



SUMMARY: NOTICE OF PRIVACY PRACTICES

OUR LEGAL DUTY: We have a duty to protect the confidentiality of protected health information about you. We are required to provide you with a "Notice of Privacy rights" explaining ways we may use and disclose your protected health information. The notice also describes your legal rights and our obligations regarding the use and disclosure of your protected health information.

PARTIES FOLLOWING THE NOTICE: The Notice will be followed by Southwest Women's Health, P.A. (SWH) and its affiliates, together with their health care professionals, staff and volunteers: members of the staff and those participating in managed care networks with the SWH; and other legal entities that provide services to the SWH.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU: We may use or disclose identifiable protected health information about you for many reasons, including and not limited to:

- Treatment
- Payment submitted to Insurance Co
- Health Care Operations
- Health Oversight Activities
- Public Health Purposes
- Auditing
- Nations Security and Protective Services
- Research
- Workers Compensation
- Lawsuits and Disputes
- Law Enforcement Purposes
- Activities of Managed Care Networks In Which We Participate
- Activities of Our Affiliates
- Appointment Reminders
- Fundraising Activities
- Organ Donation
- To Avert a Serious Threat to Health Or Safety
- To Coroners, Medical Examiners and Funeral Directors
- To Military Command Authorities
- As Required By Law
- Individuals involved in your care

In general, other uses and disclosures of your medical information will require your written authorization.

YOUR PRIVACY RIGHTS: You have the following rights with respect to your health information:

- Request confidential communications and alternative means of communication with you
- Request restriction of certain uses of your health information
- Withhold your PHI from insurance companies if you pay for procedures out of pocket (Please alert office staff of this applies.)
- Inspect and copy certain medical information that we maintain about you
- Request an amendment of your health information
- Accounting of certain disclosures of your health information

CHANGES TO THE NOTICE: We reserve the right to change the notice.

COMPLAINTS: If you believe your rights have been violated, you may file a complaint with Southwest Women's Health, P.A. (505)247-8820 or (505)843-7131 or you may file a written complaint with the Secretary of the US Department of Health and Human Services.

ACKNOWLEDGMENT

Patient Name (Please print): _____ **Date of Birth:** _____

PATIENT/ LEGAL REPRESENTATIVE ACKNOWLEDGMENT: I acknowledge that I have received a copy of the Notice of Privacy Practices for the Southwest Women's Health, PA. In receiving the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature of Patient: _____ **Date:** _____

Print Name of Authorized Representative: _____ **Relationship:** _____

Signature of Authorized Representative: _____ **Date:** _____

Signature of Staff Representative: _____ **Date:** _____

FOR USE BY SOUTHWEST WOMEN'S HEALTH, P.A. STAFF ONLY: [Complete if patient acknowledgement is not obtained]

The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patients signature acknowledging receipt of the notice. A signed acknowledgement was not obtained for the following reason:

Signature of Staff Representative: _____ **Date:** _____