



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 IT CAREFULLY.

The Women's Clinic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at The Women's Clinic please contact:

Privacy Officer/Director of Clinical Operations
1107 South Lemay Ave. Suite, 300, Fort Collins, CO, 80524
(970) 493-7442

Effective Date of This Notice: April 14, 2003/Revised March 22, 2007/Revised September 17, 2013

I. How the Fort Collins Women's Clinic may Use or Disclose Your Health Information

The Women's Clinic collects health information from you and stores it in a chart and on a computer. We allow and ask the patient to fill out a HIPAA consent form that allows you to inform us where you want your messages for lab/tests and financial data directed. Additionally, you can give consent for your spouse and/or parents to have access to your health information in non-emergent circumstances. This is your medical record. The medical record is the property of The Women's Clinic, but the information in the medical record belongs to you. The Women's Clinic protects the privacy of your health information. The law permits The Women's Clinic to use or disclose your health information for the following purposes:

Patients over the age of 15 will need to give their written consent to allow the staff of The Women's Clinic to discuss information with another party, this includes spouses.

1. Treatment.
 - a. Ordering lab or tests at another facility.
 - b. Providing surgical care at another facility.
 - c. Providing prenatal and/or postpartum care at another facility.
 - d. A means of communication among other healthcare professionals and facilities that contribute care including pathology and radiology.
 - e. A basis for planning my care and treatment among other healthcare professionals and facilities that contribute care including pathology and radiology.
 - f. Prescribing or refilling of patient prescriptions and medications.
2. Payment.
 - a. A source of information for applying diagnoses and service information to a patient's bill.
 - b. Appealing a denial for the purpose of receiving payment for services.
 - c. Submission of claims for billing purposes.
3. Regular Health Care Operations.
 - a. Intake of personal information so that treatment and payment operations can occur without interruption.
 - b. Scheduling of appointments within The Women's Clinic facilities and outside facilities where treatment may be coordinated and confirmation of the appointment to the patients listed phone number.
 - c. Referral of patient to outside facilities or healthcare professionals.
4. Information provided to you.
5. Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing



services on our behalf. All of our business associates are obligated to protect the privacy of your information and our not allowed to use or disclose any information other than is specified in our contract.

6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
11. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
12. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
13. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
14. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
15. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or the Fort Collins Women's Clinic privacy board.
16. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
19. Change of Ownership. In the event that the Fort Collins Women's Clinic is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When the Fort Collins Women's Clinic May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, The Women's Clinic will not use or disclose your health information without your written authorization. If you do authorize The Women's Clinic to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The Women's Clinic is not required to agree to the restriction that you requested.
2. You have the right to receive your health information by signing The Women's Clinic Authorization to Release Records form. There may be a charge associated with the copying of the records, please contact Medical Records for further details.



3. Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you requested your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
4. Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
5. You have the right to inspect your health information.
6. Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You Also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Nicole Romero, HIPAA Officer. We are not required to agree to your request unless you are asking us to restrict the use and Disclosure of your Protected Health to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
7. Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
8. You have a right to request that The Women's Clinic amend your health information that is incorrect or incomplete. The Women's Clinic is not required to change your health information and will provide you with information about The Women's Clinic's denial and how you can appeal the denial.
9. You have a right to receive an accounting of disclosures of your health information made by The Women's Clinic, except that does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 5 (directory listings) of section I of this Notice of Privacy Practices.
10. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must fill out our HIPAA Consent for the Use or Disclosure of Protected Health Information form
11. You have a right to a paper copy of this Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

The Women's Clinic reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, the Fort Collins Women's Clinic is required by law to comply with this Notice.

V. Complaints

Complaints about this Notice of Privacy Practices or how The Women's Clinic handles your health information should be directed to:

Director of Clinical Operations or Privacy Officer