

Northside Women's Health
NOTICE OF PRIVACY PRACTICES



Effective Date: 11/1/10

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.

Northside Women's Health understands that your information is highly personal and we are committed to safeguarding your protected health information. Please read this Notice of Privacy Practices thoroughly.

Northside Women's Health is required by law to maintain the privacy of individually identifiable patient information. This information is "protected health information" and is referred to in this Notice as "PHI" to provide you with an explanation of how we handle your information. We will only use or disclose your PHI as permitted or required by applicable state or federal law. Northside Women's Health can help you understand our privacy practices and your rights.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:

Treatment: Northside Women's Health will use and disclose your PHI to those who have a legitimate need for such information in the provision and coordination of your health care which may include physicians, nurses, technicians, or other health care providers. This information is provided to carry out treatment functions at Northside Women's Health which includes consultations or referrals with other providers or agencies. PHI may be used or disclosed to obtain X-rays, laboratory work, prescriptions or other ancillary services related to your treatment.

Treatment Alternatives and Health Promotion

Activities: Northside Women's Health may use and disclose your PHI to inform you of, and assist you in, identifying and obtaining resources, or recommend possible treatment options, alternatives, or other health related benefits and services that will be of interest to you. The communication will explain how the product or service related to your well being and can improve your health. We may use your name and address to send you general communications.

After Discharge: Northside Women's Health may also disclose your medical information to providers of health care services who will be involved in your medical care after discharge or to others such as family members who are involved in the payment of the services that you have received.

Payment: Northside Women's Health will use and disclose PHI about you for our payment purposed to insurance companies and companies that we engage in obtaining payment for care for items such as: determining coverage, eligibility, billing, and reimbursement.

Required by Law: Northside Women's Health will disclose PHI about you when required to do so by federal, state or local law. Such examples could be for the purposes of reporting of infectious diseases, neglect and abuse as required by law. We are also required to collect and/or

Health Care Operations: Northside Women's Health will use and disclose your PHI during routine health care operations including quality of care assessment and improvement activities; utilization review; activities to coordinate your care; legal, regulatory, accreditation and licensure activities; reviewing the performance or qualification of health care providers for credentialing and evaluation purposes; conducting medical and nursing training and education programs; and medical review.

Appointment Reminders: Northside Women's Health may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care.

Facility Directory: Unless you request a restriction or limitation, we will include certain limited information about you in our directory while you are at our center. This information includes your name and status. If you choose not to be in the directory, we cannot inform visitors of your presence or update them on your general condition.

Family and Friends: Northside Women's Health may disclose PHI about you to a friend or family member who is involved in your medical care or to someone who helps you pay for your care. We may disclose your PHI for notification purposes, for example if your condition changes during your care. You can request a limitation or restriction on the disclosure of your PHI for some or all of your friends and family.

Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we will release your PHI to the correctional institute or law enforcement official.

Law Enforcement Purposes: Northside Women's Health will disclose your PHI for law enforcement purposes, such as responding to a court order or subpoena, identifying a suspect or a missing person, or providing information about a crime victim or criminal conduct.

Right to Inspect and Copy: With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain

provide information for judicial and administrative proceedings, and specialized governmental functions, to process Worker's Compensation claims, for vital statistics purposes, and to health oversight agencies. Ohio law offers greater protections which are addressed in the following statutes governing specific entities or medical conditions: hospitals, insurance records, and mental health records. All of Ohio's state laws regarding its consent requirement continue to apply. State law allows the disclosure of PHI regarding the following specific conditions: anatomical gifts, cancer registry, genetic information, HIV/AIDS testing, long-term care residents, mental illness and mental retardation. We will abide by the most stringent state and federal laws.

FDA Regulated Products: Northside Women's Health will use or disclose your PHI for activities related to the safety or effectiveness of FDA-regulated products or activities. This information is collected and reported to track and facilitate product recalls and adverse events. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose identifying information.

Coroners, Medical Examiners, Funeral Directors: Northside Women's Health will release, if necessary, your PHI to a coroner, funeral director or medical examiner.

Organ Procurement: Northside Women's Health will release PHI to an organ procurement organization or entity for organ, eye, or tissue donation purposes.

Health or Safety: Northside Women's Health will use and disclose PHI to avert a serious threat to the health and safety of a person or the public.

Marketing/Fundraising: Northside Women's Health does not share your PHI with companies that sell health care products or services, such as drug companies.

Research: Northside Women's Health may use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, we may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.

Other Uses: Any other uses or disclosures will be made only with your written authorization.

PATIENT HEALTH INFORMATION RIGHTS:

Although all records concerning your medical care and treatment are property of Northside Women's Health, you have the following rights concerning your PHI:

limited circumstances, we may be required to deny your request. All requests must be in writing and may require that you pay a reasonable copying charge.

Right to Request Restrictions: You have the right to request restrictions on certain uses or disclosures of your PHI as it relates to treatment, payment and health care operations and to your family members, relatives, close personal friends or others involved in your care. We will consider all requests, but are not required to agree to your requested restrictions.

Right to Amend: With some exceptions, you have the right to request an amendment of your PHI for as long as we maintain the information.

Right to an Accounting: With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that we have made.

Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

SHARING OF YOUR HEALTH INFORMATION:

Business Associates: Northside Women's Health will share PHI with Business Associates that are contracted to perform business functions for our centers. These arrangements require Business Associates to keep your information confidential.

COMPLAINTS:

If you believe that your privacy rights have been violated, you may file a complaint with Northside Women's Health or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing directly to Immediate Health Associates, Privacy Officer at 575 Copeland Mill Road, Suite 1D, Westerville, Ohio, 43081. Northside Women's Health assures you that there will be no retaliation for filing a complaint.

ADDITIONAL INFORMATION:

To obtain additional information, please contact our Privacy Contact, Paula Craiglow, at (614) 794-0481 ext 106 or email at pcraiglow@ihainc.org.

CHANGES TO THIS NOTICE:

Northside Women's Health is required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You will receive the most current Notice at your next visit. We are required to post this Notice in a prominent location within our facilities. Each new Notice will contain an effective date.