

## LONDON WOMEN'S CARE

### Notice of Privacy Practices

This notice describes how information about you may be used and disclosed by London Women's Care (the "Practice") and how you can get access to this information. Please review it carefully.

This Notice is effective October 1, 2020 and applies to all protected health information as defined by federal and state regulations. (Rev. 10/1/2020)

#### Understanding your health record/information:

What is in your healthcare record and how your protected health information ("PHI") is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make better informed decisions when authorizing disclosure to others.

Each time you visit our office a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as your health or medical record, may be used by our Practice, as follows:

- A basis for planning your care and treatment
- A means of communication among the healthcare professionals who contribute to your care. We may need to transmit PHI over an unsecured medium, such as a paper-to-paper fax. Unencrypted text messaging or e-mailing may be used when requested and/or initiated by you. Please note that transmitting PHI via an unencrypted medium presents a risk that your PHI could be read by a third party.
- A legal document describing the care we provided to you
- A record that you or a third-party payer can verify services billed were actually provided
- A tool in educating healthcare professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this county, state and the nation
- A tool which we can assess and continually work to improve the care we render and the outcomes we achieve
- To provide you with information on additional treatment alternatives and other health-related benefits
- We may use your information for appointment reminders as defined by the "Consent" page

#### Your Health Information Rights:

Although your health record is the physical property of this Practice, the information belongs to you. You have the right to:

- Obtain a copy of this Notice of Privacy Practices
- Inspect and/or receive a copy of your health record electronically as provided for in 45 CFR 164.512 and 45 CFR 164.524 of the Health Insurance Portability and Accountability Act of 1996 as subsequently amended ("HIPAA")
- Amend your health record as provided in 45 CFR 164.524 (HIPAA)
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information to health plans, if you paid for these services out of pocket
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- You have a right to opt out of communications for fund raising activities of this Practice

#### Our Responsibilities. We are required to:

- Maintain the privacy of your health information as defined by federal/state laws
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Notify you of a breach of your PHI
- Notify you if we are unable to agree to a requested restriction

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the changes in our reception area and on our website at [www.londonwomenscare.com](http://www.londonwomenscare.com). At your request, we will provide you a revised Notice of Privacy Practices.

#### To Report a Problem

If you have questions, would like additional information or wish to report a problem, please contact the Practice's Privacy Officer at (606) 878-3240 or 803 Meyers Baker Rd., London, Kentucky 40741.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, the Practice Administrator, or with the Office of Civil Rights, U.S. Department of Health and Human Services, 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/complaint](http://www.hhs.gov/ocr/privacy/hipaa/complaint). There will be no retaliation for filing a complaint.

#### Treatment, Payment and Healthcare Operations:

**Treatment:** Information obtained by a member of our healthcare team will be recorded in your record and will be used to determine the course of treatment we believe is best for you. We may also share with other healthcare providers involved with your treatment copies of your healthcare information to assist them in treating you.

**Payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Healthcare Operations:** Members of the medical staff may use information in your health record 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 health care and service we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may need to disclose your health information to our business associate so they can perform the job we've hired them to do. HIPAA now requires the business associate to protect your health information just as we do. Therefore, HIPAA and this Practice, require the business associate to sign a Business Associate Agreement, protecting and securing your health information as required by Federal and State law.

**Notification:** 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. (As governed by federal/state law and the Consent page).

**Communication with family:** Healthcare professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. (As governed by federal/state law and the Consent page).

**Research:** We may disclose information to researchers, when an institutional review board having reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research. This information will be de-identified.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

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

**Abuse and Domestic Violence:** As provided by federal and state law, we may, at our professional discretion, disclose to proper federal or state authorities healthcare information related to possible or known abuse or domestic violence.

**Sale of Business:** We may disclose your health information in connection with the sale of all or part of our business. Other than this exception, we will not sell your PHI for remuneration without your authorization.

**Authorization:** We will not use or disclose your health information without written authorization from you or your legal representative for: psychotherapy notes, HIV+/AIDS status, drug/alcohol abuse records, marketing purposes, or other uses and disclosures not described in this notice.