

PARTNERS IN WOMEN'S HEALTH, P.C.

Notice of Privacy Practices

To our patients: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

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

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage, such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support day to day activities and management of Partners In Women's Health (PWH). For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information:

Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

YOUR RIGHTS REGARDING HEALTH INFORMATION

The right to request restrictions on the use and disclosure of your protected health information

The right to receive confidential communications concerning your medical conditions 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. We will accommodate reasonable requests. You may request that we do not display any photographs that you may supply this office.

The right to inspect and obtain a copy of your protected health information

The right to amend or submit corrections to your protected health information

The right to receive an accounting of how and to whom your protected health information has been disclosed

The right to receive a printed copy of this notice

RIGHT TO REVISE PRIVACY PRACTICES

We reserve the right to amend, change, or eliminate provisions in our privacy practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our "Notice" or by visiting our office and picking one up.

REQUEST TO INSPECT PPROTECTED HEALTH INFORMATION

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 the Privacy Officer at the address listed below.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice, to the Privacy Officer listed below, or with the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

If you have questions regarding this notice or our health information privacy policies, please contact:

Partners In Women's Health, P.C.
Attention: Lori Schmidt, Privacy Officer
2501 East Southern Avenue, Ste. 14
Tempe, AZ 85282
Office 480-730-3331; Fax 480-730-6340

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