

## **SUMMARY OF NOTICE OF PRIVACY PRACTICES CAMELLIA WOMEN'S HEALTH**

**To our patients:** This summary describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This Notice is required as a result of legislation referred to as HIPAA (Health Insurance Portability and Accountability Act of 1996).

Our practice is dedicated to maintaining the privacy of your health information as required by law. We realize that these laws may be complicated, but we are required to provide you with the following important information.

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information and we are permitted to do so by law:

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Legal and similar proceedings in response to a court or administrative order.
- If required to do so by law enforcement.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of the United States or foreign military forces, including veterans, and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional facilities or law enforcement officials if you are an inmate or under the custody of law enforcement.
- For Workers' Compensation and similar programs.
- To insurance carriers for your treatment and for reimbursement for treatment.
- For operational use including but not limited to copy and transcription services and contractual agreements for business operations including but not limited to legal, secretarial, actuarial, consulting, accounting, administrative accreditation, data aggregation, and financial services.

### **Your rights regarding your health information**

1. **Communications:** You can request that our practice communicate with you about your health information and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.

2. **Restrictions:** You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information 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 honor 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.

3. **Inspection:** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you, including patient medical records and billing

records. But not including psychotherapy notes. You must submit your request in writing to the doctor.

4. Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete and as long as the information is kept by or for our practice. Your request for amendment must be made in writing and submitted to the doctor. You must provide us with a reason that supports your request. We are not required to agree with your request but we must consider it.

5. Copy of Notice: You are entitled to retain a copy of this Summary. You are also entitled to request and obtain a full Notice of Privacy Practices. To obtain a copy of this Summary and/or the full Notice, please contact our front office representative.

6. Complaints: You have the right to file a complaint if you believe that 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 Office Manager at 916-486-0411. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. Authorization: You have the right to provide authorizations for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

8. Business Associates: There are some services provided in our organization through contracts with business associates. Examples including transcription services and copy services we use when making copies of your health records. When these services are used, we may give your health information to our business associates so they can perform the job we've asked them to do and bill you or your insurance company for services provided. To protect your health information, however, we require business associates to keep your information confidential.

9. Research: We may use or disclose your personal health information for research that has been approved according to established standards for individual safety, scientific merit and the protection of your health information privacy. Researchers may view your health information, in accordance with federal privacy regulations, to develop new scientific studies. Additionally, we may use your information to contact you about research opportunities.

We are required to make a good faith effort to provide you with this information. Please retain this copy for your records. Your signature is requested on the next page acknowledging your receipt of this Notice. Your signed acknowledgement will be stored in your medical record.