

NORTH SCOTTSDALE WOMEN'S HEALTH, PLLC

HIPAA PRIVACY NOTICE

Purpose of this Notice

At North Scottsdale Women's Health, PLLC (NSWH) we are committed to treating and using protected health information about you responsibly. We are also required by federal law to take reasonable steps to ensure the privacy of your health information.

The use and disclosure of Protected Health Information (PHI) is regulated by the federal law, the Health Insurance Portability and Accountability Act (HIPAA). You may find these rules in 45 Code of *Federal Regulations* Parts 160 & 164. This Notice attempts to summarize key points in the regulations. The regulation will supersede this notice if there is any discrepancy between the information in this Notice and the regulation.

Effective Date

The effective date of this Notice is April 14, 2003.

Privacy Office

North Scottsdale Women's Health, PLLC has designated a Privacy Officer to oversee the administration of privacy at this office and to receive complaints. The Privacy Officer may be contacted as follows:

North Scottsdale Women's Health, PLLC
9745 North 90th Place
Scottsdale, AZ 85258
480-661-1485

Your Protected Health Information

Each time you visit North Scottsdale Women's Health, PLLC, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information serves as the basis for communication among the many health professionals who contribute to your care, is a legal document describing the care you received, and

is the means by which you or a third party payer can verify that services billed were actually provided.

The term “Protected Health Information” (PHI) includes all information related to your past, present, or future health condition(s), that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by North Scottsdale Women’s Health, PLLC in spoken, written, electronic, or any other form.

When NSWH can disclose your PHI

Under the law, North Scottsdale Women’s health, PLLC may disclose your PHI without authorization, in the following cases:

- **At your request.** If you request it, North Scottsdale Women’s Health, PLLC is required to give you access to you or your dependent’s PHI.
- **As required by an agency of the government.** In general, North Scottsdale Women’s Health, PLLC does not need you to sign a valid authorization to release your PHI if required by law or for public health and safety purposes. North Scottsdale Women’s Health, PLLC is allowed to use and disclose your PHI without your authorization under the follow circumstances:
 - *When required by law*
 - *When permitted for purposes of public health activities*
 - *When authorized by law to report information to report information about abuse, neglect, or domestic violence to public authorities if a reasonable belief exists that you may be a victim of such abuse.*
 - *When required for judicial or administrative proceedings (e.g. subpoena, or discovery request)*
 - *When required for law enforcement purposes*
 - *When required to be given to a coroner or medical examiner*
 - *For research, subject to certain conditions*
 - *To comply with workers’ compensation or other similar programs established by law.*
- **For treatment, payment or health care operations.** North Scottsdale Women’s Health, PLLC and its business associates will use PHI, without a signed valid authorization when carrying out treatment, payment or healthcare options.
- **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may

leave this information on your answering machine or in a message left with the person answering the phone.

- ***Implicit authorization to release PHI and process for restriction.*** In addition to disclosures mandated by law, and disclosures to individuals or entities you have specifically authorized, North Scottsdale Women's Health, PLLC to assume your authorization for release of PHI to the following:
 - *Your spouse, if you do not restrict or object*
 - *Your legal representative with a valid power of attorney, your court-ordered (approved) guardian, or your conservator, if you do not restrict or object.*
 - *Your designated personal representative, if you have not revoked your personal representative*
 - *Either parent or a minor child, if you do not restrict or object.*

You may specifically restrict authorization by submitting a signed written request restrictions to the Privacy Officer noted above.

Your Individual Privacy Rights

Although your health records is the physical property of North Scottsdale Women's Health, PLLC, the information in your record does belong to you, and therefore, you have the rights related to its uses and disclosures, except otherwise indicated in this Notice, uses and disclosures of your PHI will be made only with your signed valid authorization, subject to your right to revoke your authorization.

In addition, you have the following rights:

- *You may inspect and receive a copy of your PHI*
- *You have the right to amend your PHI*
- *You have the right to receive accounting of PHI disclosure:* at your request, North Scottsdale Women's Health, PLLC will provide you with an accounting of disclosures made by the North Scottsdale Women's Health, PLLC. The accounting will not include disclosures made before April 14, 2003.
- *You have the right to receive a paper copy of this Notice upon request*
- *You have the right to designate a personal representative.* You may exercise your rights to the PHI by designating a personal representative. You must designate your personal representative **before** the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed and signed letter designating your personal representative.

North Scottsdale Women's Health, PLLC will automatically consider a parent or guardian as the personal representative of an un-emancipated minor (a child generally under the age of 18) unless applicable law requires otherwise or you restrict such disclosure.

- Personal representative designations may be revoked at any time by submitting a written statement of revocation. This statement must be received by the Privacy Officer prior to a revocation becoming effective.
- *You have the right to file a complaint if you believe your privacy rights have been violated.*

To exercise one or more of these rights, you should submit a signed, written statement detailing your request to the Privacy Officer listed on page 1 of this Notice. North Scottsdale Women's Health, PLLC is not required to agree to your request if the Privacy Officer determines it to be unreasonable.

Responsibilities of North Scottsdale Women's Health, PLLC

North Scottsdale Women's Health, PLLC is responsible for the following:

- *Maintain privacy of your health information.* North Scottsdale Women's Health, PLLC is required by law to maintain the privacy of your PHI
- *Notice of distribution.* North Scottsdale Women's Health, PLLC is required to provide you with Notice of its legal duties and privacy practices. This Notice is effective beginning on April 14, 2003. However, North Scottsdale Women's Health, PLLC reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by North Scottsdale Women's Health, PLLC. If a privacy practice is changed a revised version of this Notice will be provided to patients.
- *Disclosing only the minimum necessary PHI.* When using or disclosing PHI, North Scottsdale Women's Health, PLLC, will make reasonable efforts not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:
 - *Disclosures to or requested by a health care provider for treatment*
 - *Uses or disclosures made to you*

- *Uses or disclosures required by law (e.g., Public Health Agencies)*
- *Uses or disclosures required for compliance with legal regulations (e.g. subpoenas)*
- *Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.*

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Privacy Officer as follows:

Practice Administrator
North Scottsdale Women’s Health, PLLC
9745 North 90th Place
Scottsdale, AZ 85258
480-661-1485

There will be no retaliation for filing a complaint. You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the DHHS.

If you need more information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact North Scottsdale Women’s Health, PLLC’s Privacy Officer at 480-661-1485.

Acknowledgement of Notices of Privacy Notice (HIPAA)

I acknowledge that I have reviewed the notice of privacy practices. I understand that this notice describes how medical information about me may be used and disclosed and how I can get access to this information. I understand that if I wish to inspect and copy, amend restrict, receive an accounting of disclosures, or request confidential communications, that I may contact the privacy officer within this office at (480) 661-1485.

Patient Name: _____

Signature: _____

Date: _____