



ACKNOWLEDGEMENT OF PRIVACY PRACTICES POLICY FOR CHARLESTON WOMEN'S WELLNESS CENTER

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 of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes our rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notices at any time.

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose you protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you.

Others involved in your healthcare. Unless you previously authorize, we will not disclose any of your private information to any member of your family, any close friend, or any other person requesting your information.

The following are situations that are permitted and required uses and disclosures that may be made without your authorization or opportunity to object: required by law, public health, communicable diseases, health oversight, abuse or neglect, food and drug administration, legal proceedings, law enforcement, coroners, funeral directors, and organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, required uses and disclosures.

You have the right to inspect and request a copy of your protected health information. Depending on the circumstances, a decision to deny this access may be reviewed.

You have the right to request restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to any family members or friend who may be involved in your care or for the notification purposes described in this Notice of Privacy Practices. Your request must state the specific restriction request and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. With this in mind, please discuss any restriction you wish to request with your physician.

Complaints. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact, the office manager, of your complaint. We will not retaliate against you for filing a complaint.

By signing you agree to the terms and conditions listed above.

Print Patient Name: _____

Date: _____

Patient Signature: _____

Staff Initials: _____