

Western Ob/Gyn. Ltd. **“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.

“Protected Health Information” is information that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the provision of payment for health care furnished to you. In this notice, we call Protected Health Information “medical information.”

Western’s Privacy Commitment: We understand that medical information about you and your health is personal. Protecting your privacy and the confidentiality of your personal information is very important to Western Ob/Gyn, and is required by law, as in this notice of our legal duties and privacy practices.

We create a record of the care and services you receive at Western to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways our staff may use and disclose medical information about you. It also describes your rights and certain obligations Western has regarding the use of medical information.

How We May Use and Disclose Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. Different departments also may share medical information about you in order to coordinate the different care you need.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at the clinic may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about your surgery so your plan will pay us or reimburse you for the surgery.

For Health Care Operations: We may use and disclose medical information about you for general health care operations. These uses and disclosures are necessary to run Western Ob/Gyn and make sure that all of our patients receive quality care. For example, we may disclose information to doctors, nurses, technicians, health care students and other clinic personnel for quality review and learning purposes.

Other Uses and Disclosures

Western OB/Gyn may also use and disclose medical information about you for the following purposes:

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment with us.

Treatment Alternatives: We may use and disclose medical information to tell you about possible treatment options or other items of interest.

Health-Related Benefits and Services: We may use medical information to tell you about health-related benefits, services or medical education classes of interest.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a caregiver who may be a friend or family member, or to someone who helps pay for your care.

Research: We may use medical information about you for research purposes. For example, a research project may involve comparing the health of all patients who received one medication to those who took another for the same condition. However, we will ask for your permission if the researcher will have access to your name, address or other information that reveals who you are, or if the researcher will be involved in your care at the clinic.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

Special Situations

Organ Donation: If you are an organ donor, we may provide medical information to organizations that handle organs for organ, eye or tissue transplantation or to an organ donation bank.

Military: If you are a member of the armed forces or a veteran, we may release medical information about you as required.

Workers’ compensation: We may release medical information about you for Workers’ Compensation or similar programs.

Public Health Activities: As required by law, we may provide medical information about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities allowed by law, such as audits, investigations, inspections and licensure.

Lawsuits and Disputes: We may disclose medical information about you in response to a court order or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose your medical information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain type of wounds or other physical injury. We may also disclose medical information in an emergency situation to alert law enforcement of a criminal act, or to identify a crime victim or perpetrator.

Victims of Abuse: We may provide information about victims of abuse, neglect or domestic violence to authorities, social services or protective agencies when authorized by law.

Avert Serious Threat: We may release information to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Coroners, Medical Examiners and Funeral Directors: We may release information to coroners or medical examiners as necessary to carry out their duties.

Specialized Government Functions: We may release information for national security and intelligence activities.

Inmate: We may release medical information about you to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you give us the right to use medical information about you, you may revoke that permission, in writing, at any time. You understand that we cannot take back any information that we have already released with your permission, and that we are required to retain our records of care that we provided to you.

Western Ob/Gyn, Ltd. is required by law to:

- Make sure that medical information about you is kept private
- Give you this notice of our legal duties and privacy practices
- Follow the terms of the privacy notice that is currently in effect.

Your Rights Regarding Your Medical Information

The health and billing records we maintain are the physical property of Western Ob/Gyn. You have the following rights regarding your medical information:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. (Usually, this includes medical and billing records but does not include psychotherapy notes.)

To inspect and/or copy medical information about you, contact Western's Privacy Officer at (952) 442-2137. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other expenses associated with your request.

Right to Amend: If you feel that medical information Western has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Western Ob/Gyn.

To request a change, You must submit it in writing to Western's Privacy Officer. You must also provide a reason that supports your request.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information, if the information:

- was not created by us, unless the person or company that created in information is no longer available to make the amendment
- is not part of the medical information kept by or for us
- is not part of the information which you would be permitted to inspect and copy under the law
- is accurate and complete

Right to an Accounting of Disclosures: you have the right to ask for an accounting of disclosures. This is a list of the disclosures we made of medical information about you to others, except for the purposes of treatment, payment and operations identified earlier.

To request an accounting of disclosures list, you must submit your request in writing to Western's Privacy Officer. The first list of disclosures you ask for within a 12-month period will be free. We may charge for the costs

of providing additional lists. We will notify you of the cost and you may choose to remove or change your request before any costs are incurred.

Right to Request Restrictions: You have the right to ask that we limit the information we use or disclose about you for treatment, payment or health care operations. You also have the right to ask for a limit on the medical information we provide about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will complete your request unless the information is needed to provide emergency treatment.

To request restrictions, you must submit your request in writing to Western's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Ask for Private Communication:

You have the right to ask 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 at work or by mail.

To request confidential communication, you must submit your request in writing to Western's Privacy Officer. We will not ask you for the reason for your request, and we will agree with all reasonable requests. Your request must say how or where you wish to be contacted.

Right to a Paper Copy of the Complete Notice: You have the right to a paper copy of Western's complete privacy notice. You may ask us to give you a copy of the privacy notice at any time by requesting a copy from any member of our clinic staff.

What You Should Do if You Believe Your Privacy Rights Have Been Violated

If you feel your privacy right has been violated, you may file a complaint with Western Ob/Gyn and/or the Secretary of the U.S. Department of Health & Human Services. You will not be retaliated against for filing a complaint. To file a complaint with Western, please contact the Western Ob/Gyn Privacy Officer at (952) 442-2137. To file a complaint with the Secretary, write to the U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and on our Web site. The notice will contain the effective date. Copies of the notice will be available at our clinic locations.

This Notice Will Be Updated

This notice is in effect April 14, 2003, and Western Ob/Gyn will abide by the terms of the privacy notice currently in effect. We may periodically modify our privacy practices and will post a revised notice in writing, electronically or by other legally acceptable means.