

## **Notice of Privacy Practices Effective July 21, 2010**

As required by the Privacy Regulation created as a result of Health Insurance Portability and Accountability Act of 1996 (HIPPA)

**This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information.**

**Please review this notice carefully.**

### **A. Our commitment to your privacy.**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services that are provided to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the term of the notice of privacy practices that we have in effect at this time.

We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your IIHI.
- Your privacy rights in your IIHI.
- Our obligations concerning the use and disclosure of your IIHI.

**The terms of this notice apply to all records containing your IIHI that are created or retained by OB/GYN Services, P.C. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we have created or maintained in the past or will be in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times and you may request a copy of our most current notice at any time.**

OB/GYN Services, P.C.  
ATTN: Privacy Officer  
17 Case Street  
Norwich, CT 06360  
(860) 886-2461

**B. If you have any questions about this notice, please contact Brianna Chadic, Ext. 114**

**C. We may use and disclose your Individually Identifiable Health Information (IIHI) in the following ways:**

**1. Treatment.** OB/GYN Services, P.C. may use your IIHI to treat you.

Examples of treatment may include, but are not limited to, ordering

laboratory of diagnostic testing and using the results to reach a diagnosis

and plan of care, writing a prescription for you and disclosing your IIHI

to the pharmacy or testing site. Our employees, including but not limited

to doctors and nursing staff may use or disclose your IIHI in order to treat

you or assist others in your treatment. Additionally, we may disclose your

IIHI to others who may assist in your treatment.

**2. Payment.** OB/GYN Services, P.C. may use and disclose your IIHI in

order to bill and collect payment for services you may receive from us.

Examples include ,but are not limited to, contacting your insurance carrier to verify eligibility and benefit coverage or to provide your insurance carrier with information needed to pay for your treatment. We may also use and disclose your IHHI to obtain payment from third parties that may be responsible for such costs and to bill you directly.

**3. Health Care Operations.** OB/GYN Services, P.C. may use and disclose

your IIHI to operate our business. This information is can be helpful to evaluate our quality of care and to conduct cost management and/or business planning activities.

**4. Appointment Reminders.** OB/GYN Services, P.C. may use and disclose

your IIHI to contact you and remind you of an appointment.

- 5. Treatment Options.** OB/GYN Services, P.C. may use or disclose your IIHI to inform you of potential treatment options and alternatives.
- 6. Health-Related Benefits and Services.** OB/GYN Services, P.C. may use and disclose your IIHI to inform you of health related benefits or services that may be of interest to you.
- 7. Release of Information to Family/Friends.** OB/GYN Services, P.C. may release your IIHI to a friend or family member that is involved in your care or who assists in taking care of you.
- 8. Disclosures Required by Law.** OB/GYN Services, P.C. will use or disclose your IIHI when we are required to do so by federal, state or local law.

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**D. Use and disclosure of your IIHI in certain special circumstances.**

**E. Your rights regarding your IIHI.**

You have the following rights regarding the IIHI that we maintain about you:

**1. Confidential communications.** You have the right to request that

OB/GYN Services, P.C. communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that that we contact you at home rather than work.

In order

to request a type of confidential communication, you must make a written request to OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360, specifying the requested method of contact

or the

location where you wish to be contacted. Our practice will accommodate

reasonable requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when, otherwise, required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360. Your request must describe in a clear and concise fashion:

- (a) The information you wish restricted;
- (b) Whether your requesting to limit OB/GYN Services, P.C.'s use, disclosure or both and,
- (c) To whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you including patient medical records and billing records but not including psychotherapy notes. You must submit your request in writing to OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360 in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee

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for the costs of copying, mailing, labor and supplies associated with your request. OB/GYN Services, P.C. may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information if you

believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360. You must provide us with a reason that supports your request for amendment. OB/GYN Services, P.C. will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is, in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy or (d) not created by our practice unless the individual or entity that created the information is not available to amend the information.

- 5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operation purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented; for example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360. All requests for an “accounting of disclosures” must state a time period which may not be longer than six (6) years from the date of disclosure and may not include dates before July 20, 2010. The first list you request within a 12 month period is free of charge but our practice may charge you for additional lists within the same 12 month period. OB/GYN Services, P.C. will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

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- 6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper

copy of this notice, contact OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360, (860) 886-2461.

**7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Dept. of Health and Human Services. To file a complaint with our practice, contact OB/GYN Services, P.C., ATTN: Privacy Officer, 17 Case Street, Norwich, CT 06360. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.**

OB/GYN Services, P.C. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons you described in the authorization. Please note, we are not required to retain records of your care.

**The following categories describe unique scenarios in which we may use or disclose your identifiable health information.**

**1. Public Health Risks.** OB/GYN Services, P.C. may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records such as births and deaths.
- Reporting child abuse or neglect.
- Preventing or controlling disease, injury to disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a product or device they may be using has been recalled.

- Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence), however, we will only

disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**2. Health Oversight Activities.** OB/GYN Services, P.C. may disclose your

IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensures and disciplinary actions; civil, administrative, and criminal procedures at actions; or other activities necessary for the government to monitor governmental programs, compliance with civil rights laws and the health care system in general.

**3. Judicial and Other Administrative Proceedings.** OB/GYN Services,

P.C. may use and disclose your IIHI in response to a court or administrative order, if you are involved in a legal or other administrative proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we aren't able to obtain the person's agreement.
- Concerning the death we believe has resulted from criminal conduct.
- Regarding criminal conduct at our offices.
- In response to a warrant, summons, court order, subpoena or similar legal process.
- To identify/locate a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the locations of victim(s) of the crime or the description, identity or location of the perpetrator.

**5. Deceased Patients.** OB/GYN Services, P.C. may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

- 6. Organ and Tissue Donation.** OB/GYN Services, P.C. may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- 7. Research.** OB/GYN Services, P.C. may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes EXCEPT when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that the information being sought is necessary for the research study; the use or disclosure of your IIHI is being used only for research and the researcher will not remove any of your IIHI from the OB/GYN Services, P.C.; or the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.
- 8. Serious Threats to Health or Safety.** OB/GYN Services, P.C. may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 9. Military.** OB/GYN Services, P.C. may disclose your IIHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 10. National Security.** OB/GYN Services, P.C. may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.
- 11. Inmates.** OB/GYN Services, P.C. may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the

safety and security of institution and/or: (c) to protect your health and safety or the health and safety of other individuals.

**12. Workers Compensation.** OB/GYN Services, P.C. may release your IIHI for Worker's Compensation and similar programs.