



HIPAA POLICIES AND CONSENTS

We at Northwood Obstetrics and Gynecology, P.C. understand that your health information is highly personal and we are committed to safeguarding your privacy. A federal regulation, known as the “HIPAA Privacy Rule” also requires that we provide a detailed notice to you outlining our policy regarding your Protected Health Information (“PHI”). This Policy describes how medical information about you may be used and disclosed, and how you may obtain access to this information. This Policy refers to all PHI, whether in written, electronic or verbal format. Please review this Policy carefully.

Notice of Privacy Practices

We are ethically and legally required to: 1) Maintain the privacy of your healthcare information, 2) Give you notice of our Policy, and 3) Comply with the terms of our Privacy Practices. We reserve the right to make changes to this Policy/Notice and to make such changes effective for all PHI we may have about you. If this Policy/Notice is changed, we will post the newest version in our waiting room and provide you with a copy upon request.

How we may use and disclose Protected Health Information about you:

For Treatment, Payment and Health Care Operations:

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care with other health care providers and staff and to order and obtain tests. We appropriately share your PHI with health care providers in the event you require other services or need urgent or emergent care.

Payment: We may use and disclose PHI for billing and collecting payment for the services provided to you. We may share details of future treatment plans with your insurance plan to obtain “prior approval.” We may use PHI to find out if your health plan will cover the cost of care and the services we provide. We may use PHI for billing, claims management, and collection services. We may also disclose PHI to another health care provider or to a company or health plan as a requirement of its payment activities.

Health Care Operations: Health Care Operations are certain administrative, financial, legal, and quality improvement activities of a covered entity (Northwood Obstetrics & Gynecology) that are necessary to run its business and to support the core functions of treatment and payment or allow us to improve the quality of care and reduce health care costs. We may use and disclose PHI about you in the following health care operations: 1) Reviewing and improving the quality and efficiency and cost of medical care that we provide to our patients, 2) Providing training programs for students, trainees, or non-clinical personnel (for example billing personnel) to help them improve their skills, 3) Cooperating with outside agencies that evaluate, review, license or certify our health care providers, 4) Cooperating in joint care with another health care facility or business (for example a hospital or pharmacy).

Electronic Exchange: The Providers at this office may share your health care information with other health care providers through electronic exchange. This information can be accessed through

Munson Medical Center portals, which are password and encryption protected. If you do not wish to have your medical information available to other Providers through the **Munson community electronic exchange system** let us know when asked for this upon check-in.

Other Uses For your PHI:

Communications: Our office may contact you regarding appointments and other pertinent health care information at various times. We expect you to inform us if there are other preferred ways to receive these communications (this can be designated in the information provided upon check-in). **We may send you appointment reminders by Text , email or phone.**

Other Persons Involved in Your Care: We may disclose and use PHI about you to your family member, or other person identified by you if: 1) you have given permission for that person to receive your PHI or it is an emergency and 2) their involvement it is directly relevant to your care. Best professional judgment may be used if you are unable to consent or object for any reason.

Uses and Disclosures We Can Make Without Your Written Authorization

Law Enforcement: Northwood Ob/Gyn will disclose your PHI for law enforcement purposes, such as to aid criminal investigation. We are required by law to disclose medical information to government agencies for cases of suspected abuse, neglect or domestic violence. In disputes where the medical records are subpoenaed for evidence in a lawsuit, we are required to surrender your records.

Public Health and Safety: Northwood Ob/Gyn will disclose your PHI to avert a serious threat to the health and safety of a person or the public in general.

HealthCare Oversight Activities: We may disclose PHI to a health oversight agency for activities including audits, inspections, licensure and disciplinary activities in compliance with certain laws.

Uses and Disclosures for Which You Have the Right To Agree or Disagree:

Marketing: Northwood OB/Gyn does **not** use your PHI for marketing purposes, nor does it share your PHI with companies that sell products, such as pharmaceuticals.

All other uses and disclosures of PHI about you will only be made with your written consent.

If you have authorized us to use and disclose you PHI according to the policy above, you may revoke this permission at any time, except to the extent we have taken action on the past authorization.

Your Rights Regarding PHI:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. We are not required to comply with your request if it interferes with good practice or our rights as a business. To request restrictions, a written notice must be submitted to our Practice Manager. Reasonable requests will be accommodated and must be in writing. You have the right to inspect and receive a copy of certain parts of your PHI. We may deny access in limited and unusual circumstances. If you do request a printed copy of your PHI, a fee may be charged. You have the right to amend PHI about you that originated in this office. To make this type of request you must submit your request in writing to the Practice Manager and state the reason for the request. We maintain the right to deny this request in certain cases. You have the right to know an accounting of your PHI disclosures for the past years for any reasons other than treatment, payment and health care operations. Requests must be in writing and a fee may apply.

Complaints: *If you believe your privacy rights have been violated, you may file a complaint with the Practice Manager or the U.S. Dept. of Health & Human Services. You will not be subject to adverse actions for filing a complaint.*

SIGNING the HIPAA CONSENT:

By Signing you are consenting to allow Northwood Obstetrics & Gynecology, PC to use and disclose your "Protected Health Information" to carry out treatment, to order testing and to procure payment and for health care reasons as outlined in the above document.

Release of Medical Information, Authorization & Payment:

I hereby authorize Northwood Obstetrics & Gynecology to release Health Care information about me to secure payment from my insurance company and also authorize payment directly to Northwood Obstetrics & Gynecology. I recognize and accept personal responsibility for payment of any non-covered or unauthorized services.

Community Exchange of Information:

Our Electronic Medical Records Software will allow us to exchange your personal health information with other offices and Munson Medical Center clinical staff. We feel this is an important aspect of using electronic data to improve your medical care. If another physician, lab technician, or nurse, for example, needs information regarding your medical history they can access it through this system. This exchange is subject to the same rigid rules and regulations that apply to your personal health information in this office. Non-compliance may subject users to severe penalties or loss of employment. By signing below you agree to this Community exchange of your healthcare information. If you wish to Opt out of this, you must check the box below.

Medicare Patients Only:

I certify that the information I have provided in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any medical provider to release necessary information to the Social Security administration or its intermediaries for Medicare claims. I agree to the payment of authorized benefits to Northwood Obstetrics & Gynecology, PC on my behalf.

Signed _____ Date _____

If patient is a Minor, Signature of Guardian _____

€ I wish to OPT OUT of the Community Exchange of Information. (You must notify staff of this request so that appropriate steps will be taken to exclude your health information.)

THANK YOU!

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