

Notice of Privacy Practices (“Privacy Notice”)

I. THIS PRIVACY NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS PRIVACY NOTICE CAREFULLY.

AT THIS TIME, ELEVIER WOMEN’S CENTER DOES NOT MEET THE DEFINITION OF A “COVERED ENTITY” AS DEFINED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (“HIPAA”) AND IS NOT REQUIRED TO COMPLY WITH HIPAA AND ITS REQUIREMENTS. THE PRIVACY PRACTICES AND TERMS DESCRIBED IN THIS NOTICE ARE VOLUNTARILY UNDERTAKEN. ELEVIER WOMEN’S CENTER RESERVES THE RIGHT TO MODIFY OUR PRIVACY PRACTICES AND THIS NOTICE AT ANY TIME.

II. Safeguarding Your Protected Health Information

Elevier Women’s Center defines “health information” as individually identifiable information about your past, present, or future health or condition, the provision of health care, or information identifying the individual (e.g., name, address, birth date). This Privacy Notice explains how, when, and why we may use or disclose your health information. Except in specified circumstances, we will only use or disclose the minimum necessary health information to accomplish the intended purpose of the use or disclosure.

III. How We May Use and Disclose Your Protected Health Information

We use and disclose health information for a variety of reasons. We may use and or disclose your health information for purposes of treatment or our operations. **For uses beyond that, we will obtain your written authorization.** The following offers more description, and some examples of the potential uses and disclosures of your health information:

- **Uses and Disclosures Relating to Treatment or Operations.** We may, with signed consent, disclose your health information to doctors, nurses, and other health care personnel who are involved in providing your health care. Your health information may be shared with outside entities performing ancillary services to your treatment. Also, we may use and/or disclose your health information as may be reasonably necessary in the course of operating our clinic. We may also send or communicate appointment reminders but subject to our normal confidentiality policies and any special instructions that you have given.
- **Uses and Disclosures for Which Special Authorization Will be Sought.** For uses beyond treatment and operations purposes, we will obtain your authorization before disclosing your health information. However, disclosure of your health information may be made without your consent or authorization when required by law, when require for public health reasons, when necessary to avert a threat of harm to you or a third person, or when other circumstances may require or reasonably warrant such disclosure.

IV. How you May Have Access to or Control Your Protected Health Information. The following is a description of the steps you may take to access or to otherwise control the disposition of your health information:

- **To request restriction on uses/disclosures:** You may ask that we limit how we use or disclose your health information. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- **To choose how we contact you:** You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonably easy for us to do so.
- **To inspect and copy your health information:** Unless your access is restricted for clear and documented treatment reasons, you have the right to see or get a copy of your records and/or health information we have about you in paper or electronic format. You will be permitted to obtain a copy of your medical record upon presentation of a photo ID and completion of our written request form. We strive to respond to your request within 30 business days. You may designate selected portions of your health information for copying. The first copy of your records will be provided to you free of charge. The fee for additional copies is \$10.
- **To request amendment of your health information:** If you believe that there is a mistake or missing information in our record of your health information, you may request in writing that we correct or add to the record. We will respond within 60 business days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the health information and so inform you. We will also inform any others who have a need to know about such changes.
- **To find out what disclosures have been made:** You may request for us to provide you with a list of all disclosures of your health information which we have made except for such disclosures as have been made in connection with your treatment, our health care operations, or as specifically required by law. We will respond to your request within 60 business days of receiving it.

V. Contact Person: If you have any questions or concerns, please contact: Elevier Women’s Center’s Executive Director at 763-363-9820.

VI. Acknowledgement: I have read and understand the above information.