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HIPAA NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

EFFECTIVE DATE: September 22, 2015

THIS NOTICE DESCRIBES HOW PHI ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer, Contemporary Women's Care 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of Protected Health Information (hereafter PHI).
- Give you this notice of our legal duties and privacy practices regarding Protected Health Information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI:

The following describes the ways we may use and disclose Protected Health Information that identifies you ("PHI"). Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

MINIMUM NECESSARY: We will make reasonable effort to limit the PHI to the minimum necessary to accomplish the intended purpose of the use and disclosure. This does not apply to disclosures to (1.) other health care providers for treatment; (2.) disclosures made to you the patient; (3.) disclosures made pursuant to an authorization; (4.) disclosure made to DHHS; (5.) disclosure required by law; and disclosures required for compliance with HIPAA.

FOR TREATMENT: We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, phlebotomists, sonographer and other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

FOR PAYMENT: We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment. We may also disclose information to a collection agency to assist in efforts to receive payment from you. This office currently uses Frost-Arnett, 480 James Robertson Parkway, Nashville, TN 37219. Tel: 800-264-8818.

FOR HEALTHCARE OPERATIONS: We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities. We may disclose your information to a Medical Records Copying service to which we have outsourced medical records copying in the event they are requested by a patient to be released / transferred.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES and HEALTH RELATED BENEFITS and SERVICES: We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: When appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

RESEARCH: This practice does not currently participate in any research related activities.

SPECIAL SITUATIONS:

- 1. As Required by Law.** We will disclose PHI when required to do so by international, federal, state or local law.
- 2. To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- 3. Business Associates.** We may disclose PHI 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 collections, medical records copying, I.T. services for I.T. security monitoring, back-up and data/disaster recovery. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as required by the HIPAA Privacy and Security regulations.

- 4. Organ and Tissue Donation.** If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- 5. Military and Veterans.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
- 6. Workers' Compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- 7. Public Health Risks.** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- 8. Childhood Immunizations (Release of information to schools):** We may disclose proof of immunization to a school if the school is required by law to have such information prior to admitting the student. Written authorization will no longer be required. We are required to obtain written or oral agreement from a parent/guardian and document the agreement. ☐A signature is not required. An email from the parent or a notation of a phone call in the child's medical record or elsewhere is sufficient documentation.
- 9. Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 10. Data Breach Notification Purposes.** We may use or disclose your Protected PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.
- 11. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- 12. Law Enforcement.** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- 13. Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

- 14. National Security and Intelligence Activities.** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- 15. Protective Services for the President and Others.** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- 16. Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

- 1. Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. 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.
- 2. Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.
- 3. Fundraising.** This practice does not participate in any form of fundraising and will therefore not distribute any such literature to patients.
- 4. Medical Device Tracking.** Under the FDA regulations regarding medical device tracking requirements, a patient receiving such device has the right to refuse to release, or refuse permission to release PHI for the purpose of tracking. This practice uses such devices as Essure, IUD (Mirena, Skyla, Paraguard) and implantable contraceptive capsules such as Nexplanon, the information on these devices used for a patient will be retained in their medical records and only released to a manufacturer or its representative in the event there is a defective device.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your PHI will be made only with your written authorization:

- 1.** Uses and disclosures of PHI for marketing purposes; and
- 2.** Disclosures that constitute a sale of your PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

PATIENTS RIGHTS:

You have the following rights regarding PHI we have about you:

- 1. Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request, in writing, to the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951
- 2.** In Texas we have up to 15 business days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- 3. Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an 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 PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request 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 PHI.
- 5. Right to Amend.** If you feel that PHI we have 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 our office. To request an amendment, you must make your request, in writing, to the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951.
- 6. Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951.
- 7. Right to Request Restrictions.**
 - 7.1.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations.
 - 7.2.** You also have the right to request a limit on the PHI 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.
 - 7.3.** We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI 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.

7.4. To request a restriction, you must make your request, in writing, to the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951.

8. **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 PHI 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.
9. **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 make your request, in writing, to the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
10. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, <http://www.contemporarywomenscare.net>. To obtain a paper copy of this notice, please ask any one of our office team or request in writing to the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

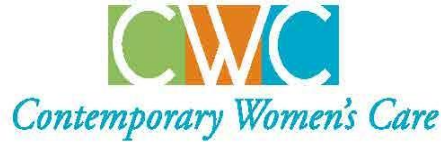
If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.** All complaints must be made in writing. To file a complaint:

- For complaints involving covered entities located in Arkansas, Louisiana, New Mexico, Oklahoma, or Texas: Region VI:

Office for Civil Rights
US Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice Phone (214) 767-4056. FAX (214) 767-0432.
TDD (214) 767-8940.

- To file a complaint with our practice, contact the Privacy Officer, Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951.

This notice was published and becomes effective on September 22nd, 2015 and supersedes all prior notices of **including the initial of April 14th, 2003.**



**NOTICE OF PRIVACY PRACTICES:
Acknowledgement of Receipt**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of Contemporary Women's Care*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information and your rights related to the Use and Disclosure of your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, a notice will be posted in the office and on our website, you may obtain a copy of the revised notice by: Asking the staff at the reception desk in the office or by requesting a copy from our office at Contemporary Women's Care, 4323 N. Josey Lane, Suite 306, Carrollton, TX 75010. Tel: 972-939-7011 Fax: 972-939-2951.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Privacy Officer, Contemporary Women's Care, Contemporary Women's Care, 6020 W Parker Suite 330 Plano, TX 75093
. Tel: 972-939-7011 Fax: 972-939-2951.

I acknowledge receipt of the *Notice of Privacy Practices of Contemporary Women's Care*.

Name: _____ Relation to Patient: _____

Signature: _____ Date: _____

Witness Name: _____ Date: _____

Witness Signature: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtain:

- Notice of Privacy Practices Given - Patient Declined to Sign
- Notice of Privacy Practices Given - Patient unable to sign:
 - Unconscious
 - Communication / Language Barrier
 - Other reason patient / legal representative unable to sign: _____

Name of Privacy Officer: _____

Signature of Privacy Officer: _____ Date: _____