

**A Women's Center & Ventana Group**  
**476 East Campbell Avenue, Campbell, CA 95008**  
**Tel: (408) 378-1888**

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

If you have any questions about this notice, please contact our office at: (408) 378-1888.

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, the hospitals in the area where we may render care to you may have different policies or notices regarding their use and disclosure of your medical information created by the hospital. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to: \*make sure that health information that identifies you is kept private; \*give you this notice of our legal duties and privacy practices with respect to health information about you; and \*follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose protected health information (PHI).

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

**Health-Related Services and Treatment Alternatives:** We may use and disclose health information to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to send you this information, or if you wish to have us use a different address to send this information to you.

**Facility Directories:** We may disclose, unless you object to such disclosure, your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, will be disclosed to people, such as family and friends, who ask for you by name. Your religious affiliation will be given to members of the clergy, such as priests or rabbis.

**Emergencies:** We may use or disclose some or all of your PHI in an emergency treatment situation. As soon as practicable, you will be given the opportunity to object. The PHI will be disclosed only if it is thought to be in your best interest.

**Individuals Involved in Your Health Care or Payment for Your Health Care:** We may disclose your PHI to a family member or friend who is involved in your medical treatment or care. We may also disclose this information to a person who is involved in the financing of your health care. We may inform your family or friends as to your condition, location, or death. If you are present, you will be given the opportunity to object to all of these disclosures. However, if you are not present, only a disclosure that is in your best interest and directly relevant to the inquiring person's involvement in your health care will be made. In addition, we may disclose PHI to a public or private entity assisting in a disaster relief effort so that your family can be notified as to your condition, location, or death, or so that care or rescue efforts can be coordinated.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process; but we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the health information they review does not leave our facility. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

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

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health activities. These activities generally include the following:

\*to prevent or control disease, injury or disability; \*to report births and deaths; \*to report child abuse or neglect; \*to report reactions to medications or problems with products; \*to notify people of recalls of products they may be using; \*to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; \*to notify 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.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you 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 to do so by a law enforcement official:

\*in response to a court order, subpoena, warrant, summons or similar process; \*to identify or locate a suspect, fugitive, material witness, or missing person; \*about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; \*about a death we believe may be the result of criminal conduct; \*about criminal conduct at our facility; and in emergency circumstances 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, Health Examiners and Funeral Directors:** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

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

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

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement 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) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your PHI that is kept in a designated record set. This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) protected health information that is maintained by this practice to which access is prohibited by law.

To inspect and copy your PHI, you must make your request in writing by filling out the appropriate form provided by our office and submitting it to the address above. *If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents.*

We may deny your request to inspect and copy in certain very limited circumstances:

- \* the PHI you are requesting to inspect is specifically prohibited by law;
- \* you are an inmate and providing you with a copy of your PHI could be dangerous to your health, safety, security, custody, or rehabilitation, or that of others;
- \* the PHI you are requesting may have been created or obtained by a covered health care provider in the course of research;
- \* denial in accordance with the Privacy Laws; or
- \* the information you are requesting was confidentially obtained from a source other than a health care provider and if you were granted access you could find out the identity of the source.

If you are denied access to your PHI, for reasons other than those listed above, you may request that the denial be reviewed. A licensed health care professional chosen by this practice, will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

**Right to Amend:** You have the right to request that we amend your PHI if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for this practice within a designated record set.

To request an amendment, you must make your request in writing by filling out the appropriate form provided by this practice with a copy indicated directly to your physician by name to the same address. You must be prepared to provide a reason to support your request for an amendment.

*We may deny your request for an amendment if the request does not include a reason to support the request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend PHI that:*

- \* was not created by us, unless the person or covered entity that created the PHI is no longer available to make the amendment;
- \* is not part of the health information kept by or for this practice within the designated record set;
- \* is not part of the information that you would be permitted to inspect and copy by law; or
- \* is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures made by this practice. This is a list of the disclosures we have made of your PHI.

To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by this practice and submitting it to this practice. Your request must state a time period which may not be longer than six years, but which may be shorter, and may not include dates before April 14, 2003. *The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.*

You have a right to receive an accounting of disclosures made by this practice within the past six years from the date of your request, except for disclosures that have been made:

- \* to carry out treatment, payment or health care operations; \* to you; \* incident to a use or disclosure permitted or required by law;
- \* pursuant to an authorization; \* to facility directories; \* to those involved in your care or for notification purposes;
- \* for national security or intelligence purposes; \* to correctional institutions or law enforcement of officials; \* as part of a limited data set; and
- \* prior to April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a specified nurse from use of your information, or that we not disclose information to your spouse about a surgery you had.

***We are not required to agree with your request for restrictions.*** However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing by filling out the appropriate form provided by this practice with a copy indicated directly to your Physician by name to the same address. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or children.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a friend's house.

To request confidential communications, you must make your request in writing by filling out the appropriate form provided by this practice and submitting it to back to this practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice. You may request that we 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 receive a paper copy.

You may obtain a copy of this Notice at our website, [www.awomenscenter.com](http://www.awomenscenter.com)  
In the alternative, to obtain a paper copy of this Notice, please contact our office at the number above.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the website, [www.iupui.edu/~neurosul/](http://www.iupui.edu/~neurosul/). Please note, on the first page, in the top right corner of the Notice, you will find the effective date. A Notice with a more recent date supersedes a Notice with an older date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing the complaint. To file a complaint with practice please contact us with a copy indicated directly to your Physician by name to the same address in writing. All complaints must be submitted in writing.

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **CORRESPONDENCE VIA ELECTRONIC MAIL**

Before our physician can communicate with a patient via email, an Email Consent Form must be completed and returned to our offices. E-mail messages sent to our physician and staff email addresses may not be secure. Patients are discouraged from sending confidential information by e-mail. Patients sending e-mail accept the risk that a third party may intercept e-mail messages.

-----  
**SIGNATURE BELOW IS ONLY ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THIS NOTICE OF OUR PRIVACY PRACTICES:**

-----  
**PRINTED NAME**

-----  
**DATE**

-----  
**SIGNATURE**