

Seven Hills Women's Health Centers
NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Effective Date of this Notice: April 14, 2003
Revision Date of this Notice: March 15, 2011
Revision Date of this Notice: September 23, 2013

A. OUR COMMITMENT TO YOUR PRIVACY.

Our practice is dedicated to maintaining the privacy of your protected HEALTH INFORMATION (In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of HEALTH INFORMATION that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your HEALTH INFORMATION. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your HEALTH INFORMATION;
- Your privacy rights in regard to your HEALTH INFORMATION; and
- Our obligations concerning the use and disclosure of your HEALTH INFORMATION.

The terms of this Notice apply to all records containing your HEALTH INFORMATION that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE FOLLOWING WAYS.

The following categories describe the different ways in which we may use and disclose your HEALTH INFORMATION:

1. **Treatment.** Our practice may use your HEALTH INFORMATION as necessary for your treatment. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your HEALTH INFORMATION in order to write a prescription for you, or we might disclose your HEALTH INFORMATION to a pharmacy when we order a prescription for you. Many of the people who work for our practice — including, but not limited to, our doctors and nurses — may use or disclose your HEALTH INFORMATION in order to treat you or to assist others in your treatment. Finally, we may also disclose your HEALTH INFORMATION to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your HEALTH INFORMATION in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your HEALTH INFORMATION to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your HEALTH INFORMATION to bill you directly for services and items. We may disclose your HEALTH INFORMATION to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your HEALTH INFORMATION as necessary, and as permitted by law, for our health care operations. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your HEALTH INFORMATION to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may also disclose your HEALTH INFORMATION to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan has or had a patient relationship with you.

4. **Appointment Reminders and Services.** Our practice may use and disclose your HEALTH INFORMATION to contact you and remind you of an appointment or communicate a test result. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your HEALTH INFORMATION from us by alternative means or at alternative locations.

5. **Treatment Options.** Our practice may use and disclose your HEALTH INFORMATION to inform you of potential treatment options or alternatives necessary for your treatment.

6. **Health-Related Benefits and Services.** Our practice may use and disclose your HEALTH INFORMATION to inform you of health-related benefits or services that may be of interest to you.

7. **Release of Information to Family/Friends.** Our practice, with your approval, may release your HEALTH INFORMATION to designated family members, friends, and others that are involved in your care or who assist in taking care of you. If you are unavailable, incapacitated, or facing an emergency situation and we determine that a limited disclosure may be in your best interest, we may share limited HEALTH INFORMATION with such individuals without your approval.

8. **Business Associates.** Our practice has certain aspects and components of our services that are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your HEALTH INFORMATION to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information, and they have signed an agreement to do so.

9. **Disclosures Required or Permitted By Law.** Our practice will use and disclose your HEALTH INFORMATION when we are required to do so by federal, state or local law. We may disclose HEALTH INFORMATION about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medication or problems with medical products. We may release HEALTH INFORMATION to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose HEALTH INFORMATION to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. As permitted by law, we may disclose HEALTH INFORMATION to law enforcement officials in certain circumstances involving criminal activity and in situations involving national security.

10. **Deceased Patients.** Our practice may release HEALTH INFORMATION 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.

11. **Organ and Tissue Donation.** Our practice may release your HEALTH INFORMATION to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

12. **Research.** Our practice may use and disclose your HEALTH INFORMATION for research purposes in certain limited circumstances. We will obtain your written authorization to use your HEALTH INFORMATION for research purposes except when (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your HEALTH INFORMATION is being used only for the research and (iii) the researcher will not remove any of your HEALTH INFORMATION from our practice; or (c) the HEALTH INFORMATION sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the HEALTH INFORMATION of the decedents.

13. **Serious Threats to Health or Safety.** Our practice may use and disclose your HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only

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make disclosures to a person or organization able to help prevent the threat.

14. **Military.** Our practice may disclose your HEALTH INFORMATION if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

15. **Inmates.** Our practice may disclose your HEALTH INFORMATION to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (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.

16. **Workers' Compensation.** Our practice may release your HEALTH INFORMATION for workers' compensation and similar programs if necessary for your workers' compensation benefit determination.

C. AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES:

As described above, we will use your HEALTH INFORMATION and disclose it for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your HEALTH INFORMATION for other reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your HEALTH INFORMATION will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation to Seven Hills Women's Health Centers Privacy Officer at the address located at the end of this notice. After you revoke your authorization, we will no longer use or disclose your HEALTH INFORMATION for the reasons described in the authorization. However, we cannot take back any uses or disclosures of your HEALTH INFORMATION already made in reliance on your authorization.

D. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have the following rights regarding the HEALTH INFORMATION that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, phone number and address at end of document, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your HEALTH INFORMATION for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your HEALTH INFORMATION to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your HEALTH INFORMATION, you must make your request in writing to our Privacy Officer, phone and address at end of document. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the HEALTH INFORMATION that may be used to make decisions about you, including patient medical records and

billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer, phone number and address at end of document, in order to inspect and/or obtain a copy of your HEALTH INFORMATION. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your HEALTH INFORMATION if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, phone number and address at end of document. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the HEALTH INFORMATION kept by or for the practice; (c) not part of the HEALTH INFORMATION which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your HEALTH INFORMATION for non-treatment, non-payment or non-operations purposes. Use of your HEALTH INFORMATION as part of the routine patient care in our practice is not required to be documented. For example, the doctor is sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, phone number and address at end of document. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice, contact our Privacy Officer at the phone number and address located at end of this Notice. You may view this Notice at our Web site, www.womenshealthcenters.com.

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, you must submit your complaint in writing to the Privacy Officer, Seven Hills Women's Health Centers, 2060 Reading Road, Suite 150, Cincinnati, OH 45202. **You will not be penalized for filing a complaint.**

8. **Right to Provide.** If you have any questions regarding this notice or our HEALTH INFORMATION privacy policies, please contact the following:

**Privacy Officer
2060 Reading Road, Suite 150,
Cincinnati, OH 45202
513-721-3200**