

Effective date: April 14, 2003

# NOTICE OF PRIVACY PRACTICES

## Contemporary OB/GYN of Western Kentucky

---

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of our notice that this is currently in effect.

### **How We May Use and Disclose Health Information**

---

Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice's Privacy Officer.

#### **Treatment**

We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

#### **Payment**

We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

#### **Health Care Operations**

We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose your medical information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

#### **Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.**

We may use and disclose your Health Information to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

#### **Individuals Involved in Your Care or Payment for Your Care.**

When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

#### ***SPECIAL SITUATIONS***

##### **As Required by Law**

We will disclose Health Information when required to do so by international, federal, state or local law.

##### **To Avert a Serious Threat to Health or Safety**

We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

##### **Business Associates**

We may disclose Health Information to our business associates that perform functions on our behalf to provide us with services if the information is necessary for such services to function. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation**

If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes or tissues to facilitate organ, eye, or tissue donation and transplantation.

**Military and Veterans**

If you are a member of the Armed Forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation**

We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks**

We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and death; report child abuse or neglect; report reactions to medications or problems with products; notify people or recalls of products they may be using; informing a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**By my signature below, I acknowledge receipt and understanding of the Privacy Notice provided by Contemporary OB/GYN of Western Kentucky**

Today's Date \_\_\_\_\_ Patient Signature \_\_\_\_\_