

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN THIS INFORMATION.**

### ***PLEASE REVIEW CAREFULLY***

Women's Healthcare Clinic of Oregon, P.C. is required by law to maintain the privacy of your health information and provide you with notice of our legal duties and privacy practices with respect to your health information. If you have questions regarding this notice or if you would like more information about our privacy practices please contact the practice administrator at:

Women's Healthcare Clinic of Oregon, P.C.  
10000 SE Main St., Ste 10  
Portland, OR 97216  
(503)256-1470

Effective Date of This Notice: April 14, 2003

#### **I. How Women's Healthcare Clinic of Oregon, P.C. may Use or Disclose Your Protected Health Information**

Women's Healthcare Clinic of Oregon, P.C., obtains health information regarding you, which becomes your medical record. This protected health information is stored in a chart and in our computers. The medical record is the property of Women's Healthcare Clinic of Oregon, P.C. although the information in the medical record belongs to you. Women's Healthcare Clinic of Oregon, P.C. will protect the privacy of your health. The law permits Women's Healthcare Clinic of Oregon, P.C. and employees to use or disclose your health information for the following purposes:

1. **Treatment:** We may use or disclose your health information to provide you medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other professional personnel who are involved in your medical care and treatment.

Examples (to include but not limited to): Your doctor may be treating you for pregnancy, gynecological problems or potential surgical procedures and need to know if you have any other medical health issues that could complicate or require additional treatment measures. The doctor may need to consult other physicians or your prior medical history to determine appropriate medical recommendations for treatment.

All personnel employed in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, ordering lab work and scheduling x-rays, requesting referral authorizations, scheduling and preauthorization for surgery, sharing obstetrical records with hospital maternity personnel, requesting preauthorization for prescriptions, information to complete disability forms, provide billing and coding information to the providers that assist us during surgery, and other outside caregivers and medical personnel that may be involved in providing your medical care.

2. Payment: We may use and disclose health information, which may include personal demographic information about you, for the purpose of billing and collecting payment from you, your health insurance carrier and/or a third party payer for treatment or services you have received from us.

Examples (to include but not limited to): We will provide your health plan required billing information about a visit or surgery such as your name, address, date of birth, sex, insured name and date of birth, your relationship to insured, insurance identification numbers, additional insurance carriers, referring provider, date of service, procedures or services provided and diagnosis or reason for services provided. In addition we may also use the information above to obtain prior approval or authorization to determine benefits and payment for future services to be provided.

3. Health Care Operations: We may use and disclose health information about you in order to maintain quality in our daily healthcare operations. Healthcare operations include quality assessment, reviewing competence or qualifications of healthcare professionals, conducting training programs, accreditation, certification, licensing or credentialing activities.

Examples (to include but not limited to): We may use your health and demographic information to train new employees in our daily office procedures, such as completing and printing forms, scheduling, taking medical history, filing data in your chart and operating our current computer data system.

4. Appointment Reminders: We may use or disclose your protected health information to contact you, in the form of voicemail messages, postcards or letters.
5. Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Treatment Alternative: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
7. Health-Related Products and Services: We may tell you about health-related products or services that may be of interest to you.
8. Required by Law: As required by law, we may use and disclose your health information.
9. Public Health: As required by law, we may disclose your health information to the public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
10. Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceeding.

11. Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.
12. Law Enforcement: We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
13. Deceased Person Information: We may disclose your health information to coroners, medical examiners and funeral directors.
14. Public Safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized Government Functions: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other governmental authority to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
16. Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws.

## II. **When Women's Healthcare Clinic of Oregon, P.C. May Not Use or Disclose Your Health Information**

We will not use or disclose your health information for any purpose other than those identified above without your written *Authorization*. If you provide *Authorization* to use or disclose health information, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we are unable to revoke any uses or disclosures already made with your permission.

In some instances, we may need specific written authorization from you in order to disclose certain types of specifically-protected information such as HIV, substance abuse, mental health, and genetic testing information.

## III. **Your Health Information Rights**

1. You have the right to request restrictions or limitations on certain uses and disclosures of your health information.

We are not required to agree to the restrictions that you request. If we do agree, we will comply with your request unless the information is needed to provide you emergent treatment or required by law.

To request restrictions, you must complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to our office administrator.

2. You have the right to receive your health information through alternative means or location. For example, you may request that we only contact you at work or by mail.

To request confidential communications, you must complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to our office administrator.

3. You have the right to inspect or request a copy of your health information. You must submit a written request to the providers in order to inspect or receive a copy of your medical records. We may require as much as thirty days in complying with your request to inspect or copy. A fee for the cost of copying, mailing or other associated supplies may apply.

We may deny your request to inspect or copy medical records in certain instances. If you are denied copies or access to health information, you may request that our denial be reviewed. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the independent review.

4. You have the right to request that Women's Healthcare Clinic of Oregon, P.C. amend any health information you believe is inaccurate or incomplete. Women's Healthcare Clinic of Oregon, P.C. is not required to change your medical record and will provide you with information for the denial and how you may appeal the denial.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT CORRECTION FORM to the provider. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the health information that we maintain
  - You would not be permitted to inspect and copy
  - Is accurate and complete
5. You have the right to receive an accounting of disclosures of your health information made by Women's Healthcare Clinic of Oregon, P.C., except when Women's Healthcare Clinic of Oregon, P.C. does not have to account for the disclosures, such as the items listed in section I of this Notice of Privacy Practices. The list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request **in writing** to the office administrator. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Women's Healthcare Clinic of Oregon, P.C.  
Sunny Rae Stiles, Clinic Administrator  
10000 SE Main St., Ste. 10  
Portland, Oregon 97216  
Telephone: (503)256-1470

#### **IV. Changes to this Notice of Privacy Practices**

Women's Healthcare Clinic of Oregon, P.C. reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Women's Healthcare Clinic of Oregon, P.C. is required by law to comply with this Notice. We will post a summary of the current notice in the office with its effective date in the top right hand corner.

#### **V. Complaints**

Complaints about this Notice of Privacy Practices or Women's Healthcare Clinic of Oregon, P.C. handled your health information should be directed to:

Women's Healthcare Clinic of Oregon, P.C.  
Sunny Rae Stiles  
Clinic Administrator  
Telephone: (503) 256-1470

***You will not be penalized for filing a complaint.***

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Service  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.