



BAY AREA MATERNITY & WOMEN'S HEALTH

HIPPA NOTICE OF PRIVACY PRACTICES

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 (TPO) 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 how that relates to your past, present or future physical or mental health or condition and related health services.

Uses and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by your providers, office staff and others outside our office that are involved in your care and treatment for purposes of providing health care services to you, to pay your health care bills, to support the operations of the practice, and any other uses required by law.

Treatment: We will use and disclose your health information to provide coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example we would disclose your protected health information as necessary to a home health agency that provides care to you. For example your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose your treat you.

Payment: Your protected health information 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.

Healthcare Options: We may use or disclose as needed your protected health information in order to support the business activities of your providers practice. These activities include but are not limited to quality assessment activities, employee review activities training of medical, midwifery or nursing students that see patients in our office. In addition we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you of an appointment or leave messages that lab results have come in.

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 as required by law, Communicable Diseases; health oversight: Abuse or Neglect; Food and Drug Administration requirements: Legal Proceedings: Law Enforcement; Coroners, Funeral Directors and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates; Required Uses and Disclosures; Under the law we must take disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures: Will be made only with your consent, authorization to object unless required by law.

Revoke Authorization: You may revoke this authorization at any time in writing except to the extent that your provider or the providers practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information.

Under federal law you may not inspect or copy the following records: psychotherapy notes information compiled in a reasonable anticipation of or use in a criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

You have the right to request confidential information from us by alternative means or at an alternative location: You have the right to obtain a copy of this notice from us upon request even if you have agreed to accept this notice alternatively. (i.e.) electronically.

You have the right to have your provider amend your protected health information. If we deny your request for amendment you have to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes, you then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

This notice goes into effect January 2nd 2012

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form please ask to speak to our HIPPA Compliance Office in person or by phone at 408-883-8233.

Signature below is only an acknowledgement that you have received our Notice of Privacy Practices:

Print Name: _____ Signature _____ Date _____

Signature of Parent/Legal Guardian: _____ Date: _____

(If patient is a minor)