



## NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you get access to this information.

### **PLEASE REVIEW THIS CAREFULLY**

Center for Advanced Gyn & Urogynecology provides healthcare and gynecological services. Due to the nature of these services, we are required by law to maintain the privacy of certain confidential healthcare information, known as Protected Health Information (PHI), and provide you with a notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of the version of this Notice currently in effect.

**Use and Disclosure of PHI:** We may use PHI for the purpose of treatment, payment and healthcare operations, in most cases without your written permission. Examples of our use of your PHI:

- For Treatment – This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as others, such as doctors and nurses who give orders to allow us to provide treatment for you. We may give your PHI to other healthcare providers involved in your case, and may transfer your PHI via radio, telephone to the hospital or dispatch center.
- For Payment – This includes any activities we must undertake in order to get reimbursed for the services we provide for you, including such things as submitting to insurance companies making medical necessity determinations and collecting any outstanding balances.
- For Health Care Operations – This includes quality assurance activities and training programs to ensure that our personnel meet our standards for care and follow policies and procedures, as well as other management functions.
- Reminders for appointments and information for your services, we may contact you with a reminder of any scheduled appointments and or to obtain additional information regarding your treatment on all phone numbers provided to us including your home, work or mobile.

**Use and Disclosure of PHI Without your Authorization:** We are permitted to use your PHI without your written authorization, or opportunity to object, in certain situations and unless prohibited by a more stringent state law, including:

- For treatment, payment or healthcare operations activities of another healthcare provider who provides treatment for you.
- For healthcare and legal compliance activities and requirements;
- For communication with a family member, other relative or close personal friend or other individual involved in your care or payment related to your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interest.

- To public health authority in certain situations as required by law (to report abuse, neglect or domestic violence)
- For healthcare oversight activities, to include audits, government investigations, inspections, legal proceedings, and other judicial actions by government or agencies that monitors and oversees health care systems.
- For law enforcement purposes and administrative proceedings as required by law to or in response to a valid subpoena or other legal processes and for law enforcement activities such as responding to a warrant.
- For issues involving the military, national defense and security
- To advert serious threat to the health and safety of a person or public
- For Worker's Compensation purposes and to the extent necessary to comply with laws relating to worker's compensation or similar programs established by law.
- To coroners, medical examiners, and funeral directors for purpose of identifying deceased person, determining a cause of death or for carrying on their duties as authorized by law
- For the purpose of marketing and notifying you to provide appointment reminders or information about treatment alternatives or benefits and services that may be of interest to you.
- For the FDA/Food and Drug Administrations for the purpose of disclosing health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing information, which enables product, recalls repairs or replacements.

Any other use or disclosure of your PHI, other than those listed above will only be made with your written authorization and permission. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

## **NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION**

**Patient Rights:** As a patient you have rights with respect to your PHI, including:

- The right to access a copy or inspect your PHI. This means you can inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this medical information within 30 days of our request. We may also charge you a reasonable fee, as state law permits, to provide a copy of medical information with which you have access. In limited situations, we may deny you access of your medical information and you may appeal certain types of denials. We have forms available to request should we deny you access and advise you of your rights to appeal. You have the right to receive confidential communications of your PHI. Should you wish to gain access, inspect or obtain a copy of your medical information, you should contact the local privacy official or representative
- The right to amend your PHI. You have the right to request that we amend written medical information that we may have about you. We will amend the health information within 60 days of the request. We are permitted by law to deny your amendment request but only in certain circumstances, like when we believe the information you are requesting to be amended is incorrect or not valid. Should you wish to amend your medical information, we ask that you contact the local privacy official or representative. All amendments request must be in writing.
- The right to request an account. You have the right to request a list or accounting of the disclosure of your medical information we have made in the six years prior to the date of your request, but not before implementation date of HIPAA April 14, 2003. We are required to provide to you a list of accounting information we have use for purposes of information with our business associates, such as our billing company or medical facility from/to which we have transported you. Should you wish to receive an accounting of your health information, please contact the privacy official or representative.
- The right to restrict the uses and disclosures of your PHI. You have the right to request that we place additional restrictions of our use or disclosures 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 the case of an emergency.

**Revisions to the Notices:** We reserve the right to change our privacy practices and the terms of this Notice at any time, provided applicable law permits such changes. We reserve the right to make the changes necessary in our privacy practices and the new terms of Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Prior to making changes in our privacy practices, we will amend this Notice and make the new Notice available upon request. You may request a copy of the latest version of the Notice by contacting our privacy official or representative.

**Your Rights and Complaints:** If you are concerned or feel we may have violated your privacy rights, or you disagree with the decision we made with regard to access of your medical information, or in response to a request you made to amend or restrict the use or disclose of your health information you may complain to us using the contact information as listed at the end of this Notice. You may also submit a complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate in any way should you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Should you have any questions, concerns or complaints, we ask that you direct all inquiries to our privacy official or representative:

Center for Advanced Gyn & Urogynecology  
5530 Wisconsin Avenue  
Suite 914  
Chevy Chase, Maryland 20815

Phone: 301-652-1231

**ACKNOWLEDGEMENT RECEIPT OF PRIVACY PRACTICES NOTICE**

I have received or I have been provided the opportunity to receive a copy of "Notice of Privacy Practices" that tells me how and why my confidential health information may be disclosed or shared. I acknowledge that Center for Advanced Gyn & Urogynecology staff and physician may disclose and share my health information with other providers or agencies in order to treat me, arrange payment for services rendered and concerning healthcare operations and responsibilities.

Signature of Patient and/or Legal Guardian: \_\_\_\_\_

Name of Patient and/or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature & Name of Staff member providing this notice: \_\_\_\_\_

If personal representative signs this authorization on behalf of the patient, please complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Should a patient and/or legal guardian not receive a copy of the "Notice of Privacy Practices", please document below the good faith effort to obtain the individual's written acknowledgement or receipt of Privacy Practices, that it was not obtained and the reason why the individual would not sign this form:

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