



Notice of Privacy Practices (HIPAA)

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information – PLEASE READ CAREFULLY

Our practice is dedicated to maintaining the privacy of your individually identifiable 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. Protected Health Information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information, (i.e., name, address, telephone number, etc...), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services. Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment.

This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

USES AND DISCLOSURES – How we may use and disclose protected health information about you:

1. **For Treatment.** We may use protected health information about you to provide you with treatment or services. We may disclose protected health information about you to doctors, nurses or other personnel who are involved in taking care of you. For example, we may need to communicate with your primary care doctor to plan your treatment and/or follow-up care.
2. **For Payment.** Our practice may use and disclose your PHI about your treatment and services to bill and collect payment from you, your insurance company, or third-party payer. For example, we may need to give your insurance company information about your diagnosis so that it will pay us or reimburse you for the treatment.
3. **For Healthcare Operations.** We may use or disclose, as needed, your protected health information in order to run our practice. For example, members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients that we serve. We may also use and disclose protected health information:
 - To business associates we have contracted with to perform an agreed-upon service
 - To remind you that you have an appointment for medical care
 - To assess your satisfaction with our services
 - To inform you about possible treatment alternatives
 - To inform you about health-related benefits or services
 - To conduct case management or care coordination activities
4. **For Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a friend or family member who is involved in your medical care or who helps pay for your care.
5. **Research.** We may disclose information to researchers when an institutional review board has approved the disclosure based on adequate safeguards to ensure the privacy of your health information and as otherwise allowed by law.
6. **Future Communications:** We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facility is participating.
7. **As Required by Laws,** we may also disclose health information to the following types of entities, including but not limited to:

Notice of Privacy Practices (HIPAA)

- The US Food and Drug Administration
 - Public health or legal authorities charged with preventing or controlling disease, injury, disability or other threat to health or safety
 - Correctional institutions (if you are in custody of a correctional institution or a law enforcement officer)
 - Workers' compensation agents
 - Organ and tissue donation organizations
 - Military command authorities
 - Health oversight agencies
 - Funeral directors, coroners and medical examiners
 - National security and intelligence agencies
 - Protective services for government officials
8. **Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.
9. **Other Uses of Your Protected Health Information That Require Your Authorization:** Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your protected health information, or other uses and disclosures not described in this notice or required by law will be made only with your separate written permission. If you give us permission to use or disclose protected health information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR PHI

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

- Inspect and copy protected health information. You may request access to your records by contacting us. You may also ask that we send your health information directly to another person based on your signed written instructions. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed in some situations. Another licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. We reserve the right to charge you a reasonable fee to cover the cost of providing you with a copy of your records.
- Request an amendment. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information by making a request in writing that explains the reason for the requested amendment. You have the right to request an amendment for as long as the information is kept for or by us. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial.
- Request an accounting of disclosures. This is a list of certain disclosures we make of your PHI for purposes other than treatment, payment, healthcare operations, or certain other permitted purposes.
- Request restrictions or limitations on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.



Notice of Privacy Practices (HIPAA)

For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you ask us not to disclose your health information to your health plan, we will agree as long as (i) the disclosure would be for the purpose of payment or health care operations and is not otherwise required by law and (ii) the information only relates to items or services that someone other than your health plan has paid for in full.

- Request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by US mail. We will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where you will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize that we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires responses.
- A paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Web Site at www.herhealthwomenscenter.org.

Changes to This Notice

We reserve the right to change this notice; the revised notice will be effective for information we already have about you as well as any information we receive in the future. The current notices will be posted in the facility and will include the effective date. Copies of any revised notices will be available on our website and will be provided to you upon your next visit to our facility after the effective date.

Complaints

If you believe your privacy rights have been violated you may file a complaint with our Privacy Officer (Attn: Executive Director) at (712) 276-0237, or by contacting the Secretary of the US Department of Health and Human Services. You will not be penalized for filing a complaint. For further information, contact: PRIVACY OFFICER, Her Health Women's Center, 5732 Sunnybrook Drive, Sioux City, IA 51106.