



OB-GYN & Midwifery Associates of Ithaca  
20 Arrowwood Drive  
Ithaca NY. 14850  
607-266-7800 (phone)  
607-216-0093 (fax)

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 1/1/16

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

If you have questions regarding this notice, please contact the HIPAA security officer at OB-GYN Associates of Ithaca at 607-266-7800.

### OUR OBLIGATIONS:

*We are required by law to:*

Maintain the privacy of your protected health information

Give you this notice of our legal duties and privacy practices regarding health information about you.

Follow the terms of our notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Below are the ways we may use and disclose your health information that identifies you (Health information).

Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer. (You will need to complete a form for this purpose)

***For treatment:*** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or 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 Health Information so that we or others may bill and receive payment from you, an insurance company or third party for the treatment and services you received. For example we may give your insurance company information about you in order for them to pay your bill for treatment.

***For Health care operations:*** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to help operate and manage our office.

These uses help us to provide you with the highest quality of obstetrical and gynecological care. We may also disclose this information to your health care plan to assist them improving their health care operations.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:*** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may also use and disclose Health Information to tell you about treatment options or health-related benefits and services you may be interested in.

This will be done according to your preferences for contact.

***Individuals Involved in Your Care or Payment for Your Care:*** When appropriate, we may share Health Information 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 disaster relief efforts.

***Research:*** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health and progress of a patient who received one treatment to those who received a different treatment for the same condition. Before this is done, the project is required to go through a special approval process, however even without special approval we may permit researchers to look at our records to help them identify patients who may qualify for their research project, but they will not be allowed to remove or take copies of any Health Information.

#### **SPECIAL SITUATIONS:**

As required by Law: We will disclose Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety:*** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These disclosures will only be made to individuals who may be able to help prevent the threat.

***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 the services or functions. As an example we may use an outside billing service. All of our business associates are obligated to protect your information and are not allowed to use or disclose any information other than that which is specified in their contact with us.

***Organ and Tissue Donation:*** If you are an organ donor, we may use or release Health Information to the organization that handle organ procurement or other entities involved in procurement, banking, or transportation of organs, eyes or other tissues to assist in the donation and transplantations.

***Military and Veterans:*** If you are a member of the armed forces or a foreign military, we may release Health Information as required by military command authorities or foreign military authority.

***Workers' Compensation:*** We may release Health Information for workers' compensation or similar programs.

***Public Health Risks:*** We may disclose Health Information for public health activities such as those 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 or abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law such as 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.

**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.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order, 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 requested information.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if it is in response to a court order, subpoena, warrant, summons or similar process, limited information to identify or locate a suspect, fugitive, material witness, or missing person, about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and 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.

**Coroners, Medical Examiners and Funeral Directors:** We may release Health Information to a coroner, or medical examiner for such reasons as identifying a deceased person or to determine the cause of death. We may also release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities:** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized by law.

**Protective Services for the President and Others:** We may disclose Health Information 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.

**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 Health Information to the correctional institution or law enforcement official under these circumstances; for the institution to provide you with health care, to protect your health and safety or the health and safety of others or the safety and security of the correctional institution.

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

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, close friend or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to object or agree to this disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your protected health information 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.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

Uses and disclosures of Protected Health Information for marketing purposes; and disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures not covered by this notice or laws that apply to us will be made only with your written authorization. If you do give us authorization you may revoke it at any time by signing a written revocation form and we will cease disclosing your protected health information, however any information released prior to your written revocation will not be affected.

## YOUR RIGHTS

You have the following rights regarding Health Information we have about you:

***Right to Inspect and Copy:*** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment of your care such as medical (other than psychotherapy) and billing records. To inspect or copy this Health Information you must request it in writing to the HIPAA compliance officer.

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for copying, mailed and supply costs, however if you need your information for benefit claims under the Social Security Act or any other state or federal needs-based benefit program we may not charge you a fee. We may deny your request in certain circumstances, if we do deny your request you have the right to have the denial reviewed by a licensed health care professional who was not directly involved in the denial of your request and we will comply with their decision.

***Right to an Electronic Copy of Electronic Medical Records:*** If your Protected Health Information is maintained in an electronic format (EMR) 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 this is not able to be accomplished it will be provided in either our standard electronic format or if you do not want this a readable hard copy form. We may charge you a reasonable fee for the labor associated with transmitting the electronic medical record.

***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.

***Right to Amend:*** If you feel that the Health Information 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 HIPAA compliance officer.

***Right to an Accounting of Disclosures:*** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations

***Right to Request Restrictions:*** You have the right to restriction or limitation on the Health Information we use or disclose for treatment, payment or health care operations as well as limitations on information we disclose to people involved in your care or payment for your care such as a family member or friend. As an example you could request that we not share information with a certain individual regarding a specific diagnosis or treatment. To request such a restriction it must be in writing and submitted to the HIPAA compliance officer. We are not obligated to comply with your restriction request unless it is involving a health care plan for payment or health care operations and that information involves services you paid us "out of pocket". If we agree we will comply with your request unless the information is needed to provide you with emergency treatment.

***Out-of Pocket-Payments:*** If you paid out-of-pocket or you requested that we not bill your insurance company for a specific item or services, you have the right to ask that your Protected Health Information pertaining to that item or service not be disclosed to the health plan for purposes of payment or health care operations and we will honor that request.

***Right to Request Confidential Communications:*** You have the right to request that we communicate with you regarding medical matters in a certain way or at a certain location. For example you can request that we only contact you by mail or cell phone etc. Your request must specify how or where you wish to be contacted and we will accommodate reasonable requests.

***Right to a Paper Copy of this Notice:*** You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have received this notice electronically you may still request a paper copy. You may obtain a copy of this notice at our website [www.ithacaobgyn.com](http://www.ithacaobgyn.com) or request a copy from the HIPAA compliance officer.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information 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 have the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

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