



Use and Disclosure of Protected Health Information (PHI)

Section I: PATIENT ACKNOWLEDGEMENT & CONSENT FORM

The educational pamphlet entitled "Notice of Privacy Practices" provides information about how Advanced Menstrual Care Center LLC may use and disclose protected health information (PHI) about you and is compliant with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our Notice of Privacy Practices states that we reserve the right to change terms described. Should this happen, we will display the new policy and effective date at the Advanced Menstrual Care Center LLC location.

You have the right to request restrictions on how your PHI may be used or disclosed for treatment, payment, or health care operations. We are not required to agree with your restrictions; but if we do, we are bound by our agreement with you.

*By signing below, you acknowledge receipt of our **Notice of Privacy Practices**.*

Patient's Signature

Date

Print Full Name

Section II (Optional):

PERSONAL REPRESENTATIVE, FAMILY OR OTHER ENTITIES AUTHORIZED ACCESS TO PROTECTED HEALTH INFORMATION (PHI) TO BE USED AND/OR DISCLOSED

Name or specifically identify those persons and/or other entities you are authorizing to make use of and/or to disclose your PHI regarding treatment, payment, and other healthcare operations.

Name of Authorized Person or Entity

Relationship

Phone #

Name of Authorized Person or Entity

Relationship

Phone #

Patient's Signature

Date

Print Full Name



Section III: AUTHORIZATION FOR USE OF VOICEMAIL

The Advanced Menstrual Care Center LLC physician and healthcare staff are routinely unable to contact patients directly during normal business hours. On these occasions, our office leaves messages on communication devices provided by our patients. Due to the federally mandated HIPAA Privacy Rule, we must obtain your authorization to continue this mode of communication. PHI that we may possibly disclose on your home, work, or cell phone would include but is not limited to test/lab results, prescription/pharmacy information, appointment instructions for visits and procedures, and procedure posting/scheduling information.

- 1. _____ (Initial) Yes, I agree to allow the Advanced Menstrual Care Center LLC physician and healthcare staff to leave messages that include PHI on all three communication devices: home, work, and cell phone.
- 2. _____ (Initial) I agree to allow the Advanced Menstrual Care Center LLC physician and healthcare staff to leave messages that include PHI on the following: (Please initial next to the applicable communication devices.)

_____ Home Phone _____ Work Phone _____ Cell Phone

- 3. _____ (Initial) No, I do not agree to allow Advanced Menstrual Care Center LLC physician and healthcare staff to leave messages that include PHI on my home, work, or cell phone.

Patient's Signature

Date

Print Full Name

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions or would like additional information, please contact Advanced Menstrual Care Center. If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

For AMCC Internal Use Only

Section IV: UNABLE TO OBTAIN NOTICE RECEIPT ACKNOWLEDGEMENT

Option 1: I could not obtain a signed notice receipt acknowledgement from the patient for the following reason:

Option 2: I attempted to obtain a signed notice receipt acknowledgement from the patient on ___/___/___, but was unable for the following reason:

AMCC Employee Signature

Date



HIPAA Notice of Privacy Practices

Effective 08/01/2018

NOTICE OF INFORMATION PRACTICES AND PRIVACY: 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.

OUR OBLIGATIONS:

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 health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose Protected Health Information that identifies you (“PHI”). Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice.

For Treatment: We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI 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.

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

For Health Care Operations: We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the gynecological 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 PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS:

As Required by Law: We will disclose PHI 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 PHI 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.

Organ and Tissue Donation: If you are an organ donor, we may use or release PHI 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 issue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation: We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose PHI for public health activities. The activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and, 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.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Business Associates: To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance, and legal services.

Data Breach Notification Purposes: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT:

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify your PHI that directly relates to that person's involvement in your health care excluding specific PHI. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes; and,
2. Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose PHI under the authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Protected Health Information (PHI) we have about you:

Right to Inspect and Copy: You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

We have up to 30 days to make your PHI available to you, and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record (EMR) or an electronic health record (EHR)), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amend: If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, or health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care like a family member or friend. For example, you could ask that we not share information about a diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.** Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website www.advancedmenstrualcarecenter.com. To obtain a paper copy of this notice, please contact **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

All complaints must be made in writing. **You will not be penalized for filing a complaint.**