FIRST CARE WOMEN'S CLINIC

PRIVACY PRACTICES DISCLOSURE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION, OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION, AND YOUR RESPONSIBILITIES AS A PATIENT.
PLEASE REVIEW IT CAREFULLY.

State laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Disclosure. We are required to abide by the terms of this Privacy Practices Disclosure. This Disclosure will take effect on 3/4/2025 and will remain in effect until it is amended or replaced by us.

We reserve the right to change our privacy practices provided law permits the changes. Before we make a significant change, this Disclosure will be amended to reflect the changes and we will make the new Disclosure available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Disclosure effective for all health information maintained, created, and/or received by us before the date changes were made.

You may request a copy of our Privacy Practices Disclosure at any time by contacting our Privacy Officer, Susan Barham. Information on contacting us can be found at the end of this Notice.

We will keep your health information confidential, using it only for the following purposes:

Treatment: While we are providing you with health care services, we may share your individually identifiable health information including electronic health information with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, administrative support, or data analysis. These business associates and subcontractors through signed contracts are required by law to protect your health information. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share individually identifiable health information, including electronic disclosure with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, only if you agree that we may do so. If an individual is deceased you may disclose individually identifiable health information to a family member or individual involved in care prior to death. Uses and disclosures not described in this notice will be made only with your signed authorization.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" of your protected information if the disclosure was made for purposes other than providing services, and or business operations. In light of the increasing use of Electronic Medical Record technology (EMR), you may request a copy of your health information in electronic form if we store your information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. If for some reason we are not capable of an electronic format, a readable hardcopy will be provided. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. You can request non-routine disclosures going back 6 years.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized federal officials.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so. We will obtain an authorization for marketing purposes if communication about a product or service is provided and we receive financial remuneration (getting paid in exchange for making the communication). No authorization is required if communication is made face-to-face or for promotional gifts.

Fundraising: We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money and you will have the right to opt out of receiving such communications with each solicitation.

Sale of Individually Identifiable Health Information: We will not disclose individually identifiable health information without an authorization if it constitutes remuneration (getting paid in exchange for the information). **"**Sale of individually identifiable health information" does not include disclosures for public health, certain research purposes, treatment and payment, and for any other purpose permitted, where the only remuneration received is "a reasonable cost-based fee" to cover the cost to prepare and transmit the information for such purpose or a fee otherwise expressly permitted by law. Corporate transactions (i.e., sale, transfer, merger, consolidation) are also excluded from the definition of "sale."

Appointment Reminders: We may use your health records to remind you of recommended services, treatment, or scheduled appointments.

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) We will provide access to health information in a form / format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Front Office personnel for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Disclosure. Once approved, an appointment can be made to review your records. Access to your health information in electronic form if (readily producible) may be obtained with your request. If for some reason we are not capable of an electronic format, a readable hardcopy will be provided. If you prefer a summary or an explanation of your health information, we will provide it.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

PATIENT RESPONSIBILITIES

Patients are responsible for:

1. ***Providing accurate and complete information about medical complaints, past illnesses, hospitalizations, medications, pain, allergies and sensitivities, and other matters relating to their health.***
2. ***Following the treatment plan recommended by those responsible for their care.***
3. ***Their actions if they refuse treatment or do not follow the healthcare team's instructions.***
4. ***Behaving respectfully toward and being considerate of the rights of other patients and all clinic personnel.***
5. ***Seeking information and, in the event they have questions, asking them.***
6. ***Patient has the right to use the physician and pharmacy of their choice***.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services at 1-877-696-6775 or **www.hhs.gov/ocr/privacy/hipaa/complaints/.**

HOW TO CONTACT US:

Practice Name: First Care Women's Clinic Privacy Officer: Susan Barham

Telephone: 770-590-9361 Fax: 770-590-0953

Email: info@firstcarewomensclinic.com

Address: 615 Roswell Street NE, Marietta, GA 30060