not use or disclose your health information in a manner other than described in this notice without your written authorization, which you may revoke as provided by 45 CFR 164.508(b)(5), except to the extent that action has already been taken.

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

### **Your Health Record - Uses & Disclosures**

Under HIPAA regulations, we may use and disclose medical information for treatment, payment, and health operations. The examples in each area below are not all-inclusive and do not constitute a complete list of all uses and disclosures.

#### ***Treatment***

We may provide medical information about you to health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care. For example, we may share your medical information with other physician(s) or subsequent health care provider(s) to assist them in treating you. Additionally, we may use or disclose your health record when ordering prescriptions, lab work, and other services.

#### ***Payment***

We may disclose your information to third parties so that we can collect payment for the health care services you receive. This includes billing, claims management, and collection activities. For example, if you participate in a health insurance plan, we will disclose necessary information to that plan to obtain payment for your care and/or to obtain an authorization for future services.

#### ***Health Care Operations***

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support core functions. For example, we may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce healthcare costs. Other health care operations may include, but are not limited to:

Appointment Reminders: We may disclose medical information to provide appointment reminders. For example, contacting you at the phone number you have provided to us and leaving a message reminding you of a future appointment.

Decedents: Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.

Worker's Compensation: We may disclose health information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling diseases, injury, or disability.

Research: We may disclose information to researchers when their limited, health-related research has been reviewed and approved. All researchers are required to keep your health information safe and confidential.

Organ/Tissue Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs/tissues for the purpose of donation and transplant.

As Required By Law: We may disclose health information as required by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process. In addition to complying with health oversight activities, such as audits, investigations, and inspections necessary to ensure compliance with government regulations and civil rights laws. Furthermore, we may also report to governmental agencies and other affected parties a breach of health-information privacy.

Specialized Government Functions: We may disclose health information for military and veteran's affairs or national security and intelligence activities.

Business Associates: There are some services provided in our clinic through contacts with business associates. Some examples are billing & laboratory services. Due to the nature of business associates' services, they must receive your health information in order to perform certain specialized work for us. However, to protect your health information, federal regulations require the business associates to appropriately safeguard your information & obey the same privacy laws required of us.

Treatment Alternatives: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA and/or a medical device's manufacturer health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to monitor the safety of a medical device and to enable product recalls, repairs, or replacements.

Personal Representative: We may use or disclose information to your personal representative, a person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care.

To Avert a Serious Threat to Health & Safety: We may disclose your information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person or entity. This may include cases of abuse, neglect, or domestic violence. Furthermore, we may release information to authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized by law.

Communication with Family: Unless you object, health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.

Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law

enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institutional.

Disaster Relief: Unless you object, we may disclose health information about you to an organization assisting in a disaster relief effort.

Required by HIPAA: We are required to disclose health information to the Secretary of the U.S. Department of Health & Human Services when requested so that they may review and ensure our compliance with the HIPAA Privacy Regulation.

For all non-routine operations, marketing disclosures, psychotherapy notes, and disclosures constituting a sale of your medical record, we will obtain your written authorization before disclosing your personal health information (PHI).

### **Your Health Information Rights**

Under federal law, you and/or your legal guardian have the following rights regarding PHI:

- Upon request, obtain a paper copy of this Notice of Privacy Practices.
- Inspect and obtain a copy of your health record as provided by 45 CFR 164.524 (reasonable copy & administrative fees apply in accordance with state & federal regulations).
- Amend your health record as provided by 45 CFR 164.526.
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.522(b).
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522(a). However, we are not required by law to agree to certain requested restrictions. You can make changes to your request(s) at any time but of course, we will not be able to retract any disclosed health information that was sent prior to your change request.
- Request a restriction on disclosures to health plans for services you have paid for fully out-of-pocket unless for treatment purposes or as required by law.
- Receive a notice if our practice or one of our business associates has a breach of your health information.
- 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 request we only contact you by mail or at work. To request confidential communications, you must make your request in writing and we will accommodate all reasonable requests.
- Inform us who we should contact in an emergency situation. If you aren't able to tell us who to contact, we may ask public authorities to help.

### **For More Information or To Report a Problem**

If you have questions and would like additional information, you may contact our practice's Privacy Officer, at (801) 337-5800.

If you believe your privacy rights have been violated, please contact our Privacy Officer at (801) 337-5800. Every reasonable attempt will be made to investigate and resolve the complaint. In certain circumstances, our Privacy Officer may request that you submit your complaint in writing. Additionally, you may file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the OCR.