

David B. Byck, MD

William E. Osborne, MD

Pamela G. Gallup, MD

Todd A. Robinson, MD

Kimberly A. Crute, MD

Ramon V. Meguiar, MD Retired

Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully, sign the Acknowledgement of Receipt of Privacy Notice at the end of this form, and bring it with you on your first visit.**

Introduction

At Memorial Health University Physicians – Provident OB/GYN Associates, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose the information. It also describes your rights as they relate to your protected health information. This notice has been in effect since April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Memorial Health University Physicians – Provident OB/GYN Associates, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of this state and the nation
- Source of data for our planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Memorial Health University Physicians – Provident OB/GYN Associates, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information (to do this please contact Rick Birkner at 912-350-4942. This information will be provided to you within 30 days).
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose your health information

Our Responsibilities

Memorial Health University Physicians – Provident OB/GYN Associates is required to:

- Maintain the privacy of your health information
- Provide you with this notice about our privacy practices
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests that you may have to community health information by alternative means or alternative locations

We will not use or disclose your health information without your authorization, except as described in this notice. To revoke your authorization, please put your request in writing to Memorial Health University Physicians – Provident OB/GYN Associates.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's privacy officer, Rick Birkner, at 912-350-4942.

If you believe your privacy rights have been violated, you can file a complaint with the practice's privacy officer or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the privacy officer or the Office for Civil Rights.

The address for OCR is:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your other physicians or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Directory

Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for patient directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with Family

Health professionals, using their best judgment, may disclose to a family member or other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising

We may contact you as part of a fundraising effort. If you do not want to receive fundraising information please notify the Memorial Health Foundation in writing.

Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Acknowledgement of Receipt of Privacy Notice

I have received a copy of the Memorial Health University Physicians – Provident OB/GYN Associates Notice of Health Information Practices which details how my personal health information may be used and disclosed as permitted under federal and state law. I have read and understand the contents of this notice.

Signed: _____ Date: _____

If not signed by the patient, please indicate the relationship to the patient of the person signing.

Relationship _____ Witness: _____

Internal Use Only

If a patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to the patient and sign below.

Presented on (date and time): _____

By (name and title): _____