

NOTICE OF PRIVACY PRACTICES

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.

This notice describes the privacy practices of IMC-Mobile Bay OB-GYN Center, P.C.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private
- Provide you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- **FOR TREATMENT:** We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to hospitals and other doctors who are involved in your care. For example, we may disclose medical information to a hospital so that diagnostic tests can be scheduled or we may notify a surgeon about your need for certain surgical procedures.
- **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to tell your health plan certain information about an office visit at our clinic so your health plan will pay us or reimburse you for the service.
- **FOR HEALTH CARE OPERATIONS:** Medical information about you at our clinic may be used and disclosed for health care operations. These uses and disclosures are necessary to run our business and make sure that our patients receive quality care. For example, members of our medical staff may use information in your health record to assess the care and outcomes of your case and others like it. This information can then be used to measure the quality of our service and help continue to improve your care.
- **APPOINTMENT REMINDERS:** We may contact you as a reminder that you have an appointment for treatment at our clinic.
- **TREATMENT ALTERNATIVES:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **HEALTH-RELATED BENEFITS AND SERVICES:** We may tell you about health-related benefits or services that may be of interest to you, such as disease-specific support groups or childbirth education services and classes.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** Our healthcare professionals may, based on their clinical judgment and what is believed to be in your best interest, disclose information about you to a friend or family member who is involved in your medical care or who may help pay for your care.
- **RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a strict approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this research-approval process. We may, however, disclose medical information about you to our clinical research staff, as long as the medical information they review is limited to use by our clinic, in preparation for a research project. This helps them look for patients with specific medical needs who may benefit from new treatments or procedures. We may release information that reveals who you are to researchers or others involved in your care at the clinic. If a research project is identified that may benefit you, your physician will be contacted to advise him of the availability of the study. This information will be discussed only with your physician and the researcher.
- **AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

➤ **MILITARY AND VETERANS:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

➤ **WORKERS COMPENSATION:** We may release medical information about you for workers compensation or similar programs according to applicable law.

- **PUBLIC HEALTH ISSUES:** We may disclose medical information about you for public health activities. The reasons we may disclose information would be for the purpose of preventing or controlling disease, injury or disability.
- **HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil right laws.
- **LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we will disclose medical information about you, where required, in response to a court or administrative order. We will also, where required, disclose medical information about you in response through the judicial process to tell you about the request or to obtain an order protecting the information requested.
- **LAW ENFORCEMENT:** We may release medical information to a law enforcement official or other governmental representative to law enforcement purposes.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to coroners, medical examiners, or funeral directors consistent with applicable law to carry out their duties.
- **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign Heads of State or conduct special investigations.
- **INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

With regard to your medical information that we maintain, you have the right to:

- Inspect and obtain a copy of your medical information provided for in 45 CFR 164.524. Usually this includes medical and billing records, but does not include psychotherapy notes. We may charge a fee for the cost of copying, mailing or other supplies associated with your request.
- Amend your medical information as provided for in CFR 164.526.
- Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528. Contact the Privacy Officer to make arrangements.
- Request restrictions on certain uses and disclosures of protected health information as provided for in 45 CFR 164.522 (a). ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.
- Request confidential communications by alternative means or at alternative locations as provided for in 45 CFR 164.522 (b). To request confidential communications, you must make your request in writing to the Privacy Officer.
- Receive a copy of this notice upon request at the Registration/Admission desk.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our clinic for your review. The notice will contain the effective date in the top right hand corner of the first page. In addition, each time you register at or are admitted at our clinic a copy of the current notice in effect will be available upon request.

TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with our clinic or Secretary of the Department of Health and Human Services. To file a complaint with the clinic, contact the Privacy Officer. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

Submit written requests to the following address:

IMC-Mobile Bay OB-GYN Center, P.C

3 Mobile Infirmary Circle, Suite 201

Mobile, AL 36607

Attention: HIPAA Privacy Officer

If you have questions about this notice, please call: 251-435-7900

mailing or other supplies associated with your request. Please contact the provider that treated you for assistance.

- Request an amendment of your medical information as provided for in CFR 164.526. The request must be in writing and submitted to the Health Information Management Department at the Infirmary Health facility at which care was provided or the Privacy Officer.
- Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528. Contact the Privacy Office to make arrangements.
- Request restrictions on certain uses and disclosures of protected health information as provided for in 45 CFR 164.522 (a).
 - A) We will comply if the request relates to services paid for out-of-pocket and in full before the service is provided, the request is for nondisclosure to a health plan related solely to such services, and the request is submitted in writing prior to, or at the time of scheduling / registering for the service. Otherwise we are not required to agree to your request.
 - B) For other requests for restrictions, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. For requests (other than described in section A above), you must make your request in writing to HIPAA Privacy Office for consideration. If possible, the request will be accommodated.
- Request confidential communications by alternative means or at alternative locations as provided for in 45 CFR 164.522 (b). To request confidential communications, you must make your request in writing to the Privacy Office.
- Receive notice of any breach of your unsecured personal health information.
- Receive a copy of this notice upon request. You may obtain a copy of this notice at our website www.infirmarhealth.org/patients/forms (see Notice of Privacy Practices), at the Registration / Admission desk, or in the Medical Records Release of Information Office at any of our provider locations.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our health care provider companies. The notice will contain the effective date in the top right hand corner of the first page. In addition, each time you register at or are admitted to a facility for treatment or health care services as an inpatient or outpatient, a copy of the current notice in effect will be available upon request.

TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with your health care provider as identified at infirmarhealth.org/patients/forms or with the Secretary of the Department of Health and Human Services. To file a complaint with your provider, contact the Privacy Officer or call the HIPAA Hotline 251/435-3900. There will be no retaliation for filing a complaint.

RELATIONSHIPS

The relationship represented by this Joint Notice of Privacy Practices is for the sole purpose of sharing medical information about you as appropriate medical care is provided. No Joint Venture, financial or similar liability related relationship is implied, expressed, or intended by this notice. This notice covers our hospitals, outpatient diagnostic services, medical clinics, and other medical related services available through other providers at Infirmary Health (IHS) locations in Mobile and Baldwin County. You may review the list of entities covered by this Joint Notice of Privacy Practices on our website at www.infirmarhealth.org/patients/forms (see OHCA).

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. Examples of uses or disclosures requiring your authorization include most disclosures of psychotherapy notes, uses and disclosures for marketing activities, and disclosures that constitute a sale of protected health information. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

Submit written requests to the following address:
Infirmary Health System, Inc.
P.O. Box 2226
Mobile, Alabama 36652
Attention: HIPAA Privacy Officer

If you have questions about this notice, please call:
Phone: (251) 435 – 3900