

**YOUR HEALTH INFORMATION
RIGHTS CONCERNING PHI**

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy your PHI as provided by law. Your request must be in writing. We have the right to charge you the amounts allowed by the state and federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to the Privacy Officer. (the contact information of the privacy officer is provided at the end of this document).

RIGHT TO CONFIDENTIAL COMMUNICATION

You have the right to receive confidential communication of your PHI by alternative means or at alternative locations. For example you may request that we only contact you at work or by mail. You must submit your request in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if unreasonable or not possible to comply with.

RIGHT TO AMENDMENT OF PHI

You have the right to request an amendment of your PHI if you believe your record is incorrect or incomplete. You must submit your request in writing and state the reasons why for the amendment. We may deny your request for an amendment if (1) the request is not in writing or does not include the reason to support the request; (2) the information was not created by us or is not part of the medical record we maintain; (3) the information is not part of the record you would be permitted to inspect or copy; or (4) the information is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of your PHI to third parties, except those disclosures made for treatment, payment, or healthcare operations and disclosures authorized by you or pursuant to this notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to 3 years prior to the date of your request if PHI is an electronic record. If you request more than on (1) accounting in a 12-month period, we may charge you for the cost of providing the list. We will notify you of the cost and you may choose to modify or withdrawal your request before and cost is occurred.

**YOUR HEALTH INFORMATION
RIGHTS CONCERNING PHI (CONTINUED)**

**RIGHT TO REQUEST RESTRICTIONS
ON USES OR DISCLOSURES**

You have the right to request restrictions or limitations on PHI we use or disclose about you unless our use or disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want limited (2) whether you want limited use disclosure or both; and (3) to who you want the limits to apply. We will grant a request for restrictions if the disclosure is to a health plan for purposes of either payment or healthcare operations and the PHI pertains to a service for which you have already paid in full out-of-pocket. We are not required to honor other request. If we do not agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you. Any agreement to restrict must be signed by a person authorized to make such a agreement on our behalf.

RIGHT TO RECEIVE A COPY OF THE NOTICE

You have the right to receive a paper copy of this notice upon request.

RIGHT TO REVOKE AUTHORIZATION

You have the right to revoke your authorization to use or disclose your PHI, except to the extent action has already been taken by us in reliance on your authorization.

CHANGES IN THE NOTICE

Women's Healthcare of Norman reserve the right to change this notice and make new provisions effective for all PHI it maintains.

TO REPORT A PRIVACY VIOLATION

If you have questions concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

**Privacy Officer
Women's Healthcare of Norman
500 E. Robinson Suite 2400
Norman, Oklahoma 73071
Phone: (405) 360-1264**

You may also report a privacy rights violation to the secretary of the Department of Health and Human Services, 200 Independence Ave, S.W., Washington DC, 20201. You will not be penalized or retaliated against for filing a complaint.

Effective: 11/5/11

**Women's Healthcare
OF NORMAN**

Carol Anderson, D.O. • Leslie Ollar-Shoemaker, D.O. • Lisa Waterman, D.O.
Daphne Lashbrook, M.D. • M. Dianne Chambers, M.D. • Allison Carter, M.D.

*Notice of
Privacy Practice*

Women's Healthcare of Norman is committed to protecting the privacy and confidentiality of our patients. Protective Health Information (PHI) in compliance with applicable federal and state laws and regulations. This includes compliance with the Health Insurance Portable and Accountability Act of 1996 (commonly referred to as HIPAA).



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HOW WOMEN'S HEALTHCARE OF NORMAN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

FOR TREATMENT

We may use your PHI to provide you with medical treatment and services. We may disclose your PHI to physicians, nurses, technicians, and other health care personnel or providers who need to know your PHI for your care or treatment.

FOR PAYMENT

We may use and disclose your health information to others for the purpose of determining coverage, billing, collections, claims management, medical data processing, and reimbursement. We may release your PHI to an insurance company, third party payer or other individual or entity involved in the payment of your medical bill and may include copies or portions of your medical record that are necessary for payment of your account. We may also tell your health plan about treatment or services you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose your PHI for routine health care operational purposes. Such uses and disclosure are necessary to run the clinic and to make sure our patients receive quality care. Some examples include: quality assurance, performance improvement, utilization review, peer review, internal auditing, investigation of complaints, accreditation certification, licensing, credentialing, medical research, training, and education.

PUBLIC HEALTH ACTIVITIES

We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

LAWSUITS AND OTHER LEGAL PROCEEDINGS

We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT

Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS

We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

ORGAN AND TISSUE DONATION

If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to prevent the threat.

SPECIALIZED GOVERNMENT FUNCTIONS

Under certain circumstances we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the president and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.

DISCLOSURES REQUIRED BY HIPAA PRIVACY RULE

We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

APPOINTMENT REMINDERS

We may use and/or disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call.

BUSINESS ASSOCIATES

We may use and/or disclose your PHI to business associates with whom we contract to provide services on our behalf.

FRIENDS, FAMILY, CAREGIVERS

We may disclose your PHI to a family member, caregiver, or friend who accompanies you and is involved in your medical care or treatment.

EMERGENCIES

We may use and/or disclose your PHI in an emergency. Your authorization is not required in an emergency situation if the use of disclosure is necessary for your emergency treatment.

ANY OTHER USES

We may use or disclose medical information for purposes not described in this notice only with your written authorization.

You may revoke an authorization at any time, in writing, but only as to future uses of disclosures, not disclosures that we have made already; acting on reliance on any authorization you have given us.

Note: The information authorization for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant of Oklahoma law.

