

OB-GYN Center  
305 Virginia Drive  
Batesville, AR 72501

### **Notices of Privacy Practices**

As required by the privacy regulations created as a result of the health Insurance Portability and Accountability Act of 1996 (HIPAA)

**This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.**

#### **Please Review Carefully**

#### **A. Our Commitment to your privacy**

Our practice is dedicated to maintain the privacy of your **Individually identifiable health information (IIHI)**. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated but we must provide you with the following information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this notice. Any revision/amendment to this notice will be effective for all of your records that our practice has created or maintained in the past and for any records that we may create or maintain in the future. We will post a copy of our current notice in our office in a visible location and you may request a copy of our most current notice at any time.

#### **B. Contact**

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

**Privacy Officer  
OB-GYN Center  
305 Virginia Drive  
Batesville, AR 72501**

#### **C. We may use and disclose your IIHI in the following ways**

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may perform laboratory tests, and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription or disclose your IIHI to a pharmacy when we order a prescription for you. The staff of our practice may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, child, or parents. We may also disclose your IIHI to other health care providers for purposes related to your treatment.
2. **Payment.** We may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer and provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We may also use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** We may use and disclose your IIHI to operate our business. For example, we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received, or to conduct business planning activities and cost management for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. **Appointment Reminders.** We may use and disclose your IIHI to contact you and remind you of an appointment.
5. **Treatment Options.** We may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** We may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** We may release your IIHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent may as that a babysitter take their child to the physician's office for treatment. The babysitter may have access to this child's medical information.
8. **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state, or local law.

#### **D. We May Use and Disclose Your IIHI in Certain Special Circumstances**

1. **Public Health Risks.** We may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of
  - Maintaining vital records such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury, or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient including domestic violence, however we will only disclose IIHI if the patient agrees or we are required or authorized by law to disclose this information
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** We may disclose your IIHI 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 health care system in general.
3. **Lawsuits and Similar Proceedings.** We may use and disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release your IIHI if asked to do so by a law enforcement official regarding a crime victim in certain situations, if we are unable to obtain the person's agreement concerning a death we believe has resulted from criminal conduct, regarding criminal conduct at our office, in response to a warrant, summons, court order, subpoena, or similar legal process, to identify/locate a suspect, material witness, fugitive or missing person, and in an emergency, to report a crime including the location or victim of the crime, the description, identity, or location of the perpetrator.
5. **Deceased Patients.** We may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Organs and Tissue Donation.** If you are an organ donor, we may release your IIHI to organizations that handle organ, eye, or tissue procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
7. **Research.** We may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes **except when** an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: The use or disclosure involves no more than a minimal risk to your privacy based on an adequate plan to protect the identifiers from improper use and disclosure, an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or

research justification for retaining the identifiers or such retention is otherwise required by law), and adequate written assurances that the IIHI will not be reused or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study or the research could not practicably be conducted without the waiver or the research could not practicably be conducted without access to and use of the IIHI.

8. **Serious Threats to Health or Safety.** We may use and disclose your IIHI when necessary to 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 organization able to help prevent the threat.
9. **Military.** We may disclose your IIHI if you are a member of U. S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** We may disclose your IIHI to federal officials for intelligence and national security activities authorized by law.
11. **Inmates.** We may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.
12. **Workers' Compensation.** We may release your IIHI for workers' compensation and similar programs.

## E. Your Rights Regarding Your IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your IIHI in a particular manner. For instance, you may ask that we contact you at home rather than work in order to request a type of confidential communication. You must make a written request to the privacy officer specifying requested method of contact or location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care such as family members and friends. **We are not required to agree to your request.** However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use and disclosure of your IIHI, you must make your request in writing to the privacy officer. Your request must describe in a clear and concise fashion, a) the information you wish restricted, b) whether you are requesting to limit our practice's use, disclosure, or both, c) and to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient records and billing records, but not including psychotherapy notes. You must submit your request in writing to the privacy officer in order to inspect and/or obtain a copy of your IIHI. **Our practice may charge a fee for the cost of copying, mailing, labor, and supplies associated with your request.** Our practice may deny your request to inspect and/or copy in certain limited circumstances, however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. You may request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to the privacy officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: a) accurate and complete, b) not part of the IIHI kept by or for the practice, c) not part of the IIHI which you would be permitted to inspect and copy, or d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of your patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment, or non-operations purposes. **Use of your IIHI as part of routine**

**patient care in our practice is not required to be documented.** In order to obtain an accounting of disclosures, you must submit your request in writing to the privacy officer. All requests for an accounting of disclosures must state a time period, which may not be longer than 6 years from the date disclosures 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 practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice anytime.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the privacy officer at 870-698-0300. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **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 by applicable law. Any authorization you provide to use regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note however, we are required to retain records of your care.