

FOUR CORNERS OB/GYN

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form whether electronically, on paper, or orally, be kept confidential. This federal law gives you the patient significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include annual exams, office visits, ultrasounds, consultations, etc.
- Payments means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be billing your medical insurance for your annual visits.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service. An example would include a periodic assessment of our documentation protocols etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or to provide you with information about treatment options or other health related services including the release of information to friends and family members that are directly involved in your care, or who assist in taking care of you. We will use and disclose your protected health information (PHI) when we are required to do so by federal, state or local laws. We may disclose your PHI to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law including, but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain and order protecting the information the party has requested. We will release your PHI if requested by a law enforcement official for any circumstances required by law. We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation if you are an organ donor. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual, or the general public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your PHI if you are a member of U.S. or foreign military forces, including veterans, and if required by the appropriate authorities. We may disclose your PHI to federal officials in order to protect the President, other U.S. officials, foreign heads of state, or to conduct investigations.

We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosures of your PHI for these purposes would be: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety, or the health and safety of other individuals, or the public. We may release your PHI for worker's compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PHI, which you can exercise by presenting a written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures of your PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of your PHI from us by alternative means or at alternative locations.
- The right to have access to, to inspect and/or copy your PHI.
- The right to request an amendment to your PHI.
- The right to receive an accounting of disclosures of your PHI outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all of the PHI that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the revised notice from our office.

You have the right to file a formal written complaint with the Department of Health & Human Services Office of Civil Rights in the event you feel your privacy rights have been violated. For more information about HIPAA, or to file a complaint, please write to:

The U.S. Department of Health & Human Services
Office of Civil Rights

200 Independence Avenue S.W.
Washington, DC 250201
Toll free: (877) 696-6775