

NOTICE OF PRIVACY POLICIES

FOR

WOMEN'S HEALTH CARE IN SAN DIEGO A.M.C.

Revised September 2013

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

At Women's Health Care in San Diego. A.M.C., we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Women's Health Care in San Diego A.M.C., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,

- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Women's Health Care in San Diego A.M.C., the information belongs to you. You have the right to:

- Obtain a copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Right to tell us in writing not to disclose information to your health plan concerning health care items or services for which you paid for in full out-of-pocket.

Our Responsibilities

Women's Health Care in San Diego A.M.C. is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,

- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the practice's Privacy Officer at 858-292-7200.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310: (415) 437-8311 (TDD)
(415) 437-8329 FAX
OCRMail@hhs.gov

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then

record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide other physicians or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: Our practice may use and disclose information that identifies you in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members, subscribers of the insurance, parents and etc. Also, we may use your health information to bill you directly for services and items.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include billing services, health information organizations, e-prescribing, gateway services and copying services we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification and Communication with family We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object we will give you opportunity to object prior to making these

disclosures, although we may disclose this information in a disaster or emergency even over your objection if we believe it is necessary to respond to the emergency circumstance. 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.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ or Tissue Donation: We may disclose your health information to organizations involved in banking, transplanting or procuring organs and tissues.

Marketing: Provided we do not receive any payment for making these communications. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Sale of Health Information: We will not sell your health information without your prior written authorization

Appointment reminders: We may contact you to provide appointment reminders. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Sign in sheet: We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement, reactions to medications and reporting disease or infection exposure.

Specialized Government Functions: We may disclose your health information for military or national security purposes or law enforcement officers or correctional institution that has you in their lawful custody.

Health Oversight Activities: We may and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, inspections,

investigations, licensure and other proceedings, subject to the limitations imposed by California and federal law.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, reporting child, elder or dependent adult abuse or neglect, reporting domestic violence.

Proof of Immunizations: We will disclose proof of immunizations to a school where the law requires the school to have such information prior to admitting a student if you agree to the disclosure on behalf of your dependent or yourself.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Change of Ownership: In the event that this practice is merged with another organization or sold, your health information or record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another medical group or physician.

Authorization for medical records: Acceptance or release of your medical records will be in person, via mail or fax. We will charge a reasonable fee which covers the costs for postage, labor, supplies and if requested and agreed to in advance, the cost of preparing a summary or an explanation as allowed by California or federal law.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some instances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

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