

INTRODUCTION

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.

At Obstetrics & Gynecology Specialists, P.C. the privacy of your health information is very important to us. We are required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices that describes our privacy practices, legal duties, and your rights in regards to your medical information. Included your health information is as follows: demographic information, insurance, social security number, and medical payment information. It includes information about your diagnosis and medications as well as your insurance status, medical claims history, and address.

RESPONSIBLE PERSONS TO FOLLOW THIS NOTICE

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Below are the types of ways we may make of your health information without permission. We use your health information to make sure we can appropriately treat you, receive payment for our services, and conduct our necessary health care operations.

Please note they do not cover every example of disclosure within a category.

TREATMENT – We will use and disclose your health information for treatment. We will provide your health information to your physician and other practitioners, providers and health care facilities that provide care for you at their sites, rather than at The Group, for their use in treating you in the future. The doctors, nurses and other staff of OBGYN will use your health information to determine the medical care, tests, procedures, and medications you may need. We may disclose your health information to coordinate or manage your health care. For example, we may disclose your information to another health care provider to order referral, prescriptions, lab work, or an X-Ray for you.

APPOINTMENT REMINDERS AND OTHER CONTACTS – We may use your health information to contact you with reminders about your appointments, alternative treatments you may want to consider, or other of our services that may be of interest to you.

PAYMENT – We may use your health information to check your eligibility for insurance coverage and prepare a bill to send to you or your insurance company. We will disclose your health information to others to bill and collect a payment for our services. For example, in order to bill an insurance company, we will have to disclose information about when you were treated, the conditions you were treated for, and the type of treatment you received.

HEALTH CARE OPERATIONS – We may use and disclose your health information to allow us to perform functions necessary for our business of health care. For example, within our organization, we may use your information to help us train new staff and conduct quality improvement activities. We may disclose your information to consultants and other business associates who help us with billing computer and transcription services. In limited situations, we may disclose information to allow other health care organizations to perform their health care operations. For example, we may disclose your health care information to your insurance company to allow them to conduct quality improvement activities.

FUNDRAISING – We may use or disclose your demographic information and dates of treatment to contact you in efforts for fundraising to raise money for our organization. The money raised will be used to expand and improve the services and programs we provide to the community. You are free to opt out of the fundraising solicitation, and

your decision will have no impact on your treatment or payment for services by any of the entities covered by this notice.

RESEARCH – Under certain circumstances, we may use or disclose your health information for research purposes, subject to certain safeguards, and if a review board has determined that your privacy will be appropriately protected.

HOSPITAL AND FACILITY DIRECTORIES – While you are an inpatient at any facility or hospital to best help provide your health care, your name, location in the facility, general condition, and religious affiliation may be included in a directory. You have the right to request that your name not be included in the directory. If you object to this we will not include your information in the directory or if we are prohibited by the state or federal law.

FAMILY, FRIENDS, & OTHERS – We may disclose your location, general condition to a family member, your personal representative, or another other person identified by you. If any individuals are involved in such care or payment for care, we may also disclose health information only as it is directly relevant to their involvement to you. This information will only be released if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

WORKERS' COMPENSATION – We may release health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

PUBLIC POLICY

Below there is several situations in which the law permits or requires us to use or disclose your health information for public policy purposes. In addition, there are some situations that occur rarely, but may require or permit us to use or disclose your health information.

PUBLIC HEALTH CONCERNS – We may disclose your health information to public health authorities for certain public health activities such as reporting births or deaths, preventing or controlling disease, and notifying persons who may have been exposed to disease or may be at risk for spreading disease.

HEALTH OVERSIGHT ACTIVITIES – We may disclose your health information to a health oversight agency to conduct audits, investigations, inspections and other activities necessary for the government to appropriately monitor the health care system.

ABUSE, NEGLECT, DOMESTIC VIOLENCE – We may disclose your health information to the appropriate authorities if necessary to report suspected abuse, neglect, or domestic violence. We will only make this disclosure if you agree or in other limited circumstances when such disclosure is authorized by law.

SERIOUS THREATS TO HEALTH OR SAFETY – We may use or disclose your health information when necessary to avert a serious threat to the health or safety of you, another person or the public.

ORGAN, EYE, OR TISSUE DONATION - We may release health information to organ, eye, or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

PRODCUT PREVENTION – We may use or disclose your health information to report problems with medical devices or other products that are regulated by the Food and Drug Administration or to allow product recalls, repairs, or replacements.

LEGAL PROCEEDINGS – If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

LAW ENFORCEMENT – We may disclose your health information for law enforcement purposes which can include:

- ❖ As required by law, reporting certain injuries
 - ❖ Information we believe is evidence of criminal conduct occurring on our premises
 - ❖ To identify or locate a suspect, fugitive, material witness or missing person
 - ❖ In response to a court order, subpoena, warrant, summons or similar process
 - ❖ To alert authorities of a death we believe may be the result of criminal conduct
 - ❖ In emergency circumstances to report a crime
- At Obstetrics & Gynecology Specialists, P.C. we must act with the federal and state laws in making such disclosures of information for law and enforcement team purposes.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS – We may disclose your health information to a coroner, medical examiner, or funeral director to allow them to perform their necessary duties. We may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if the health information is relevant to such person’s involvement in your care or payment for care.

