WOMEN'S HEALTH CARE ASSOCIATES P.A.

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NOTICE OF PRIVACY PRACTICES

AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED. AS WELL AS HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY. (PLEASE FEEL FREE TO REQUEST A COPY OF THIS FOR YOUR OWN RECORDS)

Once you sign Women's Health Care Associate's consent form, we may use and disclose medical information about you in order to carry out your treatment, to obtain payment for services rendered to you, and to carry out the operations of the practice. Examples of how we may use and disclose information about you for providing treatment, obtaining payment and operating are:

Examples of uses and disclosures for treatment:

> If a nurse practitioner, physician, or physician's assistant at the practice refers you for cardiac stress test and needs to call the cardiologist for results, the clinician may give your name and reason for requesting the stress test to the cardiologist's office.
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> A nurse practitioner, physician, or physician's assistant at the practice may call you from time to time to advise you of new alternatives to your treatment.

Examples of uses and disclosures to obtain payment:

> The practice's billing office may submit a claim form, containing your name, address, social security number, diagnoses, and procedures performed in our office to your insurance company.

Examples of uses and disclosures to carry out the operations of the practice:

> The nurse practitioner, physician, or physician's assistants may audit (read and comment upon) your chart in order to track and improve our performance, by assuring that screening tests and immunizations are done on time. The practice's staff may mail you reminders of upcoming appointments. We may leave messages at the telephone numbers you provide, asking you to return our call.

The practice may use or disclose protected health information about you for other purposes without your consent, if we are required by law to disclose to governmental authorities. Such uses or disclosures may include:

> Suspected child abuse
>
> Documented communicable disease.

The practice will make other uses and disclosures of your protected health information only with your written authorization. You may revoke such authorization.

You have rights regarding your protected health information. You may:

request restrictions on certain uses and disclosures of protected health information, but we are not required to agree to the requested restriction.

request that you receive confidential communication of protected health information.

request to inspect and copy your own protected health information.

request that your information be amended.

request an accounting of disclosure of protected health information made by the practice in the past six years.

request a paper copy of this notice.

The practice is required to act on your request within 60 days.

The practice is required by law to maintain the privacy of protected health information and to provide individuals with a notice of its legal duties and privacy practices with respect to the protected health information.

You may complain to the practice or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. File a complaint with the practice by writing to the privacy officer of Women's Health Care Associates. No one will attempt to retaliate against your filing of a complaint.

For more information about this notice, contact the privacy officer of Women's Health Care Associates.

Effective Date: _____

I have reviewed this notice and believe I understand my right to privacy.

Name of patient: _____
(Print Name)

Name of Legal Guardian (if applicable): _____
(Print Name)

Signature of Patient or Legal Guardian: _____ Date: _____