

ANCHORAGE WOMEN'S CLINIC

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how your Protected Health Information (called PHI) may be used and disclosed and how you can get access to this information. Please review it carefully.

AWC takes the privacy of your health information seriously. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. We will act according to the terms of this Notice. We are required to notify you if we cannot accommodate a requested restriction or request and accommodate your reasonable requests regarding methods to communicate health information to you. We reserve the right to change this Notice of Privacy Practices and to make any new practices effective for all Protected Health Information that we keep. Any changes made to the Notice of Privacy Practices will be prominently displayed, available at our offices and posted on our web site (www.anchoragewomensclinic.com).

The clinic is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. We will attempt in good faith to obtain your signed Acknowledgement that you were offered a copy of this Notice to use and disclose your confidential medical information for the following purposes.

Treatment Purposes:

- A medical assistant or nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the provider determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Payment Purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given. **Exception: If you have paid a visit in full and have requested the information not be shared with your insurance carrier, we will not disclose that particular visit.**

Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment and improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review and legal services. We will share information about you with such insurers or business associates as necessary to obtain these services.

Other Disclosures and Uses:

Examples of other types of disclosures and uses of your PHI are listed below (note that this is not an exhaustive list). If you would like additional information on these, please contact us.

- Communication with Family
- Threat to health or safety
- Public Health
- Notification of persons responsible for your care
- Law Enforcement as required by law; Judicial proceedings
- Health Oversight to agencies for health oversight activities
- FDA, related to adverse events
- Abuse & Neglect

We will not sell your PHI without your written authorization. We will not use your PHI for marketing purposes without your written authorization. Patients do have a right to 'opt out' of such marketing information. Except where required by law, we will not disclose your psychotherapy notes without your written authorization.

Other uses and disclosures, besides those identified in this Notice, will be made only with your written authorization and you may revoke the authorization as stated under "Your Health Information Rights."

Your Health Information Rights

The health and billing records we maintain are the physical property of the clinic. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our clinic - we are not required to grant the request, but we will comply with any request granted.
- Request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment; and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full)—we must comply with this request.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information.
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our clinic. Access to your health records will not include information to which your access is restricted by law. We may charge a reasonable fee for providing a copy of your health records or a summary of those records at your request, which includes the cost of copying, postage and preparation or an explanation or summary of the information. Electronic copies are also available on CD.
- Appeal a denial of access to your protected health information, except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our clinic. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the clinic;
 - Is not part of the information that you would be permitted to inspect and copy; or,
 - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our clinic.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our clinic. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures made to you or made at your request; disclosures made pursuant to an authorization signed by you; to family members or friends relevant to that person's involvement in your care or in payment for such care. We will not charge you for the first accounting in any twelve-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same twelve-month period.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our clinic, except to the extent information or action has already been taken.
- You have the right to be notified of any breach of your information that occurs.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the Privacy Officer for AWC at 907-561-7111.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the Practice Administrator. You may also file a complaint with the Department of Health and Human Services (DHHS) by contacting the Regional Office for Civil Rights in Seattle, WA.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office/hospital. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.