

Harbor Medical Group

Obstetrics and Gynecology

Notice of Privacy Practices

- THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
- PLEASE REVIEW CAREFULLY.
- THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We require by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 02/02/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and disclosures of health information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

1. Treatment: We may use or disclose your health information to a physician or other healthcare provider treating you.
2. Payment: We may use and disclose your health information to obtain payment for service we provide to you.
3. Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations may include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluation practitioner and provider performance, conduction training programs, accreditation, certification, licensing or credentialing activities.
4. Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use or disclose your health information to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

5. To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or any other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

6. Persons Involved in Care: We may use or disclose health information to notify or assist in the notification (including identifying or location) of a family member, your personal representative, or another person responsible for your care, your location, your general condition, or death. If you are present, the prior to use of disclosure of your health information base on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

7. Marketing Health-Related Service: We will not use your health information for marketing communications without your written authorization.

8. Required by Law: We may use or disclose your health information when we are required to do so by law.

9. Abuse or Neglect: We may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

10. National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

11. Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voice messages, postcards, or letters).

12. Limitations: In some circumstances, your health information may be subject to restrictions that limit or preclude some uses or disclosures of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment.

Patient Rights

1. Records: All of your records from our practice are the property of Harbor Medical. Any records released to us by you from another healthcare provider become the property of Harbor Medical and can not legally be copied by us.

2. Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. (You may obtain a form to request access by using our contact information at the end of this notice.) If you request copies, we will charge you \$.25 per page, unless the cost is below \$5.00. The process of copying your records from the time we receive the request takes 7-10 days.

3. Disclosing Accounting: You have the right to receive a list of instances in which we, or our business associates, disclose your health information for purposes other than treatment.

4. Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions.

5. Amendment: You have the right to request that we amend your health information. Your request must be given in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Questions and complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights you may complain to us using the contact list below. You also may submit a written complaint to the U.S. Department of Health and Human Services (the address is below).

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact the Secretary of Health and Human Services at
Secretary of Health and Human Services Office for Civil Rights
200 Independence Avenue SW
Room 509 F HHH Building
Washington, D.C. 20201

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