



Advanced Women's Care

525 Brent Lane
Pensacola, FL 32503
Phone: (850) 471-2221
Fax: (850) 471-2245

Robert Andrews, MD
Allessa Smith, MD
Allison Calhoun, MD
Ileana Bernal-Blair, MD

NOTICE OF PRIVACY PRACTICES

Effective May 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information that identifies you and/or is about you. This medical information may be information about healthcare we have provided to you or the payment for said healthcare. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices which explains our legal duties and privacy practice in respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner we will describe in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
 - Have copies of the new Notice available upon request
- Ex. You are always allowed to obtain a copy by contacting our Privacy Officer at: **(850) 471-2221**

The rest of this notice will:

- Discuss the ways we might use and disclose medical information about you
- Explain your rights in relation to your medical information
- Describe where and how to file a privacy-related complaint

If you have questions about our privacy policies, practices, procedures, or any of the information contained within this Notice, you can always contact our Privacy Officer at: **(850) 471-2221**

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for said healthcare, and operate our business efficiently. This section also briefly mentions several other circumstances in which we may use or disclose your medical information.

For more information about the following:

- Uses and Disclosures
- Privacy Policies, Procedures, and Practices

You may, once again, contact our Privacy Officer at: **(850) 471-2221**

1. TREATMENT

We might use and disclose your medical information in order to provide you with healthcare and treatment. In other words, your medical information is used and disclosed in order to manage, coordinate, and, ultimately, provide you with healthcare and related services. This might include coordinating and managing your healthcare with other healthcare providers, as well as simply communicating with them in regards to your healthcare.

Ex. Jane is a patient at an unspecified health department. This health department will most likely have certain employees use her medical information in certain scenarios: the receptionist will use it to set up her appointments; a nurse practitioner will likely need it for reference when reviewing Jane's condition and order a blood test; the lab technician will probably use her medical information when they are reviewing and/or processing the results of the blood test; and, finally the nurse practitioner may also disclose Jane's medical information to a specialist, whom she has referred Jane to based on the blood test results, in order to assist the specialist in providing appropriate care and treatment for Jane.

2. PAYMENT

We might use and disclose your medical information in order to obtain payment for the healthcare services you received. This means that we, within the health department, use your medical information to arrange for payment (ex. preparing bills, managing accounts). We may also disclose your medical information to others such as insurers, collection agencies, and consumer reporting agencies. Sometimes we will disclose medical information about you to your insurers prior to receiving healthcare in order to, for example, confirm whether or not your medical insurance currently provides coverage for that particular service.

Ex. Did you know that Jane, from the previous example, has private insurance? The health department billing clerk will have to use her medical information when they prepare the bill for her appointment and blood test. When the clerk sends in the bill, they will also have to disclose Jane's medical information to the insurance company. Also, when Jane met with the specialist, they recommended that she undergo several expensive and complicated tests. The specialist billing clerk, hopefully, contacted Jane's insurance company prior to any of the tests to see if any of them were currently covered by Jane's insurance plan.

3. HEALTHCARE OPERATIONS

We might use and disclose your medical information while performing a variety of business activities we

have dubbed: healthcare operations. These healthcare operations allow us to, for example, improve the quality of care we provide and reduce the cost for healthcare. We might also use or disclose your medical information during the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of the healthcare providers currently caring for you
- Providing training programs for students, trainees, healthcare providers, or non-healthcare professionals in order to help them improve and practice their skills
- Cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff, or facilities in a particular field or specialty
- Reviewing and improving the quality, efficiency, and cost of the care we provide to our patients
- Improving healthcare and lowering costs for people who have similar health problems, as well as helping manage and coordinate the care for these individuals
- More cooperation with outside organizations, specifically, ones that assess the quality of the care we provide. Examples of outside organizations that do this include government agencies and private organizations.
- Planning for our organization's future operations
- Resolving grievances we may receive
- Reviewing our activities, as well as using and/or disclosing medical information in the event that we have a change in our organization's leadership
- Working with individuals such as lawyers, accountants, and other providers so that they may aid us our attempts to comply with this Notice and other applicable laws

Ex. Our favorite pretend patient, Jane, has recently been diagnosed with diabetes. Using Jane's medical information, as well as the medical information of our other patients diagnosed with diabetes, we have begun to develop an educational program to help people recognize early symptoms of diabetes. It should be noted that the program will not identify any of our patients without their permission.

Ex. Today Jane sent us a complaint stating that she was not provided with adequate care for her condition. Using the record of said care in Jane's medical information, we began to evaluate its overall quality. Afterwards, we started discussion about the care with one of our organization's top attorneys. Poor Jane is probably screwed.

