



NOTICE OF
HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES:

- 1. HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY Vermont Gynecology (VTGyn), AND**
- 2. HOW YOU CAN ACCESS THIS INFORMATION.**

Effective: January 1, 2011

PLEASE REVIEW THIS NOTICE CAREFULLY

We understand that health information about you is very personal. VTGyn takes your privacy rights very seriously. All employees and volunteers must sign a confidentiality agreement when hired. A Federal Law called HIPAA, the **Health Insurance Portability and Accountability Act**, was created to support your privacy and rights surrounding your health information. VTGyn is required by HIPAA to maintain the privacy of your health information and to provide you with this Notice that explains our privacy practices and our legal duties concerning your health information. We must abide by the terms of this Notice.

WHAT IS PROTECTED HEALTH INFORMATION?

Health information is information relating to an individual's physical or mental health, the provision of health care to an individual, and payment for medical care. Health information that identifies an individual (or which can probably be used to identify an individual) is protected health information.

HOW WE MAY USE AND DISCLOSE (SHARE) HEALTH INFORMATION ABOUT YOU

The following three categories, Treatment, Payment, and Healthcare Operations, are the most common ways that VTGyn may use or share your health information.

For Treatment:

We may use and disclose health information about you to nurse practitioners, physician assistants, doctors, nurses, medical assistants, students or other personnel who work at VTGyn for the purposes of your treatment. We may also share your protected health information as we provide, coordinate, and manage your health care with one or more other health care providers. This may include situations when we coordinate with a third party (such as a lab or pharmacy) in the course of treating you, or communications to providers who referred you to us, or to whom we have referred you.

For Payment:

We may use and disclose health information about you so that the services you received from us may be billed for and payment collected. For example, we may need to give your health insurance plan information about your office visit so they will pay us or reimburse you.

For Healthcare Operations:

We may use and disclose health information about you internally to make sure that you receive quality care. For example, we may use health information to review our services, to evaluate the performance of our staff, or to review your records if you file a complaint.

OTHER WAYS WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- Disclosures To People Involved In Your Care: We may rely on your informal permission to disclose to your family, relatives, friends or another person identified by you information directly relevant to that person's involvement in your care or payment for your care.
- Emergencies: We may use or disclose your protected health information in an emergency or when you are incapacitated if the use or disclosure is in your best interests. We may also disclose your health information to prevent or lessen a serious and imminent threat to another person or the public.
- Public Health Information: We may be required by law to make disclosures for various public health purposes, such as reports to the health department concerning certain communicable diseases or disease prevention, new cancer diagnoses; reports of reactions to medications or problems with products; or reports of birth, death and abortion (name not included) data.
- Health Oversight Activities: We may disclose health information to a health oversight agency for them to make sure we are following the law. (Audits, inspections, investigations, or licensure.)
- Abuse and Neglect: We may report abuse or neglect of minors or vulnerable adults to the appropriate state officials, as well as instances of crimes against victims younger than sixteen.
- For Research Purposes: We may want to review your medical records for research purposes. For example, we might want to compare two different medications to see which one worked better. We will either get your authorization to use your health information or ask an Institutional Review or Privacy Board to waive this requirement. Even with a waiver of authorization, researchers will not further share information that could identify you, such as your name.
- Certain Government Functions: We may make disclosures in connection with certain essential governmental functions, such as protecting the health and safety of inmates or employees in a correctional institution, complying with legal requirements concerning veterans and members of the armed forces, or determining eligibility for certain government benefits programs.
- To Our Business Associates: We may share your protected health information with organizations that we contract with, such as billing specialists, to help us provide you medical services or manage our business. When we do this, we will require them to sign an agreement that requires them to comply with the privacy requirements of HIPAA.
- When we Contact You: VTGyn may contact you to remind you that you have an appointment or are due for an exam or contraceptive injection, or in connection with your treatment. When we do, we will refer to the contact information and instructions that you fill out on the Patient Information Form.
- For Marketing Purposes: VTGyn may occasionally use your health information to communicate with you about changes or developments in the VTGyn practice that may be of interest to you.



- **As Required By Law:** We may disclose health information about you in situations not already mentioned when required to do so by federal, state, or local law, or by order of a court or administrative tribunal.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights to your health information:

Right to Inspect and to a Copy of your health care and billing records.

Right to Request an Amendment to your records if you feel that health information we have about you is incorrect or incomplete. Any amendment will become a permanent part of your medical record.

Right to Request a List of How We shared your health information except for treatment, payment and health care operations, as previously described on the first page of this notice.

Right to Request Restrictions on uses or sharing of your health care information in specific instances. For example, you could ask that some of your healthcare information not be sent to an outside health care provider.

Such requests must be made in writing on a form provided by us. We may, at times, deny your request.

Right to Request Confidential Communications: You have the right to ask that we contact you in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will try to honor all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice at our website www.vtgyn.com.

Right to Receive Notice of a Breach: We are required to notify you by first class mail of any breaches of Unsecured Protected Health Information (PHI) as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured PHI” is information about you that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice to you is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known. A breach is a failure to maintain proper privacy of your health information;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is insufficient or out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than 500 patients in a state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to



notify the Secretary of the U.S. Department of Health and Human Services. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

MINORS AND PERSONS WITH GUARDIANS

Minors have all the rights outlined in this Notice with respect to health information relating to reproductive healthcare. If you are a minor or a person with a guardian obtaining healthcare that is **not** related to reproductive health (such as a school or sports physical), your parent or legal guardian may have the right to access your medical record and make certain decisions regarding the uses and disclosures of your health information.

CHANGES TO THIS NOTICE

We reserve the right to revise or change this Notice. A dated copy of the revised Notice will be posted on our web site.

OTHER USES OF HEALTH INFORMATION

Other uses and sharing of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you have given us permission you may change your mind, in writing, at any time, and we will no longer use or share that health information in the manner you have requested. Information already used or shared cannot be taken back. We are required to keep the records of the care that we have given to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us. Please contact:

Privacy Official
Vermont Gynecology
1775 Williston Road, Suite 110, South Burlington, Vermont 05403
(802) 735-1252

or

The Secretary of the Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775

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