

# ***Babies, Etc. OB/GYN P.C.***

## **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AS DISCLOSED AND HOW YOU CAN OBTAIN ACCESS. PLEASE REVIEW IT CAREFULLY**

**If you should have any questions about this notice, please do not hesitate to contact our Privacy Officer, Malinda (256) 461-1766.**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 recently mandated all medical facilities/practices to incorporate the administering of the Notice of Privacy Practices to its' patients. The Notice of Privacy Practices describes how a particular facility/practice may use or disclose your protected health information, and with whom that information may be shared. It has also required that such facilities/practices create safeguards to protect a patient's personal health information. Such notice describe your right to have access and to amend your protected health information. As a patient, you have the right to approve or refuse the release of specific information outside of our practice, except when the release is required or authorized by law or regulation.

### **I. ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

As a result of receiving such notice, you will be made aware of the possible uses and disclosures of you protected health information and your privacy rights. Your signed acknowledgement will be received unconditionally. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

### **II. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

Although HIPAA of 1996 has recently begun to require all health care facilities/practices implement procedures that protects the patients' health information, we at Babies, Etc., OB/GYN P.C., have always followed guidelines in protection of medical records. Protected Health Information (PHI) consists of all past, present, and/or future health care of the patient.

Not only is it the provision of health care to you, but also the payment of such health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. Please be advised that there may be

exceptions when we may not use or disclose any more of you PHI than is necessary to accomplish the purpose of the use of disclosure.

We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice. You can request a copy of this notice from our Privacy Officer listed on page one. You can view a copy of the notice, as well as your medical records, with either the Privacy Officer or Medical Staff.

### **How We May Use and Disclose Your Protected Health Information**

Babies Etc., OB/GYN P.C. use and disclose your health information for reasons such as continued medical treatment, and payment from your insurance company (s) with verifying diagnoses and conditions. Please be advised that it is not necessary for us to obtain your signed authorization for instances regarding notification of payment from your insurance company (s) due to you **“already signed”** authorization during your initial visit to our facility/practice.

### **Health care Operations**

We may disclose your PHI to better operate our facility. We may use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we’re complying with the laws that affect us.

We may disclose your protected health information to health care student seeing patients. While waiting for treatment, we may call you by your first initial and your last name when ready to be seen by the physician. We may also use or disclose your protected health information, as necessary, when calling you to remind you of your next appointment.

We will share your protected health information with third-party **“business associates”** who performs various activities, such as, billing and transcription services for our practice. **The billing associate (s) will also have binding contracts required to protect your health information.**

We may use or disclose your protected health information when providing you with information about treatment alternatives or health-related benefits and services that might interest you (i.e.: your name, diagnosis, address and phone number may be used when setting up appointments with other facilities for your continued care).

### **Required by Law**

We may use or disclose your protected health information if law or regulations requires the use or disclosure. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims

of abuse, neglect, or domestic violence; or when ordered to do so in a judicial or administrative proceeding.

### **Public Health**

All public health authorities are required by law to collect or receive a person's protected health information for the reasons below:

- Prevent or control disease, injury or disability
- Notify a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence
- Report birth and death
- Report child abuse or neglect
- Report reactions to medications or problems with products.

If you have one of several specific communicable diseases (tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential and will be disclosed without your written permission only in limited circumstances. For example, we will obtain your permission to disclose this information for payment purposes.

However, we may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or release information in order to protect against the spread of the disease.

### **Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, or inspections. These health oversight agencies might include federal or state agencies that oversee benefit programs, regulatory programs, or civil rights laws.

### **Law Enforcement**

We may disclose protected health information for law enforcement purposes, including the following:

- Response to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of crimes
- Deaths suspected from criminal conduct
- Medical emergencies (not on the facility/practice premises) believed to result from criminal conduct

### **Workers' Compensation**

We may disclose protected health information to comply with workers' compensation laws and other similar legally established programs.

### **Inmates**

We may disclose protected health information if you are an inmate of a correctional facility, and you receive care at Babies' Etc. OB/GYN P.C. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and

safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

### **III. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REGARDING PERMISSION**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

#### **Individuals Involved in Your Health Care**

With your signed authorization, we may disclose your protected health information to a member of your family, a relative, a close friend, or any other person you identify who has direct involvement in your health care.

### **IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights with respect to your PHI.

#### **Rights to Restrictions**

You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

#### **The Right to Choose How We Send PHI to You**

You have the right to ask that we send information to you, using an alternate address (for example, sending information to your relative's address rather than your home address).

#### **The Right to See and Obtain Copies of your PHI**

In most cases, you have the right to obtain copies of your PHI that we have, but you **must** make the request in writing.

If you request copies of your PHI, the total cost may range from \$6.00 and above. Payment must be received prior to photocopying any PHI. Our practice will be given 15 working days in receipt of such request to furnish you with your information. You must leave your name and a number where you may be contacted when records are made available to pick up.

#### **The Rights to Amend or Update Your PHI**

If for any reason that you, the patient, feel that there is a mistake in your protected health information or perhaps, something missing, you have the right to request that a correction be made to the existing information by amending the missing information. You must provide such request with reason in writing. We will respond within 60 days of receiving your request. We may deny your request in writing under the following circumstances:

- If your protected health information is correct and complete
- If your protected health information was not created by us.

- If your protected health information was not allowed to be disclosed.
- If your protected health information was disclosed by another entity (other health facility).

Our written denial will state reasons for the denial, and explain your right to file a written statement of disagreement. If you do not file a disagreement, you have the right to ask that your request and our denial be attached to all further disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done so, and tell all other parties involved with your PHI.

## V. FEDERAL PRIVACY LAWS

Babies' Etc. OB/GYN P.C.'s Notice of Privacy Practices is being provide to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. There are several other privacy laws that also apply including the Freedom of Information Act, and the Privacy Act, etc. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

## VI. DISCLOSURES

You have the right to get a list of disclosure (s) of your protected health information. The list will not include uses or disclosures that you have already consented to, such as, those made for treatment, payment or health care operations, directly to you, or to your family. The list also **will not** include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

## VII. COMPLAINTS

If you think that we have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer, whose contact information appears on page one. You may also send a written complaint to:

The U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Please be advised there will be no retaliation against you if you file a complaint about our privacy practices.

You may also contact our Privacy Office if you have any question (s), about this notice or any complaints about our privacy practices, or would like additional information regarding this notice of privacy practices. Babies, Etc. OB/GYN P. C.'s Privacy Officer are:

Malinda  
Office Manager  
235 Portal Lane Suite A  
Madison, AL 35758  
(256) 461-1766

*This notice is effective in its entirety as of April 14, 2003*