

Mintview Obstetrics & Gynecology Associates

A Division of Women's Care, P.A.

~ Notice Of Privacy Practices ~

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

We value the trust you have placed in us. Because our relationship with you is so important, the protection of your privacy has always been a particular concern of our physicians and staff. Confidentiality has been a principle that we, and most medical practices, have always taken seriously.

When you receive care at Women's Care, P. A. or at another site -- such as a hospital -- from one of our physicians or other healthcare professionals, a record of your visit is made. Depending upon the nature of your visit, this record may include a variety of information about you such as the reason for the visit, pertinent history, examination and test results, diagnoses, treatment, a plan for future care or treatment, and the like.

A recent federal law requires medical practices, and other covered entities, to provide patients with a written *Notice of Privacy Practices* that outlines how protected health information we may obtain may be used or disclosed to others. We are required to abide by the terms in the current notice; however, we reserve the right to change privacy practices when we deem it necessary. Every patient is welcome to review the current notice at any time. A copy of the most current notice will be posted next to the registration desk. A copy will also appear on our Web site.

Should you have any questions or concerns about this notice, or wish to obtain a copy of the current notice, please contact our Privacy Officer, Mr. David White, PO Box 36956, Charlotte, NC 28236-6956 or by calling 704-343-0644. You may also discuss concerns with your physician.

As a basic rule, Women's Care, P. A.'s policy is to maintain confidentiality over your health care information in accordance with this notice. We will NOT sell or "rent" your information. Women's Care, P. A. does not disclose any personal health information except as permitted and/or required by state and Federal laws.

Our employees are trained in the importance of privacy/confidentiality. Maintaining privacy is part of their job responsibility and employees may be disciplined if they do not adhere to our privacy policies and procedures.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Operations

Protected health information includes demographic information that may identify you and medical information about your past, present or future physical or mental health or condition and related health care services provided to you.

We may release protected health information for purposes of *treatment, payment or healthcare operations*. That is, your protected health information may be used and disclosed by your physician, Women's Care, P. A. office staff, and certain others outside our office that are involved in your care, for purposes of treatment, filing health insurance claims, processing patient bills, to support Women's Care, P. A.'s operations, etc.

Treatment -- It is essential that Women's Care, P. A.'s physicians and staff, and other physicians, nurses, hospitals, etc. that are involved in your care have necessary information to diagnose, treat, and provide healthcare services to you. We may use and disclose protected health information to provide, coordinate, or manage your health care and related services. We may disclosure health information to other physicians involved in your care, as well as hospitals, laboratories, diagnostic centers, home health agencies, and the like that may be involved in your care.

Payment -- Your protected health information may be used to file health insurance claims and billing statements or healthcare services provided to you, to check insurance eligibility, to obtain authorization for services, to collect unpaid accounts, and the like.

Health Care Operations -- We may use or disclose protected health information for what is called *Health Care Operations* under federal law. Some examples include: quality assessment, to send appointment reminders to you, to phone in prescriptions to your pharmacist, to train employees and medical students, and the like.

Whenever protected health information is provided to certain Business Associates -- such as billing services, medical record transcription services, computer vendors, business consultants, collections agencies, etc. -- we are required to obtain contractual assurances that the Business Associate will take appropriate steps to protect your healthcare information. We do not, however, have direct control over Business Associates beyond these contractual assurances.

Uses/Disclosures of Health Information Based on Your Written Authorization

There are certain types of uses and disclosures that we will make only if you have signed a specific Authorization for the use or disclosure. For example, we will not release information to a disability insurance company or a life insurance company without an authorization signed by you or your personal representative. We will not release protected information to your employer without a specific authorization signed by you or your personal representative. (Note: there are some employers that may receive protected health information -- for purposes of treatment, payment or health operation -- if they administer health plans.)

In the event you have authorized us to release specific information, you may revoke the authorization, at any time. However, we are not responsible to the extent any action has been taken in reliance of the original authorization.

Announcements, Notices of Services, Newsletters, Marketing, etc.

We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related services that may be of interest to you or for voluntary fund-raising activities that may benefit our medical practice.

We may also use and disclosure protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and services we offer, new physicians joining our practice, and the like.

We do not sell lists of patients to third parties, or disclose protected health information to a third party for independent marketing activities. In the unlikely event that we change this policy in the future, will not release your name or health information without your express authorization.

