



NOTICE OF PRIVACY PRACTICES (HIPAA PRIVACY)

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

This revised notice is effective as of January 1, 2014.

Women's Cancer and Surgical Care, P.C. is committed to maintaining and protecting the confidentiality of our patients personal and protected health information. We are required by Federal and State Law to protect the privacy of your personal and protected health information and give you this notice about our policies, safeguards and practices.

How We Use and Disclose Your Confidential Information

Women's Cancer and Surgical Care, P.C. will not use or disclose any individuals identifiable or protected health information other than to carry out health care treatment, payment, and/or operations, or as required by law. An example of treatment is a visit to our office for the purpose of diagnosis or care of a health issue wherein doctors, nurses, and others will share the information about you during the course of your treatment.

Payment includes sharing protected health information with you, the insurer or third party that may be responsible for collecting payment from a health plan.

Healthcare operations means sharing protected health information for the purpose of quality review.

Women's Cancer and Surgical Care, P.C. will use and disclose protected health information to business associates in the course of providing treatment, securing payment for such treatment, and/or to facilitate health care operations of our practice, to facilitate the requirement of our business associates' contracts, and to comply with requests from other covered entities to carry out treatment, payment or health care operations. A covered entity must inform an individual of the protected health information that it may include in a directory and the persons to whom it may disclose such information and provide the individual with the opportunity to restrict or prohibit some or all of the uses or disclosures.

The Privacy Rule permits a covered entity to disclose to a family member, relative, or close personal friend of the individual, the protected health information (PHI) directly relevant to that person's involvement with the individual's care.

A covered entity also may make these disclosures to persons who are not family members, relatives, or close personal friends of the individual, provided the covered entity has reasonable assurance that the person has been identified by the individual as being involved in his or her care. A covered entity only may disclose the relevant PHI to these persons if the individual does not object or the covered entity can reasonably infer from the circumstances that the individual does not object to the disclosure; however, when the individual is not present or is incapacitated, the covered entity can make the disclosure if, in the exercise of professional judgment, it believes the disclosure is in the best interests of the individual.

The Privacy Rule permits us to disclose PHI, without authorization, under the following circumstances (additional conditions for disclosure under each circumstance may apply):

1. If required by law.
2. To public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability.
3. To a governmental authority about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence.
4. To a health oversight agency for oversight activities authorized by law.
5. In the course of judicial and administrative proceedings.
6. To a law enforcement official for law enforcement purposes.

7. To coroners, medical examiners and funeral directors about decedents.
8. To organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.
9. For research purposes.
10. To prevent a serious threat to health or safety.
11. For specialized government functions involving the military, veterans, national security, protective services for the President or others, U.S. State Department determinations of medical suitability, or correctional institutions.

Except for the purposes described above, Women's Cancer and Surgical Care, P.C. will only use or disclose PHI with your written authorization and it may be revoked by you at any time in writing. The revocation will apply only to future uses and disclosures. Any information Women's Cancer and Surgical Care, P.C. provides to a third party other than to our business associates or other health care providers with a treatment relationship will be stripped of any personal data which could be used to identify a specific individual.

Women's Cancer and Surgical Care, P.C. may contact patients to provide appointment reminders or to provide information about alternative treatments or other health-care services we provide. When receiving communications from us, patients may request that we communicate with them at an alternate location or by alternate means and we will make every effort to accommodate that request.

You may request that certain uses and disclosures of your protected health information be restricted. To do so, you must provide the request in writing using the Release of Information for Restriction on Use or Disclosure form available from our office. Women's Cancer and Surgical Care, P.C. will determine if the information constitutes required information to carry out treatment, payment or health care operations. If, in our sole opinion, the request does not involve information that is required by us to carry out treatment, payment or health care operations, we will accept the request for restrictions and will notify you if the request will be honored within 30 days or as required by law.

With respect to your protected health information, you have the right to request and receive the following from Women's Cancer and Surgical Care, P.C.

Inspection and copying – Patients may request a meeting to inspect or have a copy of their health information that has been collected by Women's Cancer and Surgical Care, P.C. Such requests will be honored within 30 days or as required by law. **There may be a charge for copying after the first 10 pages of \$0.50 per page thereafter.**

Amendment or correction – Patients may request that we amend or correct their health information that has been collected by Women's Cancer and Surgical Care, P.C. Upon agreement by the health care provider, requests to amend health information will be honored within 30 days or as required by law, and the patient will be notified in writing of Women's Cancer and Surgical Care, P.C. action taken.

Accounts of the disclosures – Upon request, you may obtain an accounting of disclosures we have made of your confidential information, except for disclosures that are accepted by law. We may charge a reasonable fee for this information.

For More Information or Complaints:

Women's Cancer and Surgical Care, P.C. reserves the right to revise this Notice of Privacy Practices at anytime without prior notification. Revised notices will be posted near our patient check-in area. If you want more information about your privacy rights, do not understand your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your confidential information, you may contact our Privacy Officer at:

Women's Cancer and Surgical Care, P.C.
4610 Jefferson Lane NE
Albuquerque, NM 87109
Telephone: (505) 559-4495

You may also file written complaints with the Secretary of U.S. Department of Health and Human Services. (www.hhs.gov/ocr/privacy). We will not take any action against you if you file a complaint with the Secretary or with us.