



## HIPAA 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 IT CAREFULLY.**

**Effective Date: August 1, 2018**

The Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA), as amended, is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. HIPAA gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI).

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **How We May Use and Disclose Your Protected Health Information**

Your Protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, seeking payment for services provided to you, supporting our operations, and any other use required by law.

**Treatment:** We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for health care services. For example, we may need to give your health plan information about a procedure or service you received from us so your health plan will pay us or reimburse you for the procedure or service.

**Healthcare Operations:** We may use or disclose your protected health information in order to support our operations and business activities. These activities may include, for example, quality assessment and improvement activities, conducting training programs, reviewing the competence and qualifications of healthcare professionals, and conducting or arranging for other business activities. We may also disclose your health information to other health care providers with whom you have or had a relationship to assist in their health care operations, including to conduct quality assessment and improvement activities.

**Business Associates:** We may disclose your protected health information to our business associates for them to provide services to us or to perform certain functions on our behalf. All of our business associates are obligated to protect the privacy and security of your protected health



information and are not allowed to use or disclose any of your information other than as specified in our contract with them.

**Your Family, Friends, and Representatives:** We may release relevant medical information about you to a friend, family member or personal representative who is involved with your care or payment for care, unless you inform us that you object to such disclosure. We may also use or disclose information about you to notify or assist in the notification of a family member, friend, personal representative, an entity assisting in a disaster relief effort, or other person responsible for your care of your location and general condition. If you are present, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or in emergency circumstances we will determine in our professional judgement whether such disclosure is necessary and in your best interest.

**We may also use or disclose your protected health information in the following situations without your authorization.** These situations include: disclosures required by law; to help with public health and safety issues, such as to prevent or control disease, report child abuse or neglect, or notify a person of a product recall; to health oversight agencies for activities authorized by law; to comply with Food and Drug Administration requirements; in response to a court or administrative order, or in response to a subpoena; for law enforcement purposes or with law enforcement officials as permitted or required by law; with a coroner, medical examiner, or funeral director when an individual dies; with organ procurement organizations; for health research; regarding criminal conduct at our offices; for special government functions such as military, national security, and presidential protective services; for workers' compensation claims; 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; to a correctional institution or law enforcement official if you are an inmate or in the custody of law enforcement; and other required uses and disclosures. We may contact you in relation to fundraising activities; however, if you do not wish to receive such information from us, you may opt out of receiving such communications. Under the law, we must disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

**Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization, or Opportunity to Object unless required by law.** Use and disclosures of PHI for marketing purposes, as well as disclosures that constitute a sale of PHI, require an authorization from you. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

**You may revoke this authorization,** at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Your Rights**

The Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** With limited exceptions, you have the right to inspect or get copies of you PHI, whether in paper or electronic format, and to direct that we provide a copy of your PHI to another person designated by you in writing. You must make the request in writing at the address listed at the end of this Notice. Under federal law, however, you may not inspect or copy the following records: psychotherapy



notes; information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, information whose disclosure may result in harm or injury to you or to another person, and protected health information that is subject to law that prohibits access to protected health information. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law. We have the right to charge you a reasonable, cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Your right to inspect and obtain a copy of your PHI extends only to your PHI contained in our Designated Record Set for you. A “Designated Record Set” is the HIPAA term for medical and billing records and any other records that we use for making health care decisions about you.

**You have the right to request a restriction of your health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. Any such request for restrictions must be in writing, be addressed to the Privacy Officer at the address listed at the end of this Notice, and state the specific restriction requested and to whom you want the restriction to apply. However, we are not required to comply with your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** However, we may condition this accommodation by asking you for information as to how payment will be handled or a specification of an alternate address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, be addressed to the Privacy Officer at the address listed at the end of this Notice, and state the specific alternate means or location.

**You have the right to obtain a paper copy of this Notice from us,** upon request, even if you have agreed to accept this Notice alternatively (i.e. electronically).

**You may have the right to have your physician amend your protected health information contained in your Designated Record Set if you believe it is incorrect or incomplete.** However, we are not required to make any such amendments. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All of these documents will be placed in the appropriate part of your Designated Record Set. If you are requesting that we amend your records because you believe that you are a victim of medical identity theft, we will use reasonable efforts to assist you in making corrections to your record which are determined to be appropriate under the circumstances.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** You have the right to receive a list of instances, if any, in which we or our business associates disclosed certain of your PHI for purposes other than treatment, payment, or healthcare operations. To request an accounting of disclosures, submit a written request to the address listed at the end of this Notice and specify a time period, which may not be longer than six years prior to the date of your request. If you request this accounting more



than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Notification of a Breach.** We will notify you of a breach of your unsecured PHI as required by HIPAA.

**Changes to this Notice**

We reserve the right to change the terms of this Notice and will inform you of any changes. You then have the right to object or withdraw as provided in this Notice.

To exercise any of your rights above, please contact our privacy officer in writing.

**Complaints or Request for More Information**

If you believe your privacy rights have been violated, you may complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, 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). You may file a complaint with us by notifying our privacy officer of your complaint at the number listed below. **We will not retaliate against you for filing a complaint.**

If you would like additional information regarding our privacy practices, or if you have questions or concerns, please contact at the number listed below.

Theresa B. Wiseley, CMM  
Practice Administrator  
1030 E. Lancaster Avenue, Suite L1  
Rosemont, PA 19010  
610-525-3225

Axia Women's Health



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**Patient Acknowledgement**

We are required by law to maintain the privacy of protected health information, and provide individuals with this Notice of our legal duties and privacy practices with respect to protected health information. If you have any questions, please speak with our HIPAA Compliance Officer in person or by phone at our main phone number

Signature below is only acknowledgement that you have been given the option of receiving a copy or been afforded an opportunity to review this Notice of our Privacy Practices:

Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_