



# Allentown Women's Center

## HIPAA Omnibus Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

The Allentown Women's Center® (AWC) is committed to protecting the privacy of your health record and the confidentiality of your visit. Your healthcare record, known as a chart, and the information it contains will not be disclosed to anyone or any agency outside of AWC without written authorization from you unless such a release is required by law.

The HIPAA Privacy Rule requires that AWC protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

### II. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

AWC may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

**Treatment:** AWC may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an ultrasound, or other health care services. In emergencies, we may use and disclose PHI to provide the treatment you need. For example, we may send a report about you to a physician that we refer you to so that the other physician may treat you. The information obtained by a healthcare provider or staff member will be recorded in your record and used to determine the best course of treatment for you. We may use a patient sign-in sheet at the front desk area that is accessible to other patients and we may page patients in the waiting room when it is time for them to go to an examining or counseling room.

**Payment:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies, collection agencies, or attorneys relating to collection of payments owed to us. We may also send a bill to you or another third party payer. The information on the bill may include information that identifies you as well as your diagnosis, procedure, and supplies used. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health

insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**Health Care Operations:** We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. For example, members of the medical staff, medical advisory committee or quality improvement / risk management staff may use and disclose PHI to assess the care you received and outcomes of your care. In addition, we may also use PHI in providing training for students, trainees, health care providers, or non-health care professionals to help them practice or improve their skills. We may also disclose PHI in cooperation with outside organizations that assess the quality of the care that we provide or that evaluate, certify, or license health care providers or staff in a particular field or specialty. PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business. PHI may be used in resolving grievances within our practice, business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements. We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is the joint care provided by a hospital and the physicians who see patients at the hospital.

**Required by Law:** Under the law, AWC must disclose your PHI to you upon your request. In addition, AWC may make disclosures to the Department of Health for the purposes of determining compliance with the requirements of the Privacy Rule.

**Business Associates:** Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm, or a law firm. We may use and disclose PHI to our business associates and allow them to create and receive PHI on our behalf. For example, we may share with a billing company information regarding your care and payment for your care so that the company can file health insurance claims and bill you or another responsible party. We may also use and disclose PHI to funding agencies, police departments / prisons, computer networking and maintenance organizations, and laboratories.

**Communication From Our Office:** We may contact you to notify you of any problems with your treatment, communicate test results, or cancel or reschedule appointments as necessary.

## **USES AND DISCLOSURES FOR OTHER PURPOSES**

Other Permitted and Required Disclosures will be made **only with your consent**, authorization, or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

- A. **Without Authorization-** Applicable law and ethical standards permit us to disclose information without your authorization only in a limited number of situations. It is the practice of The Allentown Women's Center to adhere to more stringent privacy requirements. The following is a list of categories of uses and disclosures permitted by HIPAA without an authorization:
  - a. Child Abuse or Neglect- We may disclose PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
  - b. Judicial and Administrative Proceedings- We may disclose your PHI pursuant to a subpoena, court order, administrative order, or similar process.
  - c. Medical Emergencies- We may use or disclose your PHI in a medical emergency situation to authorized personnel in order to prevent serious harm or when/if needed as a continuation of care in an emergency situation.
  - d. Health Oversight-If required, we may disclose PHI to a health oversight agency for

activities authorized by law, such as audits, investigations, and inspections.

- e. Law Enforcement- We may disclose limited PHI to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order or similar document, for the purpose of identifying a suspect, material witness, in connection with the victim of a crime, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**B. With Authorization-** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, except to the extent that AWC has already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization:

- a. Most uses and disclosures of psychotherapy notes which are separate from the rest of your medical record
- b. Most uses and disclosures of PHI for marketing purposes
- c. Disclosures that constitute a sale of PHI
- d. Other uses and disclosures not described in this Notice of Privacy Practices.

**You may revoke the authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### III. PATIENT PRIVACY RIGHTS

The following are statements of your rights with respect to your protected health information.

**Right to Request Restrictions:** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for the notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction(s) requested and to whom you want the restrictions to apply. Your physician is not required to agree to your requested restriction except if your request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

**Right to Request to Receive Confidential Communications:** You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

**Right to Inspect and Copy (fees may apply):** Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following: Psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information obtained under a promise of confidentiality.

**Right to Amend:** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to Receive an Accounting of Certain Disclosures:** You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14<sup>th</sup>, 2003, or six years prior to the date of request.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

**Right to Receive a Notice of a Breach:** We will notify you if your unsecured protected health information has been breached.

#### **IV. FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions, or if you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

#### **V. PRIVACY OFFICIAL CONTACT INFORMATION**

You may contact our Privacy Official at the following address and phone number:

Address	<u>31 South Commerce Way, Suite 100, Bethlehem, PA 18017</u>
Telephone	<u>484-821-0821</u>

This notice was published and first became effective on April 14, 2003.

**Last Revised:** June 26th, 2014