

NOTICE OF PRIVACY PRACTICES

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

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe the different ways in which we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time in writing to our practice's privacy officer.

Treatment. We may use your Health Information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your Health Information in order to write a prescription for you, or we might disclose your Health Information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and medical assistants – may use or disclose your Health Information in order to treat you or to assist others in your treatment. Finally, we may also disclose your Health Information to other health care providers for purposes related to your treatment.

Payment. We may use and disclose your Health Information in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of 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. Also, we may use your Health Information to bill you directly for services. We may disclose your Health Information to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations. We may use and disclose your Health Information to operate our business. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We may also share information with other entities that have a relationship with you (for example, your health plan) for their health care operations activities. We may disclose your Health Information to other health care providers and entities to assist in their health care operations.

Appointment Reminders. We may use and disclose your Health Information to contact you and remind you of an appointment with us. We may also use and disclose your Health Information to inform you of potential treatment options or alternatives or to inform you of health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share your Health Information with a person who is involved in your care, such as a family member or close friend. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS

Disclosures Required By Law. We will use and disclose your Health Information when we are required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than is specified in our contract.

Military. We may disclose your Health Information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Workers' Compensation. We may release your Health Information for workers' compensation and similar programs. These programs provide benefits for work related injuries or illnesses.

Public Health Risks. We may disclose your Health Information for public health activities. These activities generally include maintaining vital records, such as births and deaths, reporting child abuse or neglect, preventing or controlling disease, 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 authority 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.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. Oversight activities include, for example, investigations, inspections, audits, surveys and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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.

Law Enforcement. We may release Health Information if asked to do so by a law enforcement official if the information is 1) regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; 2) concerning a death we believe has resulted from criminal conduct; 3) regarding criminal conduct at our offices; 4) in response to a warrant, summons, court order, subpoena or similar legal process; 5) to identify/locate a suspect, material witness, fugitive or missing person; 6) in an emergency, to report a crime including the location or victim(s) of the crime, or the description, identity or location of the perpetrator.

Coroners, Medical Examiners or Funeral Directors. We may release Health Information 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.

National Security and Intelligence Activities. We may disclose Health Information to authorized federal officials for intelligence, counter-intelligence and national security activities authorized by law. We also may disclose your Health Information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. We may disclose your Health Information 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: 1) for the institution to provide health care services to you, 2) for the safety and security of the institution, and/or 3) to protect your health and safety or the health and safety of other individuals.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

Right to Inspect and Copy. You have the right to inspect and obtain a copy of the Health Information 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 the Medical Records department in order to obtain a copy of your Health Information. You must submit your request in writing to inspect your Protected Health Information to our Privacy Officer. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to ask for amendment as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to the Practice Administrator who is the Privacy Officer for Women's Health Specialists. You must provide us with a reason that supports your request for amendment. We 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: 1) accurate and complete; 2) not part of the Health Information kept by or for the practice; 3) not part of the Health Information which you would be permitted to inspect and copy; or 4) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Right to Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your Health Information for purposes other than treatment, payment or health care operations purposes or for which you provided written authorization. Use of your Health Information 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 the Practice Administrator who is the Privacy Officer for Women's Health Specialists. 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 April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment or health care operations. Additionally, you have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment of your care, like a family member or friend. For example, you could request that we not share certain information with your spouse. **We are not required to agree to your request;** however, if we do agree, we will comply with 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 Health Information, you must make your request in writing to the Practice Administrator who is the Privacy Officer for Women's Health Specialists. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For instance, you may ask that we contact you only by mail or at work. In order to request a type of confidential communication, you must make a written request to the Practice Administrator who is the Privacy Officer for Women's Health Specialists. You must specify how or where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Right to Provide an Authorization for Other Uses and Disclosures. We 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 Health Information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your Health Information for the reasons described in the authorization. Please note, we are required to retain records of your care.

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 to the Practice Administrator at (772) 219-1080. The Practice Administrator is the Privacy Officer for Women's Health Specialists.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Practice Administrator who is the Privacy Officer for Women's Health Specialists. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**