



Casper Women's Care, PC

770 East 2ND Street
Casper WY, 82601
Phone: 307-237-5510
Fax: 307-237-0607

Notice of Privacy Practices

Effective date: January 8, 2010 as required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Please review this notice carefully.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called Protected Health Information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

B. Understanding Your Health Record and Information

Each time you are admitted to our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate health professionals
- Provide information for medical research
- Provide information to public health officials
- Evaluate and improve the care we provide
- Obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- Ensure it is accurate
- Better understand who may access your health information
- Make more informed decisions when authorizing disclosure to others

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a



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visible location at all times, and you may request a copy of our most current Notice at any time.

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
2. **Payment.** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. **Health care operations.** Our practice may use and disclose your protected health information in order to support the business activities of your physician's practice. These activities include but are not limited to, quality assessment, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and nations security, workers compensation, inmates and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

D. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request to the compliance officer of **Casper Women's Care PC** specifying the requested method of contact, or the location where you wish to be contacted.
2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the compliance officer.
3. **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the compliance officer in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain



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limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request

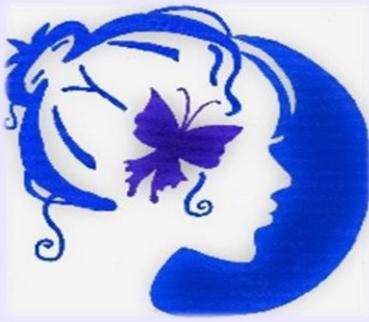
an amendment, your request must be made in writing and submitted to the compliance officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion.

5. **Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. In order to obtain an accounting of disclosures, you must submit your request in writing to the compliance officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Casper Women's Care PC**, or you may obtain a copy at our website, **WWW.CasperWomensCare.com**.
7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the **US Department of Health and Human Services (www.hhs.gov)**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

**If you have questions about this Notice, please contact:
Casper Women's Care, PC, 770 East 2nd Street, Casper, WY, 82601 #307-237-5510**

Acknowledgment of the Notice of Privacy Practices

www.casperwomenscare.com



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Patient's Name: _____ DOB: _____

By signing below, I acknowledge that I have been given a copy of Casper Women's Care, PC's Notice of Privacy Practices, or have been offered a copy of these practices, which describes how my health information is used and shared. I understand that Casper Women's Care, PC has the right to change this notice at any time without my notification. I may obtain a current copy by contacting the Facility Privacy Official, or by visiting Casper Women's Care website at: www.CasperWomensCare.com.

Signature of Patient or Personal Representative

Date

Personal Representative's title (e.g., Guardian, Executor of Estate, Health Care Power or Attorney)

For Facility Use Only: Complete this section if you are unable to obtain a signature.

If the patient or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgment is not signed for any other reason, please state the reason:

Describe the steps taken to obtain the patient's (or personal representative's) signature on the Acknowledgement:

Completed By:

Signature of Facility Representative

Date

Printed Name of Facility Representative