



## **NOTICE OF PRIVACY PRACTICES (HIPPA)**

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

Arizons Obstetrics and Gynecology is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

This Notice describes how we may use or disclose your “protected health information” for various purposes. It also describes your rights to access and control your protected health information. “Protected health information” is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health service. Arizons Obstetrics and Gynecology is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy or a revised Notice or Privacy Practices.

### **We may use and disclose your medical records for treatment, payment and health care operations:**

- **Treatment** means providing, coordination, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means, such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer services. An example would be an internal quality assessment review.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name, indicate physician you are seeing and give other necessary information. The sign-in sheet will not display medical information that is not necessary for the purpose of signing in (e.g., the medical problem). We may also call you by name in the waiting room when your physician is ready to see you.

We may disclose health information to our business associates that perform various activities (e.g., billing, transcription services) for the practice. We will have a written contract with these business associates that contains terms that will protect the privacy of your protected health information.

**When appropriate, we may share protected health information with a person who is involved in your care or payment for your care. Special situations when protected health information may be disclosed:**

**Required By Law:** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose protected health information to a public health authority that is permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability.

**Communicable Diseases:** We may disclose protected health information, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** We may disclose your protected health information to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence.

**Food and Drug Administration:** We may disclose your protected health care information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in response to a court order and in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose protected health information for legal processes, requests for limited information for identification and locations purposes, request pertaining to victims of a crime, and alerting law enforcement officials when a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may use or disclose protected health information for identification purposes, determining cause of death or other duties authorized by law.

**Research:** We may disclose protected health information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Threatening Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe this is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.

**Military Activity and National Security:** When appropriate conditions apply, we may disclose protected health information of individuals who are Armed Forces personnel. Disclosure may be made to authorize federal officials for conducting national security and intelligence activities.

**Workers Compensation:** We may disclose protected health information to comply with worker's compensation laws and other similar legally established programs.

**Data Breach Notification:** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you in most circumstances and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your protected health information.

## **Your Written Authorization is Required for Other Uses and Disclosures**

The following uses and disclosures of your protected health information will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of protected health information for marketing purposes.
- Disclosures that constitute a sale of your protected health information.
- Any other uses and disclosures not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

## **You have the following rights regarding your protected health information that (except as noted below) you can exercise by presenting a written request to a Privacy Officer:**

- The right to request restrictions on certain uses and disclosures of protected health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care. We are not required to agree to the request. If we agree, we will comply unless the information is needed to provide you with emergency treatment.
- The right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will accommodate reasonable request.
- The right to ask that we amend your protected health information.
- The right to be notified upon a breach of any of your unsecured protected health information.
- The right to ask that your protected health information not be disclosed to a health plan for purposes of payment or health care operations if you paid out-of-pocket for a specific item or service.
- The right to opt out of receiving fundraising communications.
- The right to ask to see and get a copy of your protected health information. The request for a copy of your protected health information must be made in writing to our Medical Records Department.
- The right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If your protected health information is maintained in an electronic format (known as an electronic medical record or electronic health record), we will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format.
- The right to ask for a list of those getting your protected health information from us. The list will not cover your protected health information that we give to you or your personal representative, that was given out for law enforcement purposes, or that was given out for the purpose of treatment, payment, or health care operations.
- The right to obtain a paper copy of this notice from us upon request.

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 office, or if you want additional information about our privacy practices or this notice, contact the Practice Manager at (615) 494-4800, 820 N. Thompson Lane, Suite 1A Murfreesboro, TN 37129. All complaints must be made in writing. You will not be penalized for filing a complaint.

This notice is effective as of January 19, 2015.