



Patient Privacy Policy

PATIENT PRIVACY NOTICE

Health Information Portability and Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Your privacy and safeguarding your medical information are critical concerns to us here at Premier Women's Health, PLLC. The Federal Government's Health Information Portability and Accountability Act (HIPAA) requires that every patient receive notification about how the details of their current or past health condition (Protected Health Information or PHI) are disclosed to those outside our practice. We agree with this policy and will do our utmost to protect personal information about you that our practice may have in your record. Although our policy is to disclose information only after receiving a written release from you, or from someone legally responsible for you, we will disclose information to persons or organizations outside the practice under certain conditions. These circumstances include but are not limited to, filing insurance claims, communicating with other doctors or organizations (hospitals, labs, health care agencies and governmental agencies), or performing those tasks necessary to conduct your medical care.

Given the complexity of modern medicine, and the insurance industry, there are several appropriate circumstances in which we will need to disclose or use your PHI without your specific written consent. These uses are best described in terms of the following categories:

For Treatment: In order to undertake, coordinate, or complete a patient's treatment we may need to disclose PHI to nurses, pharmacists, doctors, lab technicians, X-ray technicians and other individuals involved in your care.

For Health Care Operations: We may use or disclose your PHI to others in connection with review of our practice carried out as part of a quality assurance programs or record reviews conducted by outside insurance agencies or governmental agencies responsible for regulating medical practices or insuring compliance with existing regulations. If these reviews are conducted, we will make every attempt to protect your identity and the anonymity of our patients while complying with the review. However, enough material may need to be disclosed that could possibly reveal your PHI.

Appointment Reminders or Verification: We may need to disclose PHI about you in connection with appointment reminders by phone or by mail. Simply by identifying ourselves as a caller, other persons may learn that you are under our care. We will make every effort to be discreet, but your information may need to be used to remind you of an appointment or verify to others that you have an appointment.

Individuals Involved in your Care: Our practice may disclose PHI to friends or family members who are involved in our patient's care. Information will be disclosed with the intent of insuring the accurate conduct of care, or to answer questions about appropriate delivery of care.

Research/Medical Literature: Our doctors participate in research, which may involve collection and use of your PHI in connection with a study, journal article, or educational program. Before using your information, a valid authorization to do so will be specifically requested from you. You are under no obligation to participate in any research being conducted.

As Required by Law or to Avert a Serious Threat to Health or Safety: PHI may be disclosed or used when required by public law. An example of this is the requirement to release specific patient information when certain kinds of communicable diseases are discovered.

For Payment: Our practice may use or disclose PHI to third-party payers (insurance companies or Government Agencies) so that we may receive payment for treating you.

By signing below, you acknowledge that you have received a copy of this notice. You further acknowledge that you have read and understand the information contained in this HIPAA Privacy Notice.

Patient Name (Printed)

Patient Signature

Date