



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medical information about you is personal and we are committed to protecting the information. We are required by law to maintain the privacy of Protected Health Information (“medical information”) and to give you this notice explaining our privacy practices with regard to that information. You have certain rights and we have certain legal obligations regarding the privacy of your medical information. This Notice also explains your rights and our obligations. We are required to abide by the terms of this Notice. This notice tells you how we might use or disclose your medical information. Disclosure of information may be in electronic format.

The following categories describe different ways we may use and disclose your medical information. The examples do not include every possible disclosure:

- **For Treatment.** We will use or disclose your medical information to provide, coordinate and manage your healthcare. For example, your information may be shared with a primary care physician or specialist to whom you have been referred for follow-up care. If given permission, we may share minimum information with friends or family involved in your care.
- **For Payment.** We will use and disclose your medical information so that we can bill for the treatment and services you receive from us and can collect payment from you, your health plan, or a third party. For example, we may need to give your health plan information about your treatment for your health plan to agree to pay for that treatment.
- **For Health Care Operations.** We may use and disclose medical information for our health care operations to run in an efficient manner. For example, medical records are audited for timely documentation and correct billing. Medical records and health information may also be used in the evaluation of services for quality control.
- **Appointment Reminders.** We may use and disclose medical information to contact you to remind you that you have an appointment for medical care.
- **Minors.** We may disclose the medical information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **As Required by Law.** We will disclose medical information about you when required to do so by international, federal, state, or local law.
- **Business Associates.** We may disclose medical information to our business associates who perform functions on our behalf or provide us with services. All of our business associates are obligated, under contract with us, to protect the privacy of medical information.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose medical information as required by military command authorities.
- **Workers’ Compensation.** We may use or disclose medical information for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information to public health authorities for the purpose of preventing or controlling disease, injury or disability. This includes disclosures regarding: (1) the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report reactions to medications or problems with products; and (4) notify people of recalls of products they may be using.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits.** If you are involved in a lawsuit, we may disclose medical information in response to a court or administrative order, subpoena, or discovery request.



Women Partners in OB/GYN

- **Law Enforcement.** We may disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. For example, if there is probability of an imminent physical, mental, or emotional injury to self or others. We may also report suspected child abuse and/or domestic violence.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose medical information to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Sale.** Should Women Partners merge or the practice is sold to another physician group, your medical record may be part of the asset transfer.

Your Rights Regarding Your Medical Information:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information or billing information. You may submit your request in writing to the medical records department. We may charge a fee as set forth by the Texas Medical Board for the cost of copying, mailing or summarizing your records. We will provide you with your records and/or summary of care within 15 days of receipt of the request. The records may be in electronic format.
- **Right to Request Amendments.** If you feel that the medical information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Women Partners. A request for amendment must be made in writing to the practice and it must give a reason for your request. In certain cases, we may deny your request for an amendment. If denied, you will be informed of the denial.
- **Right to an Accounting of Disclosures.** You have the right to ask for an accounting of disclosures. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, you may be charged a fee. Your request must state a time period, which may not be longer than six years and must state how you want to receive the list.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose 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. If your services were paid in full out-of-pocket; the request may be considered. To request a restriction on who may have access to your medical information, you must submit a written request to Women Partners. Your request must state: the information you want to limit and to whom you want the limits to apply. We are not required to agree to your request. If denied, you will be informed of the denial.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways. You must make the request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

How to Exercise Your Rights

To exercise your rights send your request in writing to our Privacy Officer. You may request of copy of this notice via paper or electronic. If you authorize a particular use of the information, you may revoke it in writing.

Changes To This Notice

We reserve the right to change this notice. A copy of the notice is posted in our office, portal and on our website.

Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint. To file a complaint with HHS: Secretary of Health and Human Services, 1301 Young St Suite 1169, Dallas, TX 75202. To file a complaint with Women Partners: 502 Madison Oak Dr Ste 440, San Antonio, TX 78258, (210) 946-1300. There will be no retaliation against you for filing a complaint.