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.

I. Our Responsibilities We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/cons- umers/noticepp.html.

II. How We May Use and Disclose Your Protected Health Information. For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information:

For treatment: We may use and disclose health information to treat you 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 in 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/or disclose your 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 health plan information so that they will pay for your treatment.

For health care operations: We may use or disclose medical information about you for purposes of: operations, we do not need an authorization to use or disclose your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/cons- umers/noticepp.html.

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III. Your Rights Regarding Your Medical Records

Appointment Reminders, Treatment Alternatives and health related benefits and services. We may use and disclose health information to contact you and to remind you that you have an appointment with us. We also use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

Research. Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition, or death.

We may use your medical information as authorized by law relating to worker’s compensation or similar programs:

We may disclose your medical information in the course of a judicial or administrative proceeding. Other uses and disclosures of your medical information not covered by this notice (such as for marketing purposes) or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission in writing. If you wish to exercise your right to revoke a prior authorization for others to make decisions about your medical information, we will abide by your request unless we have already taken action based on the prior authorization.

Your request must be in writing and give you a reason for the request.

Ask us to limit what we use or share. You have the right to ask that we limit how we use or disclose your medical information. For example, for services you request no insurance claim be filed and for which you pay privately, you have the right to restrict disclosure of these services for which you paid out of pocket.

Get a list of those with whom we’ve shared information You have the right to ask that we send you information at an alternative address or by alternative means. We will consider your request but are not legally bound to agree to the restriction. We will agree to your request as long as it is reasonably easy for us to do so. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. You have the right to opt out of communications for fundraising purposes.

With a few exceptions (such as psychotherapy notes or information gathered for judicial proceedings), you have a right to inspect and copy your protected health information if you put your request in writing. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. We may charge you a reasonable fee if you want a copy of your health information. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. Consent is required prior to use or disclosure of an individual’s psychotherapy notes or the use of the individuals PHI for marketing purposes.

We may disclose information relating to an individual’s death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

In certain circumstances, we may disclose medical information to assist medical / psychiatric research.

In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, or to help with the coordination of disaster relief efforts.

If people such as family members, relatives, or close personal friends are involved in your care or helping you to take care of yourself, we may release important health information about your location, general condition, or death.

We may disclose your medical information as authorized by law relating to worker’s compensation or similar programs.

We may disclose your medical information in the course of a judicial or administrative proceeding. Other uses and disclosures of your medical information not covered by this notice (such as for marketing purposes) or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission in writing. If you wish to exercise your right to revoke a prior authorization for others to make decisions about your medical information, we will abide by your request unless we have already taken action based on the prior authorization.

Your request must be in writing and give you a reason for the request.

IV. Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, we encourage you to contact us. If you think we may have violated your privacy rights, disagree with a decision we made about access to your medical information, we encourage you to speak or write to our Privacy Officer. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights’ Region IV office. We will provide the mailing address at your request. We will not take any retaliatory action against you if you make complaints, whether to us or to the Department of Health and Human Services. We support your right to the privacy of your health information. If you have questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer, either by phone or in writing at:

The Women’s Wellness Center
c/o Privacy Officer
2500 N. Military Trail, Suite 111
Boca Raton, FL 33431
Ph: 561) 826-3800

Effective Date: This Notice was effective on August 27, 2013.