

## II. CHANGES TO THIS PRIVACY NOTICE

We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that our Office creates or maintains, past and future. We will post a copy of our current Notice in our office in a visible location at all times and on our website [www.vwhc.net](http://www.vwhc.net), and you may request a paper copy of our most current Notice at any time.

## III. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS

The following categories describe and give some examples of the different ways in which we may use and disclose your PHI. Not every use or disclosure in a category will be listed but all of the ways we are permitted to use and disclose PHI will fall within one of the categories listed below.

**1. Treatment.** We may use your PHI to treat you. For example, we may use diagnostic tests results to help us reach a diagnosis. Your PHI may be disclosed to the facility at which you have tests in order for the facility to provide services to you. We may also disclose your PHI to a pharmacy to order prescriptions for you.

**2. Payment.** We may use and disclose your PHI in order to bill and collect payment from you, an insurance company, or other designated third party payor, for the treatment and services we provide to you. For example, we may contact your health plan to certify that you are eligible for benefits, and we may provide your plan with details regarding your treatment to determine if the plan will cover, or pay for, your treatment.

**3. Healthcare Operations.** We may use and disclose your PHI to operate our business. For example, our Office may use your PHI to conduct quality assessment and improvement activities, review performance of our healthcare professionals, or general management or business planning for our Office. We may remove identifying information from your PHI so that it might be disclosed to researchers of healthcare.

**4. Appointment Reminders.** We may use and disclose your PHI to contact you and remind you of appointments.

**5. Health-Related Benefits and Services.** We may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**6. Release of Information to Family/Friends.** You have the right to tell us to share your PHI with your family, close friends, or others involved in your care, in a disaster relief situation, and to include your information in a hospital directory. We may release your PHI to a friend or family member who is involved in your care, who assists in taking care of you, or who pays or helps pay for your medical care. We may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, for example if you are unconscious, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you have an emergency medical condition, we may share information with the family member or friend that accompanies you in that emergency. However, you have the right to request restrictions on who receives your PHI so if there are specific family members or other persons to whom you do not want your PHI disclosed, please let us know in the manner required by Section V.

## IV. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe special situations in which we may use or disclose your PHI:

**1. As Required By Law.** We will disclose PHI when required to do so by federal, state or local law.

**2. Public Health Risks.** We will disclose your PHI to public health or government authorities that are authorized by law to collect information for purposes such as, but not limited to, the following:

- Maintaining vital records such as births and deaths.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to or risk of spreading or contracting a communicable disease or condition.
- Helping with product recalls.
- Reporting adverse reactions to medications.

**3. Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system.

**4. Minors.** If you are a minor (under 18 years old), we will comply with Georgia Law regarding minors. We may release certain types of your PHI to your parent or guardian, if such release is required or permitted by law.

**5. Lawsuits and Similar Proceedings.** We may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the requesting party has made an effort to inform you of the request or to obtain a qualified protection order protecting the requested information.

**6. Law Enforcement.** We may release PHI if asked to do so by law enforcement. For example:

- Reporting certain types of wounds and physical injuries, as required by law.
- Regarding a person believed to be a crime victim in certain situations.
- Concerning a death the healthcare professional suspects has resulted from criminal conduct.
- Regarding reasonably suspected 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 location or victim(s) of the crime, or the description, identity or location of the perpetrator).

**7. Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release PHI in order for funeral directors to perform their services.

**8. Organ and Tissue Donation.** If you are an organ donor, we may release PHI to offices that handle organ or tissue procurement or

transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

**9. Serious Threats to Health or Safety.** We may use and disclose your PHI 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 office able to help prevent the threat.

**10. Military.** If you are a member (or veteran) of U.S. or foreign military forces, we may release your PHI as required by the appropriate authorities.

**11. National Security.** We may disclose your PHI to federal officials for intelligence and national security activities authorized by law in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**12. Inmates.** If you are an inmate of a correctional institution, or under the custody of law enforcement officials, we may disclose to such correctional institutions or law enforcement officials the PHI necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**13. Workers' Compensation.** We may disclose your PHI for workers' compensation and similar programs, as required by applicable laws.

