TRIBECA WOMEN'S HEALTH

NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by Manhattan Women's Health in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. Below, you will find a brief summary of those rights.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

Manhattan Women's Health will use your medical information as part of rendering patient care. Your medical information may be used for treatment, payment, or health care operations.

- ✓ **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.
- ✓ **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review
- ✓ **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analyses, and customer advice.

For example, your medical information may be used by the health care professional treating you, by the office insurance coordinator to process your payment for the services rendered, and/or by administrative personnel reviewing the quality and appropriateness of the care you receive.

In addition, we may also create and distribute de-identified health information by removing all references to individually identifiable information; we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you; and we may use and/or disclose your medical information in accordance with applicable federal and state laws.

Any other uses and disclosures will be made only with your written authorization. Once given, you may revoke such authorization in writing at any time. We are, however, unable to take back any disclosures we may have already made with your permission.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend this information.
- **Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you. You are not, however, entitled to any disclosures made: 1) related to treatment, payment, or health care operations of Manhattan Women's Health, 2) to you, 3) to persons involved in your care or as otherwise permitted above, 4) pursuant to an authorization, 5) for national security or intelligence purposes, 6) to correctional institutions or law enforcement officials, 7) as part of a limited data set, or 8) prior to July 1, 2003.
- **Right to a Paper Copy of This Notice.** You may ask us to give you a copy of this notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Manhattan Women's Health and/or the Secretary of the Department of Health and Human Services. To file a complaint with us, simply leave the written complaint with the receptionist. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

For more information about "HIPAA", or to file a complaint with HHS:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

(202) 619-0257
Toll Free: 1-877-696-6775

THIS NOTICE IS EFFECTIVE AS OF JULY 1, 2003. Manhattan Women's Health reserves the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request a written copy of any future revisions of this notice from our office.