

Women's Care of Somerset  
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### **HIPAA Notice of Privacy Practices**

**This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

#### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of our practice and any other use or disclosure required by law.

#### **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

#### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

#### **Healthcare Operations**

We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your health care provider. We may also call you by name in the waiting room when your health care provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and to provide you information on alternative treatments or health-related items or services offered by our health care providers that may be of interest.

#### **Other Permitted Uses and Disclosures**

We are permitted to use or disclose your protected health information in other situations without your authorization, usually in ways that contribute to the public good such as public health, for research, and to comply with laws. We are also permitted to use and disclose your protected health information for the following: as required to comply with state and federal laws; for Public Health purposes, such as preventing disease, helping with product recalls, reporting adverse medication reactions; for reporting threats to anyone's health or safety, and reporting suspected abuse, neglect, or domestic violence; for health oversight activities authorized by law; for worker's compensation claims; for law enforcement purposes or to a law enforcement official; to respond to lawsuits and legal proceedings.

## HIPAA Notice of Privacy Practices (continued)

including in response to a court order, administrative order, or in response to a subpoena; to work with coroners, medical examiners, or funeral directors when an individual dies; to respond to organ and tissue donation requests, for research purposes; in connection with certain criminal activity, such as involving a victim of a crime, or for reporting crime on our premises or in an emergency; to correctional institutions in custodial situations; and, for specialized government functions such as military activities and national security protective services.

### Required Uses and Disclosures

Under the law, we must make disclosures to you, and also when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of federal privacy law.

### Opportunity to Object to Certain Uses and Disclosures

You have the right to tell us whether you want us to use or disclose your information for the following purposes:

**To Individuals Involved in Your Care or Payment for Your Care.** We may share medical information about you with your family members, friends, or any others involved in your medical care or who helps pay for it. We may also share your information as necessary to identify, locate, and notify family members, guardians, or others involved in your care about your location, and general condition.

**For Disaster Relief.** We may share information about you to a disaster relief agency assisting in disaster relief efforts.

If you are not present or unable to tell us your preference, we may go ahead and share your information if your health care provider thinks that it may be best for you. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### When Your Written Authorization is Required

Certain uses and sharing of your health information are only permitted with your written authorization. These include uses and disclosures of psychotherapy notes, uses and disclosures of your health information for marketing communications, and disclosures that constitute a sale of your health information.

Uses and disclosures of your protected health information other than those described in this notice will be made only with your written authorization.

You may revoke an authorization, at any time, in writing, except to the extent that your physician or our practice has taken an action in reliance on the use or disclosure indicated in the authorization. To revoke an authorization, you must write to Women's Care of Somerset at the address listed above.

### Your Rights

Following is a statement of your rights with respect to your protected health information. If you have questions about how to exercise these rights, you can ask us by contacting our Privacy Officer at the office number above.

**You have the right to inspect and copy your protected health information.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Note, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction of your protected health information.** This means you ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, with one exception. We are required to

## **HIPAA Notice of Privacy Practices (continued)**

agree when you ask us to refrain from sharing your information with a health plan for payment purposes or for a purpose related to the operation of our business, if the information pertains to a health care item or service that you have paid for out of pocket in full. For other requests, if we choose to agree, we will follow your request unless the information is needed to provide you with emergency treatment. You must tell us the type of restriction you want and to whom it applies. If your health care provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You must submit your request in writing to us at the address above. We will agree to reasonable requests.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You have the right to have your physician amend your protected health information if you think it is incorrect or incomplete.** If we deny your request for amendment, we will tell you why in writing, and you will have the right to file a statement of disagreement with us. We may prepare a rebuttal in response to your statement and will provide you with a copy of such response.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** We will include disclosures except those we made for treatment, payment, or health care operations, or certain other disclosures (such as disclosures you asked us to make).

**We are required by law to maintain the privacy and security of your protected health information,** to provide you with this notice of our legal duties and privacy practices with respect to your protected health information, and to notify you in writing if the privacy or security of your health information is breached. We are required to abide by the terms of our Notice of Privacy Practices currently in effect.

**We reserve the right to change this notice.** We reserve the right to make the revised or changed notice effective for your health information we already have as well as any we get in the future. Any changes in this notice will be posted on our Web site at [www.womenscareofsomerset.com](http://www.womenscareofsomerset.com). The revised notice also will be available upon request at our office at the address listed above.

**If you have any questions about this notice** or about how your health information is used or shared by us please contact our Privacy Officer at Women's Care of Somerset by calling the phone number listed above.

### **Complaints**

You may complain to us or the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights (<https://www.hhs.gov/ocr/>) if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint at the address above or by calling our office at the number above. **We will not retaliate against you for filing a complaint.**

### **Publication and Revision of Notice**

This revised notice is effective April 11, 2017.

This notice was published and became effective on/or before April 14, 2003.