**14. We will never share or sell your information for marketing purposes.**

## V. YOUR RIGHTS REGARDING YOUR PHI

**1. Requesting Restrictions.** You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. *We are not required to agree to your request* but we will agree unless a law requires us to share that information. If we do agree, we are bound by our agreement, except when otherwise required or permitted by law, or when the restricted information is necessary to treat you in an emergency. In order to request a restriction on our use or disclosure of your PHI, your request must be in writing and describe in a clear and concise fashion:

- (a) The information you wish restricted and how you want it restricted;
- (b) Whether you are requesting to limit our Office's use, disclosure or both; and
- (c) To whom you want the limits to apply.

**2. Confidential Communications.** You have the right to request that our Office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work, or by mail or email, rather than telephone. You may ask that we send all mail to a particular address. We will accommodate reasonable requests, but we are *not* required to accommodate all requests. In order to request a type of confidential communication, your request must be in writing specifying the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.

**3. Access and Copies.** You have the right to inspect and obtain an electronic or paper copy of the PHI that we maintain about you, including patient medical records and billing records, but not including certain information that may be restricted by law or pursuant to a legal or administrative process or proceeding. You must submit your request in writing. We may charge a reasonable cost-based fee for copying, mailing, labor and supplies associated with your request in accordance with Georgia law, and we will provide the requested PHI usually within 30 days of your request.

We may deny your request to inspect and/or copy some or your entire PHI in certain limited circumstances; however, you may request a review of our denial. A licensed healthcare professional, who was not involved in the denial, will be chosen by us to conduct reviews of denials. We will comply with the outcome of the review. You may request the form: **Medical Record Release**

**4. Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you have the right to ask us to amend the information as long as the information is kept by or for this Office. Your request must be made in writing and you must provide a reason that supports your request for the amendment. We may deny your request for an amendment if it is not in writing, if it does not include a reason to support the request, or if you ask us to amend information that:

- 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 the office;
- Is not part of the information you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for an amendment, we will tell you why in writing within 60 days.

**5. Accounting of Disclosures.** You have the right to request an accounting of disclosures which is a list of certain non-routine disclosures our Office has made of your PHI for non-treatment or operations purposes. Your request must be made in writing and 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. The first list you request within a 12-month period is free of charge, but our Office may charge you for additional lists within the same 12-month period. Our Office will notify you of the costs involved with additional requests, and you may withdraw or modify your request before you incur any costs. We are not required to provide you with an accounting of the following disclosures:

- Disclosures for treatment, payment or the healthcare operations of our Office;
- Disclosures to you or those you have authorized us to make.
- Disclosures incident to uses or disclosures of your information for permitted purposes;
- Disclosures [from our office's directory,] to others involved in your care; or for notifying your family member or personal representative about your general condition, location, or death when you have had the opportunity to agree to such disclosures (or they were otherwise permitted);
- Disclosures for national security or law enforcement;
- Disclosures that were part of a "Limited Data Set" (which is a set of information containing only limited amounts of identifiable information, as permitted by the HIPAA Privacy Rules); or
- Disclosures that occurred prior to April 14, 2003.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices even if you have agreed to receive the notice electronically. You may ask us to give you a paper copy of this notice at any time and we will provide you with one promptly.

**7. Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**8. Right to File a Complaint.** If you believe your privacy rights have been violated by our Office or an employee of our Office, you may file a complaint to:

Privacy Officer  
Valdosta Women's Health Center, PC  
604 East Park Avenue  
Valdosta, Georgia 31602

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). Because we are always interested in improving the quality of services provided to you, we would encourage you to contact us first. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**9. 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 or required by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**PRIVACY OFFICER  
VALDOSTA WOMEN'S HEALTH CENTER, PC  
604 EAST PARK AVENUE  
VALDOSTA, GEORGIA 31602**

**PHONE: 229-333-0277**

**Valdosta Women’s Health Center, PC**  
**604 East Park Avenue**  
**Valdosta, GA 31602**

**NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AS A PATIENT MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**I. OUR COMMITMENT TO YOUR PRIVACY**

Valdosta Women’s Health Center, PC (hereinafter referred to as the “Office”) is required by federal and state law to maintain the privacy and security of your medical and personal information, referred to as protected health information, or PHI. As we provide services, we must create and maintain records to provide you with quality care and to comply with various legal requirements. The terms of this Privacy Notice apply to all records containing your PHI that are created or retained by our Office. We are required by law to provide you with this Privacy Notice of our legal duties and the privacy practices that we maintain in our Office concerning your PHI.

This Privacy Notice provides you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights with respect to your PHI.
- Our obligations concerning the use and disclosure of your PHI.
- Important contact information.