Occasionally, we may send you information about health care products or services that we believe may be beneficial to you. We are not currently involved in any arrangements where we are paid by a third party for marketing. Should that change in the future, any communication will include a statement indicating we are compensated by a third party for marketing products or services.

For further information you may contact our Privacy Officer specified on page one. You may also contact our Privacy Officer to request that such information no longer be sent to you.

Uses and Disclosures Required By Law

Protected health information may be used or disclosed to the extent that the use or disclosure is required by law.

We may disclose relevant protected health information as directed by a public health authority that is permitted by law to collect or receive such information for purposes such as controlling/preventing disease, injury or disability. If required by law or at the direction of a public health authority, we may disclose relevant protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

We may disclose relevant protected health information to a government agency that is authorized by law to receive reports of child abuse or neglect; elderly (or other) abuse or neglect; domestic violence; and the like. Any such reports will be made as required by law.

We may disclose protected health information to a health oversight agency for activities authorized by law, such as inspections, audits, investigations, etc. We may disclose your protected health information as may be required by the Food and Drug Administration or similar agency to report reactions, potential product defects, to facilitate product recalls or warnings; and the like.

We may disclose protected health information in response to a valid court or similar order or subpoena. We may disclose protected health information for law enforcement purposes, so long as applicable legal requirements are met. We may disclose protected health information to a medical examiner, coroner, etc.. We may disclose protected health information required by funeral directors to fulfill their duties. We may disclose information to organ donation programs (to which the patient has indicated interest).

As provided by federal and state laws, we may disclose health information if we reasonably believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

We may disclose health information requested by national security and intelligence agencies, appropriate military command authorities, the Department of Veterans Affairs to determine eligibility for veterans benefits, and the like. Your protected health information may be disclosed by us to comply with workers' compensation laws and other similar programs.

Disclosures to Family Members and Others Involved in the Your Health Care

Unless you direct otherwise, we may disclose to a member of your family, a relative, a close friend or personal representative your protected health information that relates to that individuals involvement in your health care, to assist in locating/notifying family members and the like.

Emergencies

We may use or disclose relevant health information in emergency situations where we believe, in our professional judgment, that the information is necessary to determine proper treatment, to prevent further harm to you, or is in your best interest and it is not reasonably possible to obtain an authorization or consent.

Research

We may disclose health information for research purposes that has been de-identified so that there is no reasonable way that researchers could match your name with health information, based upon a specific authorization signed by you or your personal representative, or for research programs that have been approved by an institutional review board that has reviewed the research proposal and established protocols to insure the privacy of your protected health information. For example, researchers may obtain approvals to study the medical records of middle-aged women, diagnosed with various degrees of heart disease, to identify potential risk factors for heart disease.

Please note that the previous paragraph is related to the use and disclosure of health information for research, not to any agreement to participate in a clinical trial that may involve experimental drugs, experimental procedures or treatment, and the like. Should you be a candidate for such clinical trials, you will have the opportunity to agree to -- and consent to -- participation.

Other Permitted and Required Uses

Other uses or disclosures of protected health information require a patient's (or their personal representative's) specific authorization.

Your Rights Regarding Your Health Information

You have certain rights with respect to the use and disclosure of your protected health information. This information includes information used to make health care decisions or information used to determine whether an insurance claim will be paid.

The specific rights that we must include in this notice are discussed below.

Even if a right is not listed here, please discuss any concerns or make requests you have with our Privacy Officer (the name and the number is provided on the front page). We will make all reasonable efforts to address your concerns.

You can contact the Privacy Officer by phone to discuss requests; however, we may have to require a formal request, submitted in writing, to ensure it is handled appropriately.

Right to Inspect and Copy Your Protected Information

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for as long as we maintain such information.

However, there are some exceptions. For example, we may deny access to psychotherapy notes. We may also deny access to information that a law enforcement or other governmental agency has instructed us not to disclose pending civil, criminal or other proceedings. [164.524]

Most denials of access are reviewable. Should you have any questions, concerns or wish to request a review, please contact our Privacy Officer designated on the first page of this notice. In the event you are requesting a review of a denial to inspect or copy protected health information, you will be requested to file a written request for review which is a simple statement signed by you or your personal representative. The review will be based upon federal and/or state law as required.

