

NOTICE OF PRIVACY PRACTICES - PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

WHO WILL FOLLOW THIS NOTICE - This notice describes information about privacy policies and procedures followed by our physicians, employees, staff and other office personnel including students and volunteers.

The terms of this Notice of Privacy - Protected Health Information (öNoticeö) applies to Protected Health Information (defined below). This Notice describes how Women Gynecology and Childbirth Associates, PC (öWGCAö or öthe Practiceö) may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (öHIPAAö) to maintain the privacy of Protected Health Information and to provide our patients with notice of our legal duties and privacy practices concerning Protected Health Information. In the event that an applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information we will adhere to the applicable law in accordance with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary to make the new Notice effective for all Protected Health Information maintained by us.

DEFINITIONS

Protected Health Information (“PHI”) as defined by HIPAA, means individually identifiable health information that is created or received by WGCA, which includes but is not limited to the past, present, or future physical or mental health or condition of an individual; the provision of any health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased. Using PHI is the use of information **internal** to the covered entity that maintains the information. Disclosure of PHI is the release of information **outside** the covered entity that maintains the information. Requesting PHI is information requested by one entity of another entity.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of these categories.

Appointments – The Practice may, from time to time, contact you to provide appointment reminders or to reschedule your appointment.

Authorization - Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance

upon the authorization or that the authorization was obtained as a condition of obtaining insurance or treatment. You must submit any revocations to the Practice Privacy Officer.

Business Associates - Certain aspects and components of our services are performed through arrangements with outside persons or organizations. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations to provide a service necessary to your treatment, payment for your treatment and health care operations (e.g., billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

Family and Friends Involved in Your Care - With your permission we may disclose your PHI to your family, friends, and others who are involved in your care or to your insurance guarantor. If you are unavailable or incapacitated and we determine that a disclosure is in your best interest, we may share limited PHI with such individuals.

Health Care Operations – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

Inmates – If you are an inmate of a correctional facility, WGCA may disclose to the institution or agents of the institution health information necessary for your health and the health and safety of other individuals.

Marketing – The Practice may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written authorization. Marketing activities include communications to you that encourage you to purchase or use a product or service. However, marketing does not include, for example, sending you a newsletter about the Practice. The Practice will inform you if it engages in any marketing activity and will obtain your prior authorization.

On-Call Coverage – In order to provide on-call coverage for you, it is necessary that the Practice establish relationships with other physicians and/or nurses or other health care providers who will take your call if a physician from the Practice is not available. Those on-call personnel, such as physicians in training, medical students, etc., will provide the Practice with whatever PHI that they create and will, by law, keep your PHI confidential.

Organ and Tissue Donation – The practice may release medical information to organizations that handle organ, eye or tissue transplantation.

Payment – In order to obtain reimbursement for services provided to you or to obtain coverage and provision of benefits, the Practice will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier or, if you are over 62, the Medicare program with information about health care services that you received from the Practice so that the Practice can be reimbursed. The Practice may also need to tell your insurance plan about any hospitalization or hospital stay or services so that your insurance plan can determine whether or not it will pay for the expense.

Public Health Purposes – We may disclose medical information about you for public health activities related to prevention or control of disease, injury or disability as examples.

Treatment – In order to provide, coordinate and manage your health care, the Practice will provide PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your medical condition and needs, and/or provide advice or treatment (e.g., a specialist or laboratory referral). For example, a physician treating you for a condition such as heart disease may need to know what medications have been prescribed for you by the Practice's providers.

Treatment Alternatives/Benefits – The Practice may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest or benefit to you.

Workforce – The WGCA workforce includes but is not limited to:

- Professional, administrative, supervisory staff;
- Hourly paid staff including nursing, clinical, clerical, and service workers;
- Volunteers and students;
- Others deemed necessary by local entities within WGCA.

Other Uses and Disclosures - We may make certain other uses and disclosures of your PHI without your authorization including:

- We may use or disclose your PHI for any purpose required by Federal, State or Local law.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you, or someone associated with you, to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of judicial or administrative proceedings (e.g., to respond to a subpoena, discovery request, court orders, warrants, or summons.).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose your PHI to avert a serious threat to health or safety to you or others.
- We may use or disclose your PHI if you are a member of the military or a veteran as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination and/or for work-related illness or injuries.
- We may disclose de-identified information if Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- We may disclose your PHI to a personal representative if a person, who under applicable law, has the authority to represent you in making decisions related to your health care.
- We may disclose your PHI to the Federal Drug Administration- if required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing studies.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

Restrictions on Use and Disclosure of Your PHI - You have the right to request certain restrictions on uses and disclosures of your PHI. For example, you may request that we not disclose your PHI to your spouse or parent. Your request must describe in detail the restriction that you want in writing. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with treatment during an emergency or disaster. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. However, we are unable to take back any disclosures we have already made with your permission. Requests for a restriction (or terminating an existing restriction) must be made by contacting WGCA.

RIGHTS THAT YOU HAVE

Amendments to Your PHI - You have the right to amend or correct the PHI that we maintain about you. If you feel your medical information is incorrect or incomplete, you may ask to amend the information for as long as the information is kept by us. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. We may deny your request if the information:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information that you would be permitted to inspect or receive copies of; or
- Is already accurate and complete.

If your request to amend your record is denied, you will have the right to certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial notice. Amendment request forms are available from WGCA at the address found at the bottom of this Notice.

Access to Your PHI - You have the right to copy and/or inspect certain of your PHI that we maintain for information that may be used to make decisions about your care. Usually this includes medical and billing records but not psychotherapy notes. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative. Access request forms are available from WGCA. We may charge you a fee for copying and postage. A reasonable time for us to gather the information is typically no less than two weeks.

Accounting for Disclosures of your PHI - You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. An accounting of disclosure does not include disclosures made:

- to you or your personal representative;
- with your written authorization;
- for treatment, payment or health care operations;
- to your family or friends involved in your care or payment for your care;
- incidental to permissible uses or disclosures; or
- about inmates to correctional institutions or law enforcement officers.

To be considered, your accounting requests must be in writing and signed by you or your representative. Your request must state a time period, which is no longer than six years and does not include dates before April 14, 2003. Accounting forms are available from WGCA. We may charge you a fee for each accounting you request. We will notify you of the cost involved and you may withdraw or change your request before you are charged any fees. A reasonable time for us to gather the information is typically no less than two weeks.

Request for Confidential Communications - You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on your voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us. Requests for confidential communication must be in writing, signed by you or your representative, and sent to WGCA.

Practice Commitment –

- a. We are required by law to make sure that medical information that identifies you is kept private.
- b. We are required to follow the terms of this Privacy Notice.
- c. We reserve the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- d. We must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

Right to a Copy of the Notice - You have the right to a paper copy of this Notice upon request by contacting WGCA. You may also obtain a copy of this notice from our website.

Complaints - If you believe your privacy rights have been violated, you can file a complaint with WGCA. To file a privacy complaint with us, you may call the Practice Administrator/Privacy Officer at 585.244.3430 ext 100 or write to the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of violation of your rights. There will be no retaliation for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice or about the use of your medical information, you may contact WGCA at 1815 S. Clinton Avenue, Attn: Christopher LeStorti, Privacy Officer, Rochester, New York 14618, or by calling 585-244-3430 ext 100.

EFFECTIVE DATE

This Notice is effective April 14, 2003.