



Bayside Women's HEALTH

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED/DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

OUR OBLIGATIONS: We are required by law to; maintain the privacy of protected health information "PHI"; give you this notice of our legal duties and privacy practices regarding health information about you; follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION: The following describes the ways we may use and disclose health information that identifies you ("the patient"). Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

For Treatment: We may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside of our office, who are involved in your medical care.

For Payment: We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you receive. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose health information for health care operations purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our office. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts. We also may share information with other entities that have a relationship with you (for example: your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits Services: We may use and disclose health information to contact you to remind you that you have an appointment with us. We also may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as a family member or close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research: Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

SPECIAL SITUATIONS:

As Required by Law: We will disclose health information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates: We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue donation: If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement and banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military if you are a member of a foreign military.

Workers' Compensation: We may release health information for workers' compensation or similar programs according to applicable law.

Public Health Risks: We may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premise; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for their duties.

National Security and Intelligence Activities: We may release health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized or foreign heads or to conduct special investigations.

Inmates or Individuals in Custody: If you are an inmate of a correction institution or under custody of a law enforcement official, we may release health information to the correctional facility or law official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional facility.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, to notify your family and friends your location or condition in a disaster. We will provide you with an opportunity to agree or object to such disclosure whenever we can practically do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosure of your PHI for marketing purposes
2. Disclosures that constitute the sale of your PHI
3. Most disclosures of psychotherapy notes

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose your PHI under the authorization. However, disclosures that we made in reliance on your authorization before you revoked it will not be affected by revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have the right to inspect and copy your PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy your PHI, you must make your request, in writing, to the Privacy Officer. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other federal needs-based program. We may deny your request in certain limited circumstances. If we deny your request, you have a right to have the denial reviewed by a licensed healthcare professional that was not involved in the denial of your request and we will comply with the outcome of your review.

Right to an Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic health record or an electronic medical record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access your PHI in the form or format you request if it is readily producible in such form or format. If your PHI is not available in the requested form or format, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic health information.

Right to Get Notice of a Breach: You have the right to be notified of any breach of your PHI.

Right to Amend: If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. To request amendment, you must make your request in writing to the Privacy Officer. If we deny your request, we will provide the reason why in writing within 60 days.

Right to an Accounting of Disclosures: You have the right to request certain disclosure we have made of your PHI for purposes other than treatment, payment and healthcare operations or for which you provided written authorizations. To request an accounting, you must make your request, in writing, to the Privacy Officer.

Right to Request Restrictions: You have the right to request a restriction on your PHI we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your PHI we disclose to someone in your care or the payment of your care, like a family member or friend. To request a restriction, you must make a request, in writing, to the Privacy Officer. We are not required to agree to 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. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket Payments: If you paid out-of-pocket (requested not to bill your health plan) in full for a specific item or service, you have the right to ask the your PHI, with respect to that item or service, not be disclosed to your health plan for purposes of payment or health care operations. We will honor that request unless a law requires us to share that information.

Right to Request Removal from Fundraising Communications: You have the right to opt out of receiving fundraising communications from our office.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must submit your request, in writing, to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.diegmännobgyn.com. To obtain a paper copy of this notice, ask the receptionist.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to your PHI we already have as well as any information we receive in the future. The new notice will be available upon request, in our office, and on our website. The notice will contain the effective date on the first page in the top right-hand corner.

COMPLAINTS:

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, contact the Privacy Officer. All complaints must be made in writing. There will be no retaliation for filing a complaint.

Submit written requests to the following address:

Bayside Women's Health, P.C.
150 South Ingleside St. Ste. 2
Fairhope, AL 36532

Attention: HIPAA Privacy Officer

If you have questions about this notice, please call 251-279-2823 or
email emily.henderson@bwhfairhope.com.