4. PEOPLE INVOLVED IN YOUR CARE

We may disclose your medical information to your relatives, close friends, or anyone else who is involved in your care. If you are a minor, we may disclose your medical information to a parent, guardian, or anyone else currently responsible for you except in limited circumstances. For more on the privacy of minors' medical information, contact our Privacy Officer at: **(850) 471-2221**.

When we need to notify someone about your location or condition, we may disclose your medical information to relatives, disaster relief organizations (ex. Red Cross), or anyone else involved in your care.

You are able to request that we not disclose your medical information to those involved in your care at any time. We will follow through with your request except in situations such as an emergency or you being considered a minor. It should be noted that there are exceptions to the exception that comes alongside you being a minor, so we may actually ultimately agree to the request to not disclose your medical

information.

Ex. Jane likes to bring her husband to appointments whenever she can. He usually helps her with her medication, so when the nurse practitioner starts discussing a statin they are going to prescribe Jane for her cholesterol level, Jane immediately stops the conversation, goes back to the waiting room, and then returns with her husband so that he can take notes.

5. REQUIRED BY LAW

We will use and disclose your medical information whenever the law requires us to do so. There are many state and federal laws that require us to use and disclose medical information. For examples, we are required by state law to report gunshot wound and other injuries to the police, and the law also requires that we report any known or suspected cases of child abuse or neglect to the Department of Social Services. We comply with state and other applicable laws.

6. NATIONAL PRIORITY USES AND DISCLOSURES

When the law permits it, we may use or disclose your medical information with your permission for various activities that are recognized as "national priorities." In other words, the government has determined that there are certain circumstances where we can use and disclose your medical information without your permission due to its vital importance to the current situation. Below are brief descriptions of the circumstances in which the law permits us to use and disclose your medical information without your authorization. For additional information, contact our Privacy Officer at: **(850) 471-2221**.

- **Threat to Health or Safety** - We may use or disclose your medical information if believe it is necessary in order to prevent or lessen a serious threat to health or safety
- **Public Health Activities** - We may use or disclose your medical information for public health activities. Some of the activities that need to use medical information include but are not limited to: investigating diseases, reporting child abuse and neglect, monitoring drugs and devices regulated by the FDA (Food and Drug Administration), and monitoring work-related illnesses and injuries. For example, if you have been exposed to a contagious disease (such as a sexually transmitted disease), we may report it to the State and take various actions to prevent the disease from spreading.
- **Abuse, Neglect, and Domestic Violence** - We may disclose your medical information to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities** - We may disclose your medical information to a health oversight agency, which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us when they are investigating possible cases of insurance fraud.
- **Court Proceedings** - We may disclose your medical information in order to a court or court officer (such as an attorney). For example, we would disclose your medical information to the court if the judge ordered us to do so.
- **Law Enforcement** - We may disclose your medical information to a law enforcement official for law enforcement purposes. For example, we may disclose some of your medical information to aid the police in finding or identifying a missing person.
- **Coroners and Others** - We may disclose your medical information to a coroner, medical examiner, funeral director, and organizations that aid in organ, eye and tissue transplants.

- **Workers' Compensation** - We may use or disclose your medical information in order to comply with workers' compensation laws.
- **Research Organizations** - We may use or disclose your medical information to research organizations that have satisfied certain conditions about protecting the privacy of medical information.
- **Certain Government Functions** - We may use or disclose your medical information for certain government functions, including but not limited to activities in relation to groups such as: military, military veterans, national security, and national intelligence. We may also use or disclose your medical information to a correctional institution in some circumstances.
- **Fundraising** - We do not participate in any forms of fundraising.
- **Case or Care Coordination** - This includes your insurance company and the health oversight companies that perform audits of insurance companies.
- **Future Communications** - We may communicate with you via newsletter, mail, and other means in regards to treatment options, health-related information, disease management programs, wellness programs, or other community-based activities and initiatives that our facility participates in.
- **Pharmacy** - Your medical information is required for electronic medication reconciliation. In other words, we use your medical information to maintain a timely and accurate record of your medications' name, dosage, and frequency.

7. AUTHORIZATIONS

Other than the uses and disclosures describe above (#1-6), we will not use or disclose your medical information without the authorization or signed permission of either you or your personal representative. In some instances, we may want to use or disclose your medical information. In that scenario, we will contact you beforehand and ask you to sign an authorization form. In other instances, you might be the one who wants your medical information disclosed. If so, you will have to contact us and also sign an authorization form.

If you sign a written authorization that allows us to disclose your medical information, you may later revoke (cancel) your authorization via even more writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you can fill out an Authorization Revocation Form or write us a letter stating that you desire to revoke your authorization. Authorization Revocation Forms are available from our Privacy Officer (who's phone number has probably been memorized by now). If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights in respect to your medical information. This section of the notice will briefly mention each of these rights. If you wish to know more, you, as per usual, can contact our Privacy Officer at: **(850) 471-2221**.

