

Park East Gynecology & Surgery, PC
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NOTICE OF PRIVACY PRACTICES – PATIENT ACKNOWLEDGEMENT

PATIENT'S NAME _____ **DATE OF BIRTH** _____

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 Park East Gynecology & Surgery, PC, 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 applies to all protected health information as defined by Federal regulations.

Understanding Your Health Record/Information

Each time you visit Park East Gynecology & Surgery, PC, 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;
- A means of communication among the health professionals who contribute to your care;
- A legal document describing the care you received;
- A tool in educating health professionals;
- A source of data for medical records;
- 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; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes.

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 Park East Gynecology & Surgery, PC, the information belongs to you. You have a right to:

- Obtain a paper copy of this notice of information practices upon your request;
- Inspect and copy your health record as provided 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.

Our Responsibilities

Park East Gynecology & Surgery, PC 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. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose 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 you believe your privacy rights have been violated, you can file a complaint with our Practice's Privacy Officer, or with the Office for Civil Rights, United States Department of Health & 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 & Human Services
200 Independence Avenue, S.W.
Rom 509H, HHH Building
Washington, D.C. 20201

Examples of Disclosure for Treatment, Payment & 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 healthcare team. Members of your healthcare 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 your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are released from our care.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payor or other financial collection institution. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff may use information in your health records 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 services we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include, but are not limited to, laboratory tests, as well as a transcription service we use for transcribing office notes. 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 payor for services rendered, however; we require the business associate to appropriately safeguard your information.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, any health information relevant to that person's involvement in your care or payment related to your care. 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.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board (IRB) that has reviewed the research protocols to ensure the privacy of your health information.

Worker's Compensation: We may disclose health information to the extent authorized by, and to the extent necessary to comply with laws relating to, Worker's Compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

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

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 workforce 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.

Park East Gynecology & Surgery, PC reserves the right to change the terms of its Notice of Privacy Practices. I understand the Practice will provide current Notice of Privacy Practices upon request.

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy in regards to my protected health information (PHI). I have received, read, and fully understand this Notice of Privacy Practices.

Patient Name (printed)

Patient Signature

Date