SPECIALIZED GOVERNMENT FUNCTIONS – We may disclose your health information as it relates to some specialized government functions, such as military, veterans activities, or national security.

INMATES – If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to the institution as necessary to provide you with health care, protect the health and safety of you or others, and maintain the safety and security of the practice.

INCIDENTAL USES AND DISCLOSURES – There are certain incidental uses or disclosures of your information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that you have finished surgery who may be waiting in the waiting room. Others in this area may also hear your name. We will do all that we can to limit these actions.

BUSINESS PARTNERS – Some of the activities we partake in are performed through contracts with outside vendors called business partners. We will disclose your health information to our business partners and all them to create, use, and disclose your health information to perform their services for us. For example, we may disclose your health information to an outside billing company who assists us in billing your insurance.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have several important rights with regard to your health information. The following explains those rights and how you may exercise them.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy your health information. We ask that you submit your request to inspect or copy in writing. We may charge you a reasonable fee. In some limited circumstances, we may deny your request to inspect or copy your information. If that happens, you may ask that the denial be reconsidered. Your request and the denial will then be reviewed by a different licensed health care professional- not the one who originally denied your request. We will comply with the decision that professional makes.

RIGHT TO REQUEST AMENDMENT: If you believe that health information we have about you is incorrect or incomplete, you may ask us in writing to amend the information. You must explain the reasons for your request. We may deny your request if the information you are asking us to change:

- ❖ Was not created by us (unless the person that created the information is no longer available to make the amendment);
- ❖ Is not part of the health information kept by or for us;

- ❖ Is not part of the information you are permitted to inspect and copy; or
 - ❖ Is already accurate and complete.
- If we deny your request, you have the right to file a statement of disagreement with us. Your statement will include in any disclosures of your information we make in the future.

RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF YOUR HEALTH INFORMATION: You have the right to ask us to limit how we use and disclose your health information for your treatment or our payment and business operations purposes. You may also ask that we not disclose your health information to family members or friends involved in your treatment or payment of your treatment. We are not required to agree to your request for a restriction. However, if we do agree, we will comply with our agreement unless there is an emergency or we are otherwise required to use or disclose the information.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM US: You have the right to ask us to communicate with you about health matters in a specific way or at a specific location. For example, you may ask that we only contact you at work or by mail. We ask that you make your request for confidential communication in writing. We will comply with reasonable requests.

RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR HEALTH INFORMATION WE HAVE MADE: You have the right to ask us to give you an accounting of certain disclosures of your health information we may have made. This accounting will not include all disclosures. For example, it will not include disclosures made:

- ❖ For your treatment;
- ❖ For payment for your treatment;
- ❖ For your business operations purposes;
- ❖ To, or authorized by, you;
- ❖ To others involved in your care or payment for your care.

We ask that you submit your request for an accounting in writing. You may ask for up to six-years of disclosures, but the accounting will not include disclosures made before April 14, 2003. One accounting within any 12-month period will be free of charge. We may charge a reasonable fee for additional accountings, but we will notify you of the fee and allow you to withdraw or modify your request before we process it.

RIGHT TO RECEIVE A COPY OF THIS NOTICE: You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically.

WHAT ACTIVITIES DO YOU HAVE A RIGHT TO OBJECT TO?

In many circumstances, you may have the right to object before we do the following:

1. Share your information with your family members, friends, or others involved in your care.
2. List your name, room number, and condition in a directory available to hospital visitors, as well as list your religion in a directory available to receptionist workers.

WHAT ARE MY PRIVACY RIGHTS AS A PATIENT?

You have the right to...

1. Ask us to change your medical and billing records if you think there may be a mistake.
2. Get a copy of your medical records and/or billing records. IF we maintain your records electronically, we will provide you with an electronic copy of your records.
3. Decide a preferred method of contact. (for example, decide where you want reminder calls to go to; cell, text, home phone)

4. Get a list of certain health information shared for reasons other than treatment, billing, or our health care operations with other persons or organizations.
5. Receive a paper copy of our Notice of Privacy Practices.
6. Ask us to limit the information we share (Please note that we may not be able to grant this request depending on what the law requires).
7. Request that we not share your health information with your health plan for payment or health care operations purposes, if you pay out of pocket in full for all expenses related to that service as specified by our policies and the disclosure is not otherwise required by law.
8. Complain in writing to us if you believe your privacy rights have been violated.

IF YOU HAVE COMPLAINTS OR QUESTIONS

If you have questions about any of this information in this Notice, please contact our office at 563-355-1853, located at 5350 Eastern Ave. Davenport IA 52807

If you think your privacy rights have been violated, you may file a complaint with us by contacting our office.

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or the Department of Health and Human Services.

EFFECTIVE DATE OF NOTICE: August, 24th, 2015