1. RIGHT TO A COPY OF THIS NOTICE

You have the right to obtain a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice is usually posted in our waiting area. If you want a copy of the Notice, ask our receptionist or (you're not going to believe this) contact our Privacy Officer at: **(850) 471-2221**.

2. RIGHT OF ACCESS TO INSPECT AND COPY

You have the right to receive a copy of and inspect your medical information in the format that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy. You also can send a written request instructing us to send an electronic copy of your medical records to a third party. If you would like to inspect your medical information or receive a copy of it, you have to provide us with a handwritten request first. Basically, you have to write us a letter requesting access or fill out the official Access Request Form. Access Request Forms are provided by the usual person, our Privacy Officer.

In certain circumstances, we may deny your request. If we do so, we will send you a written explanation as to why. Sometimes you will have the right to get our decision reviewed by another person; if so, we will write you a letter stating that you are able to do this.

You will have to pay us a fee in order to receive a copy of your medical information. This fee will cover the cost of manufacturing the copy, as well as the labor associated with providing you with one. If your medical records are maintained electronically, you will only be charged for direct labor.

Rule 64B8-10.003, Florida Administrative Code

Regarding records from physicians:

No more than \$1.00 per page for the first 25 pages of written material

\$.25 for each additional page

Actual cost of reproducing nonwritten records such as x-rays

"Recognizing that patient access to medical records is important and necessary to assure continuity of patient care, the Board of Medicine urges physicians to provide their patients [with] a copy of their medical records, upon request, without cost, especially when the patient is economically disadvantaged."

We may be able to provide you with a summary or explanation of the information. Contact you-know-who (hint: it's the Privacy Officer) for more information on these services and any possible additional fees.

3. RIGHT TO HAVE MEDICAL INFORMATION AMENDED

You have the right to make us amend (edit) the version of your medical information that we maintain in certain groups of records. If you believe that the information we currently have on record is inaccurate or incomplete, we may make a note within the information that indicates the problem and then notify others in possession of a copy that the information is inaccurate or incomplete. If you would like to have your medical information amended, you must provide us with a written request alongside an explanation as to why you would like to have the information amended to begin with. You can make your amendment request by either writing us a letter or filling out one of the many Amendment Request Forms that our Privacy Officer secretly hoards (just kidding about the hoarding part, but you really can get a form from the Privacy Officer).

We may deny your request in certain circumstances. If we do so, we will provide you with a written explanation as to why. You have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request, and your statement will accompany all future disclosures of your medical information.

4. RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE

You have the right to receive an accounting (detailed listing) of disclosures we have made within the previous six (6) years. If you would like to receive an accounting, you can send us a written request or you

can either contact our Privacy Officer or fill out one of the Accounting Request Forms they provide.

The accounting does not and will not include several types of disclosures; examples include disclosures for treatment, payment, and healthcare operations. The accounting will also not include disclosure made prior to October 14, 2011.

If you make more than one accounting request within the span of twelve (12) months, we may charge you a fee to cover the costs of preparation.

Florida Statutes 395.301, Itemized Patient Bill

The facility may not charge the patient for making such verification reports available; however, the facility may charge its usual fee for providing copies of records as specified in S. 395.3025

5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES

You have the right to request limitations on our use and disclosure of your medical information for treatment, payment, and healthcare operations. Under federal law, we must agree to and comply to your requested restriction(s) if:

- a. The health plan's disclosure is for the purpose of carrying out the payment of healthcare operations (and not for the purpose of carrying out treatment) with the exception of times when the law requires it.
- b. The medical information pertains solely to a healthcare item or service in which the healthcare provider involved has been paid in full out-of-pocket.

Once we agree to your request, we must follow your restrictions (with the exception of cases where the medical information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we are able to cancel one of your restrictions at any time; however, we are required to notify you of said cancellation and the restriction will still apply to all medical information that was collected before the cancellation.

6. RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT

You have the right to request that you be contacted either at a different location or with a different method. For example, you might prefer to have all written information mailed to your work address rather than the one for your home.

We will agree to requests for alternative contact methods so long as we deem them reasonable. If you would like to make a request for an alternative means of contacting you, you must either write us a letter containing the request or fill out one of the Alternative Contact Request forms available from our Privacy Officer (bet you didn't see that coming).

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a written complaint either with us or with the federal government.

We will not retaliate against you or change the way we treat you if you file a complaint.

To file a written complaint with us, you can bring the complaint directly to our ~~PR Specialist~~ Privacy Officer or mail it to the following address:

Advanced Women's Care
525 Brent Lane
Pensacola, FL 32514

To file your written complaint with the federal government, please use the following contact information:

- **Mailing Address:**
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
- **Toll-Free Phone:** (800) 368-1019
- **TDD Toll-Free:** (800) 537-7697
- **Website:** <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
- **Email:** OCRMail@hhs.gov