

NOTICE OF PRIVACY PRACTICES  
FOR  
WOMEN'S BIRTH & WELLNESS CENTER, INC.

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:**

Women's Birth & Wellness Center, Inc. is required by law to maintain the privacy of your protected health information and to provide you with this notice that explains how, when and why we use and disclose your protected health information. We are required by law to follow the privacy practices that are described in this notice. We reserve the right to change this notice and our privacy policies at any time. Any such changes will apply to the protected health information we already have. Before we make an important change to our policies, we will change this notice and post a new notice. You can also request a copy of this notice or any revised notice from the front desk.

**II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

Women's Birth & Wellness Center, Inc. uses and discloses the health information of its patients for many different reasons. In this Notice, to "use" protected health information means we are sharing that information with someone who is a member of the Women's Birth & Wellness Center, Inc. workforce and to "disclose" protected health information means we are sharing that information with someone outside of our practice's workforce. For most disclosures, we may need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

- A. Use and Disclosures of Your Protected Health Information for Treatment Purposes DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.** We may use and disclose your protected health information for the purpose of providing, coordinating, or managing your health care and related services without obtaining your prior written consent. This means that all healthcare personnel who are involved in your care may have access to your protected health information for these purposes. For example, if one of our providers refers you to a specialist for testing or treatment, we can share your protected health information with that specialist.
- B. Uses of Your Protected Health Information for Payment Purposes DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.** We may use your protected health information for the purpose of getting paid for the healthcare services and items we provide to you. For example, our billing service, and collections companies may access your protected health information for this purpose.
- C. Disclosures of Your Protected Health Information for Payment Purposes REQUIRE YOU PRIOR WRITTEN CONSENT.** North Carolina law requires us to obtain your written consent prior to the disclosure of your protected health information for payment purposes. If you are an existing patient, you have already signed a consent allowing us to share your protected health information with your health insurance company (or any other entity responsible for paying for your healthcare services) for payment purposes. If you are a new patient, you will be

asked to sign consent during your first visit with us. Other than in an emergency situation, we can refuse treatment to any patient who does not sign a consent allowing us to share protected health information with his or her insurance company or other person or entity responsible for paying for his or her healthcare services. For example, after obtaining your consent, we may send your health insurance company a copy of your physician's notes to show that tests you received were medically necessary and thus should be covered by the health insurance policy.

- D. Uses of Your Protected Health Information for Our Healthcare Operations DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.** We may use your protected health information in the operation of our practice for such purposes, among others, as developing procedures and protocols, reviewing the performance of your provider, training new providers, business planning and development, and general administrative activities without your written consent. Note that this list does not include every purpose for which we might use your protected health information for our healthcare operations. For example, our compliance team may access your protected health information in order to conduct a performance review of the nurse who provides services to you at our office.
- E. Disclosures of Your Protected Health Information for Our Healthcare Operations REQUIRE YOU PRIOR WRITTEN CONSENT.** North Carolina law requires us to get your written consent prior to the disclosure of your protected health information for our health care operations. For example, after obtaining your consent, we may allow an independent consultant to review your medical record as part of a risk management or billing compliance audit.
- F. Certain Other Uses and Disclosures That DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.** We may use and disclose your protected health information without your consent or authorization for the following reasons:
- 1. When disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures of protected health information when a law requires us to report information, when a law requires us to report information to a government agency or to law enforcement about victims of abuse or neglect or gunshot or knife wounds, or when we receive a valid court order to produce information.
  - 2. For public health activities or to avert a serious threat to health and safety.** For example, we report information about certain diseases, such as West Nile Virus, Lyme Disease, and Tuberculosis, to the local health department; We provide coroners, medical examiners, and funeral home directors necessary information relating to an individual's death; And, we may provide information to law enforcement or another person if we believe, in good faith, that the use or disclosure is necessary to prevent serious and imminent threat to the health or safety of a person or the public.
  - 3. For health oversight activities.** For example, we may provide information to the government when it investigates or inspects our practice or another provider or facility.
  - 4. For specialized government functions.** For example, we may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by federal law.

5. **For workers' compensation.** For example, we may disclose protected health information related to your workers' compensation claim to your employer who is paying us to provide services to you in connection with the claim.

**G. Uses and Disclosures Where You Have the Opportunity to Object.** We may provide protected health information to your family members, a friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object. In emergency situations, you will have the opportunity to object when you are able to do so. For example, if you have an appointment with one of our doctors and you bring a family member with you and ask them to sit in the examination room with you while the doctor performs an examination, then the doctor may disclose protected health information to that family member unless you object. We may also use or disclose information to notify or assist in notifying a family member, a friend, or another person responsible for your care of your location and general condition, unless you object. For example, if you come to our office alone and a physician decides to admit you directly to the hospital, we may contact a family member or friend to let them know that you have been admitted to the hospital, unless you object.

**H. All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections II. A-G above, we will ask for your written authorization before using or disclosing any of your protected health information. If you choose, you may sign an authorization in writing to stop any future uses and disclosures.

