

## OB-GYN ASSOCIATES, INC. PRIVACY NOTICE

### **I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

### **II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

This notice explains how we use and share your protected health information (PHI for short). We are required by law to protect the privacy of PHI and to follow the privacy practices described in this notice.

PHI includes information that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment for health care provided to you. In general, we may not use or share any more PHI than is necessary to accomplish our purpose.

We may change the terms of this notice and our privacy policies at any time. Any change will apply to the PHI we already have. When we change our policies, we will promptly change this notice and post it in our main reception area and on our web site [www.obgynassociates.org](http://www.obgynassociates.org).

### **III. HOW WE MAY USE AND SHARE YOUR PHI**

We use and share PHI for many different reasons. Below, we describe the different reasons and give you some examples of each category.

#### **A. Use of PHI for Treatment, Payment, or Health Care Operations. We may use and share PHI for the following reasons:**

- 1. For treatment** – We may use and share PHI with physicians, nurses, midwives, and others who provide you with health care services or are involved in your care.
- 2. For payment** – We may use and share PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may share PHI with your health plan, to get paid for the health care services we provided to you. We may also share PHI with billing companies and companies that process our health care claims.
- 3. For health care operations** – We may use and share PHI in order to operate this facility. For example, we may use PHI in order to evaluate the quality of health care services that you receive, or to evaluate the health care professionals who provide health care services to you. We may also share PHI with our accountants, attorneys and others in order to

make sure we are complying with the laws that affect us.

#### **B. Other Uses of PHI. We may also use and share your PHI for the following reasons:**

- 1. Reports required by law** – We may report PHI when the law requires us to give information to government agencies and law enforcement about victims of abuse, neglect, domestic violence, or when required in a legal proceeding.
- 2. Public health** – We may report PHI about births, deaths, and other diseases to government officials in charge of collecting that information. We may provide PHI relating to death to coroners, medical examiners, and funeral directors.
- 3. Health oversight** – We may report PHI to assist the government when it investigates or inspects a health care provider or organization.
- 4. To avoid harm** – We may report PHI to law enforcement, in order to avoid a serious threat to the health or safety of a person or the public.
- 5. Other government functions** – We may report PHI for certain military and veterans' activities, national security and intelligence purposes, protective services for the President of the United States, or correctional facility situations.
- 6. Worker's Compensation** – We may report PHI in order to comply with worker's compensation laws.
- 7. Appointment reminders and health-related benefits or services** – We may use PHI to give you appointment reminders, or give you information about treatment choices or other health care services or benefits we offer.

#### **C. When You May Object to Our Use of PHI**

- 1. Disclosures to family, friends or others** – We may share your PHI with a family member, friend, or other person that is involved in your care, or the payment for your health care.

#### **D. When Our use of PHI Requires Your Prior Written Authorization. We must ask for your written authorization for any other use of PHI not described in sections III A, B, and C above. If you authorize us to use your PHI, you can later remove the authorization and stop any future use of your PHI. You can remove an authorization by written request to the Medical Records Dept., Ob-Gyn Associates, Inc., 1 Randall Sq., Providence, RI 02904.**

#### **IV. YOUR RIGHTS REGARDING YOUR PHI**

**A. Your Right to Request Limits On our Use of PHI.** You may ask that we limit how we use and share your PHI. We will consider your request, but are not legally required to agree to it. If we agree to your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make.

**B. Your right to Choose How We send PHI to You.** You may ask that we send information to you at a different address (for example, to your work address rather than your home address) or by different means (for example, by e-mail instead of regular mail). We will agree to your request, as long as we can easily provide it in the way you requested.

**C. Your Right to View and Get a Copy of PHI.** You may view or obtain a copy of your PHI (except for mental health notes). Your request must be in writing. If we do not have your PHI, but know who does, we will tell you how to get it. We will reply to you within 30 days of your request. If we deny your request, we will tell you, in writing, our reasons for the denial. You will then have the right to have the denial reviewed.

If you request a copy of your PHI, we may charge a fee. Instead of providing the PHI you requested, we may offer to give you a summary or explanation of the PHI, as long as you agree to that and to the cost in advance.

**D. Your Right to a List of the Reports We Have Made.** You have the right to get a list of the parties to whom we have reported your PHI. The list will not include reports for treatment, payment, or health care operations; reports you have previously authorized, reports made directly to you or to your family, reports from our facility directory, reports made for national security purposes, reports to corrections or law enforcement personnel, or reports made before April 14, 2003.

We will respond to your request within 60 days. We will include the reports made in the last six years unless you request a shorter time. The list will include the date of each report, the identity of the person(s) receiving the report, the type of information reported, and the reason for the report.

We will not charge you for the list. If you make more than one request in the same year, however, we may charge you a fee for each additional request. For a list, you must make a request to the Medical Records Department, Ob-Gyn Associates, Inc., 1 Randall Square, Providence, RI 02904.

**E. Your Right to Correct or Update Your PHI.** If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. Your request must be made to the Medical Records Department.

We will respond within 60 days of your request. We may deny your request if the PHI is (a) correct and complete, (b) not created by us, (c) not allowed to be shared with you, or (d) not in our records. If we deny your request, we will inform you of the reason for the denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be attached to all future reports of your PHI.

If we agree to honor your request, we will change your PHI, inform you of the change, and tell any others that need to know about the change to your PHI.

**F. Your Right to a Paper Copy of This Notice.** You can ask us for a copy of this notice at any time.

#### **V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE, OR TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice, wish to file a complaint about our privacy practices, feel that we may have violated your privacy right, or disagree with a decision we made about access to your PHI, please contact the HIPPA Compliance Officer at Ob-Gyn Associates, Inc. 401-331-6980 or e-mail us at [www.obgynassociates.org](http://www.obgynassociates.org).

You may also send a written complaint to the Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. Your complaint will not alter or affect the care we provide to you.

#### **VI. EFFECTIVE DATE OF THIS NOTICE**

This notice is in effect as of April 14, 2003.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**OB/GYN ASSOCIATES, INC. PRIVACY NOTICE ACKNOWLEDGMENT**

I understand that as part of my healthcare, the staff of OB-GYN Associates, Inc. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I have been provided with a Notice of Information Practices that provide a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the Practice reserves the right to change their notice and practice. I understand I have a right to review or request a copy of my records and that I may request that the records be amended. The Practice is not required to agree to the amendments. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing except to the extent that the Practice has already taken action in reliance thereon.

I request the following restriction to the use or disclosure of my health information

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\_\_\_\_\_  
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\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date