

Women's Clinic of Lincoln, P.C.

220 Lyncrest Drive

Lincoln, NE 68510

Notice of Privacy Practices

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.

Introduction

At Women's Clinic of Lincoln, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition, and related health care services. Your protected health information may be used and disclosed by your provider, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. This Notice is effective 4/14/03 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Women's Clinic of Lincoln, 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
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A 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 help your to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Women's Clinic of Lincoln, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and get an electronic (if your PHI is in electronic format) or paper copy
- Request an amendment of protected health information

- Obtain an accounting of disclosures of your health information, which includes electronic disclosures
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information; however, the practice is not obligated to agree on this restriction
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Pay for services out of pocket, and in full, and request to restrict the access to such information; however, the practice may override your request should you be in an emergency situation where care or treatment are needed
- Right to file a complaint with the practice or the Office of Civil Rights

Our Responsibilities

Women's Clinic of Lincoln is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Inform you of a breach of your protected health information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions or would like additional information, contact the practice's Privacy Officer, Jodi Wegner, APRN, at (402) 434-3370.

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, US 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 physical address and website to access forms for a complaint with the OCR are listed below:

US Department of Health and Human Services
601 East 12th Street, Room 248
Kansas City, MO 64106
www.hhs.gov/ocr/privacy

Examples of Disclosures for Treatment, Payment, and Health Operations

Following are examples of the types of uses and disclosures of your protected health information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information (e.g. home health care agency). We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Photographs, digital x-rays, or other images may be recorded to document part of our health management and treatment. This includes ultrasound, mammography, and certain diagnostic procedures. The images are the property of Women's Clinic of Lincoln. Patients will have access to view them. These images will be stored in a secure manner that will protect patient privacy.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Unless you have advised us in writing otherwise, we may release information to your spouse or other family member as to balance due information on your account.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our physician's practice. These activities include, but are not limited to, communications with you, quality assessment activities, employee review activities, training of medical students, licensing, marketing, and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to qualified students that are training/learning at our office. We may also call you by name in the waiting room. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to notify you about your healthcare. We may leave a message on voice mail or answering machine or with the person answering the phone. We may communicate with you via e-mail if you have an e-mail address.

We may disclose your protected health information to our Research Department for review to see if you qualify to participate in one of our research studies.

We will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business

associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorizations, unless otherwise permitted or required by law as described below. You may revoke that authorization at any time in writing, except to the extent that your physician or the physician's practice has already acted on the use or disclosure indicated in the authorization.

The following uses and disclosures will only be made with authorization from you:

- a. Most uses and disclosures of psychotherapy notes (if recorded by our office);
- b. Uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
- c. Disclosures that constitute a sale of PHI;
- d. And other uses and disclosures not described in the NPP

This does not include all situations which may require authorizations.

Other Permitted and Required Uses and Disclosures That May be Made with Your Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location and general condition. In the event of your death, we are permitted to disclose PHI to your family members or others who were involved in your care, or made payment for that care, prior to death, unless doing so is inconsistent with any prior expressed preferences to our office. Health information is no longer PHI after a patient has been deceased for 50 years. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has

attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Genetic Information Nondiscrimination Act of 2008 (GINA): We are prohibited from using or disclosing your genetic information for the purposes of underwriting without your authorization. There is a limited exception to this requirement for certain issuers of long-term care policies.

Other Permitted and Required Uses and Disclosures That May be Made without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information for a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administrations: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent authorized) in certain conditions, in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donations: We may disclose protected health information to coroners, organ procurement organization, and funeral directors consistent with applicable law to carry out their duties.

Research: We may disclose your protected health 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 protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Inmates: We may disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care for you.

Workers' Compensation: Your protected health information may be disclosed by us as to comply with workers' compensation laws and other similar legally established programs.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are in the Armed Forces for:

1. Activities deemed necessary by appropriate military command authorities
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility of benefits, or
3. To foreign military authority if you are a member of that foreign military service.

We may also disclose your PHI to authorized Federal Officials for conducting National Security and Intelligence activities, including for the provision of protective services to the President or others legally authorized.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Sections 164.500 et. seq.

Notice of Privacy Policies Revisions #1. 8/02 TR

Notice of Privacy Policies Revisions #2. 3/11 JW

Notice of Privacy Policies Update #3. 01/18 JW