### **III. YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the property of and belongs to Women's Birth & Wellness Center, Inc., you have the following rights with respect to your protected health information:

**A. The Right to Request restrictions on Uses and Disclosures of Your Protected Health Information.** You have the right to ask us to limit how we use and disclose your protected health information. We will consider your request; **However, we are not legally required to accept it.** If we do accept your request, we will note the accepted limitation in writing and follow those restrictions except in emergency circumstances. You may not limit the uses and disclosures that we are legally required to make.

**B. The Right to Choose How We Send Protected Health Information to You.** You have the right to ask that we send information to you to an alternate address (for example sending information to your work address instead of your home address). If we can easily provide the information in the format you request, then we must agree to your request and abide by it.

**C. The Right to See and Get Copies of Your Protected Health Information.** In most cases, you have the right to look at or get copies of your protected health information. You must make any request to look at or get copies of your protected health information in writing to the contact person(s) listed in Section V. below. We will respond to you within 30 days after receiving your written request. **In certain-situations we may deny your request.** If we deny your request, we must tell you, in writing, our reasons for denying your request and explain to you that you have the right to have our decision reviewed and how to start the review process. If you

request copies of your protected health information, we will charge you \$.75 per page for the first 25 pages, \$.50 per page for pages 26-100, and \$.25 per page on page after 100. There is a \$100.00 minimum charge and postage costs are additional if patient requests that records be mailed. This will be billed to the patient, and/or guarantor by Women's Birth & Wellness Center, Inc.

- D. The Right to Get a List of Disclosures We Have Made.** You have the right to get a list of the persons or entities with whom we have shared your protected health information outside of our practice, however, we are not required to list the following disclosures (1) disclosures we made for treatment, payment or healthcare operations, (2) disclosures for which you signed a consent or authorization, (3) disclosures we made to you or to a family member or friend which you did not object, (4) disclosures for national security or intelligence purposes, (5) disclosures to correctional institutions or law enforcement officials, (6) incidental disclosures made in connection with a permitted use or disclosures, or (7) disclosures made prior to October 13, 2003. You must make any request for a list of disclosures in writing to the contact person identified in Section V. below. We will respond to you within 60 days after receiving your request. The list we give you will include disclosures of your protected health information that have been made by us or our business associates during the 6 years prior to your request unless you request a shorter period. The list will include the date of each disclosure, the name and address (if known) of the person or entity to which the disclosure was made, a description of the information disclosed, and the reason for disclosure. If we are unable to provide the list within 60 days following your request, we will let you know in writing before the end of those 60 days that we are unable to do so and will provide the list to you no later than 90 days following our receipt of your request for the list. We will provide this list to you at no charge; however, if you request more than one list during any 12 month period, we will charge you \$2.00 for each additional list requested during that period.
- E. The Right to Correct or Update Your Protected Health Information.** If you believe there is a mistake in your protected health information or that a piece of important information is missing, you have the right to request that we correct the information or add the missing information to your record. You must make any request for a correction of your information in writing to the contact person identified in Section V. below. Your request must include a reason for the change you are proposing we make to your information. We will respond to you within 60 days after receiving your written request. **We may deny your request in writing if: (1) the information you we have is correct and complete, (2) the information you want to change was not created by us, (3) the information you want to change is information which you would not be allowed to look at or copy by law, or (4) the information you want to change is not a part of our records.** Our written denial will include the reason we are denying your request and will explain your right to file a written statement of disagreement of the denial. If you do not file a written statement of disagreement, you have the right to ask us, in writing, to attach your initials request and our denial to all future disclosures of the affected information. If you do not make such a request, we are not required to include the request and denial with any future disclosures. If you do file a written statement of disagreement, we must include your initial request, our denial, your written statement of disagreement and our rebuttal whenever we disclose the affected

information. If we approve your request, we will make the requested change to your information, tell you that we have made the change and get a list from you of other persons who need the changed information, and notify those persons you have identified as well as those of whom we are aware, who need to know about the change made to your information. If we are unable to respond to you within 60 days following your request, we will let you know in writing before the end of those 60 days that we are unable to do so and will provide our response to you no later than 90 days following our receipt of your request for the change.

**F. The Right to Obtain a Paper Copy of this Notice.** You have the right, at any time, to get a paper copy of this Notice. To obtain a paper copy of this Notice, please ask for a copy at the front desk of Women’s Birth & Wellness Center, Inc.

**IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES:**

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you may file a complaint with the person listed in Section V. below. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201. We will take no adverse actions against you for filing a complaint.

**V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES:**

If you have any questions about this notice or have any complaints about our privacy practices, or would like assistance exercising any of the rights listed in Section III. above or would like to know how to file a complaint with the Secretary of the United States Department of Health and Human Services, please contact:

Brianna Honea. . . . . Women’s Birth & Wellness Center, Inc.  
Felicia Stroud . . . . . Women’s Birth & Wellness Center, Inc.

**VI. EFFECTIVE DATE OF THIS NOTICE:**

This Notice is effective August 1, 2005