

# Envision Women's Health and Wellness, LLC

## Notice of Privacy Practices

**THIS NOTICE IS TO INFORM YOU ABOUT HOW EWHW PROTECTS AND DISCLOSES YOUR MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act (HIPAA) requires Envision Women's Health and Wellness, LLC (EWHW), and all health care providers in the United States and its territories, to inform patients about how their health care provider, and any associated business entities, are securing protected health information (PHI). HIPAA is a federal law regarding privacy regulations.

EWHW uses your health information to provide you with medical care. EWHW will only disclose your information to those parties necessary to facilitate treatment and payment (ex. your insurance provider, another provider you see, or a family member you designate), or as required by law (ex. you, the FDA, public health authorities, law enforcement).

How EWHW may use and disclose your PHI:

- Treatment - EWHW may use your PHI to plan and orchestrate any health care decision-making within the scope of practice of the practitioner(s) at EWHW.
- Safety - EWHW can use and disclose your PHI if, in the provider's professional judgment, it can avert a serious threat to the health and/or safety of you or others. (ex. If you need an ambulance when the practitioner(s) at EWHW are caring for you; if you have a communicable disease).
- To Coordinate Care (with other health care professionals) - EWHW may need to forward your PHI to other providers that can provide you with better diagnostic and treatment options; this includes hospitals and hospitalists that work as providers for hospitals.
- Appointment Reminders - EWHW can contact you to remind you of appointments, as can EWHW staff. EWHW will make every effort to use the requested pathway you advise EWHW to use for this purpose.
- Payment - Your PHI may be used by our office to determine if your insurance will cover services we provide or services that we think you may benefit from (ex. Referral for mammogram, colonoscopy, bone, density, or ultrasound imaging, etc.).
- Communication with family and others when you are in the office setting or we are in each other's presence - PHI may be disclosed relative to that person's involvement in your care, or payment related to your care. Ex. Family members may be present when a provider or staff member is talking with you. You may determine if they can be included in the conversation or not. Your providers will not know if they should be included in the conversation or not, so you must be the responsible party.
- Communications with family and others when we are not in each other's presence (Ex. In an emergency provider(s) or staff at EWHW may assist in notifying a family member or personal representative and informing them of your location and general condition).

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- Worker's Comp - PHI may be disclosed to comply with laws related to worker's compensation or other similar programs established by law.
- Community Health - Your PHI can be released to public health or legal authorities charged with protecting the public from disease, injury or disability if such information in your PHI pertains to such protection of the community (ex. Communicable infections identified by the State of Oregon as being reportable when positive).
- Legal Disputes - EWHW may release your PHI if ordered by a court of law through legal pathways like subpoena or discovery request.
- Law Enforcement - Under limited circumstances your PHI may be disclosed and used by law enforcement officials in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victims of a crime.
- Business Associates - Your PHI may be released to business associates of EWHW like insurance companies and medical offices, and collection agencies if necessary. These business associates must have privacy policies as well, and provide them to you at your request.

EWHW is required to obtain your written authorization for any disclosure that falls outside these stated guidelines. You have the right to revoke any authorization you provide, but it must be in writing (dated). You have the right to request restrictions to the use of your medical information as stated above.

EWHW is not required by law to agree to your restrictions. We will attempt to do so unless it interferes with our ability to provide you adequate health care. You have the right to request a list of any disclosures we made of your medical information for purposes other than treatment, payment and health care operations. You have the right to inspect and receive copies of your records.

EWHW provides a patient portal that has been federally certified for compliance with privacy laws. You may see your health records through this portal access, and you may allow a family member or advocate to see your information. You need to be aware that all health information technology vendors have limited access to your health information as well. Providers are responsible to know that their business associates, including technology vendors, have HIPAA privacy policies in place to protect PHI.

If you choose to pay out of pocket in full for your health care service, and you inform EWHW that you do not want your health insurer to be billed nor informed of any private health information exchanged with your provider at EWHW for said services, you may do so and expect that the information is protected by both EWHW and by the health information technology system that EWHW utilizes for practice management and collection of PHI.

EWHW is required to correct any verifiably incorrect information that is stored in your records by EWHW. You can accomplish this through the electronic portal available to clients of EWHW, or you may request a copy of your records from EWHW and then submit any errors and corrections to EWHW in writing (dated).

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You have the right to opt out of receiving information about any fundraising conducted by EWHW.

EWHW cannot sell your PHI without your explicit authorization in writing (dated).

You have the right to request confidential communications with your provider. If such communications are done electronically, they can only be considered secure through use of a certified electronic health information technology system and not through standard e-mail. Therefore, EWHW will not use e-mail to communicate with clients directly regarding their PHI, nor provide any assessments, health care guidance or recommendations through unsecured e-mail avenues.

If your PHI accidentally goes public, EWHW must notify you about this breach.

Your insurance company or payment provider will also use and disclose your PHI. They are held to the same laws for protecting your PHI as your provider, and they may be contacted for their appropriate HIPAA policies.

You have the right to a paper copy of this notice, and you may choose to have a copy sent to an alternate location, or by an alternate route, like fax. EWHW is required by law to post this privacy policy on the EWHW professional website.

EWHW reserves the right to change and revise this notice.

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. There is a pathway that EWHW follows by law to correct any breach of confidentiality that could occur when dealing with electronic health records and/or protected health information.

Please sign, stating that you have read and understand this policy.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_