There may be a reasonable charge for copies of your medical record as allowed by state and federal law.

While we still strive to fulfill a request as soon as possible, federal law states that we must: "Act on a request for access within 30 days of receiving the request if the information is maintained or accessible on site. Covered entities must act on a request for access within 60 days of receiving the request if the information is not maintained or accessible on site. If the covered entity is unable to act on a request within the applicable deadline, it may extend the deadline by no more than 30 days by providing the individual with a written statement of the reasons for the delay and the date by which the covered entity will complete its action on the request. This written statement describing the extension must be provided within the standard deadline. A covered entity may only extend the deadline once per request for access."

Right to Request Restrictions on the Release of Information

You also have the right to request that health information not be released for any purpose for which you have not completed a specific authorization. For example, patients may request that Women's Care, P. A. not release information for purposes of treatment, payment, or health care operations.

While Women's Care, P. A. does not have to honor such request, we will consider your request to determine if there are reasonable ways to meet your needs or concerns. You may be asked to make special payment arrangements if requesting restrictions on release of information for payment purposes such as filing health insurance claims.

Right to Receive Confidential Communications

Communications from our office to patients are made to the address and phone numbers in our information system. You have the right to request confidential communications of protected health information. For example, a patient who does not want his or her family members to know about a certain treatment may request that we communicate with the individual about that treatment at the individuals' place of employment, by mail to a designated address, or by telephone to a designated phone number. Similarly a patient may request that we send communications in a closed envelope rather than a postcard, as an "alternative means." We will accommodate all reasonable requests.

The request must be in writing and it must detail where communications should be made, but you are not required to provide a reason for the request. We will determine if we can accommodate any request based on the administrative difficulty of complying with the request. [164.522 (b)]

Please note that we are only responsible for information sent from Women's Care, P. A.
A. You must make a similar request to other entities if you have concerns about communications from other medical practices, health insurance companies, hospitals, etc.

Right to Amend Protected Health Information

A patient has the right to request amendment to protected health information as long as the protected health information is maintained by this medical practice.

Requests for amendment should be submitted to the Privacy Officer listed on the first page of this notice. While you can discuss such request over the phone, we may require formal requests to be submitted in writing and to include a reason(s) to support a requested amendment.

We may deny a request for amendment if we determine that the protected health information is accurate and complete; or the record that is the subject of the request does not exist in our files or was not created by this medical practice (unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment).

While we will attempt to comply with the request as soon as possible, federal law allows up to 60 days to act either by making the appropriate amendment or sending you a written denial with the reason(s) for denying the request for amendment. Federal law also allows for one 30-day extension in certain circumstances.

In the event your request for amendment is denied, you have additional rights that will be detailed in any denial notification including: how you may file a complaint with Women's Care, P. A.; the right to submit a written statement disagreeing with the denial and how you may file such a statement; or the right to request that the covered entity provide the individual's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and the like.

Right to An Accounting of Certain Disclosures

You have the right to request an accounting of disclosures of your protected health information -- for up to 6 years preceding the request -- for purposes other than treatment, payment, and health care operations. Federal law does not require an accounting for disclosures that you authorized or for certain other exceptions. While we may attempt to comply with a request as soon as possible, federal law allows up to 60 days to act either by making the

appropriate amendment or sending you a written denial with the reason(s) for denying the request for amendment. Federal law also allows for one 30 day extension in certain circumstances. You are allowed one accounting within a 12 month period without charge. Further requests may be subject to a reasonable charge.

Right to Receive a Paper Copy of This Notice

Our patients, who have received this Notice of Privacy Practices in electronic format, may contact the Privacy Officer to request a printed copy.

Charging for Copies of Records

We reserve the right to charge a reasonable amount for copying records and mailing costs consistent with state and federal laws.

Changes to this Notice of Privacy Practices

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, anytime, either as required by law or as otherwise necessary. The new notice will be effective for all protected health information that we maintained at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. A copy of this form will also appear on our website.

Complaints

You may file a complaint or express concerns to us by contacting the Privacy Officer listed on the first page of this document. Or, you may complain to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint. For further information about the complaint process please contact our Privacy Officer by calling 704-343-0644. You may also discuss concerns with your physician.

Date of Original Notice: _____

Effective Date of this Revision: _____