

# NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

## Purpose of this Notice

This Notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is used appropriately.

**Treatment Alternatives and Health-Related Benefits and Services:** We may use your health information to inform you of services or programs that we believe would be beneficial to you. We may call, mail or e-mail you information about these services or goods. For example, we may contact you to make you aware of new products, supply product information, or a new patient assistance program that may be available to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release your health information, including information about your condition, to a family member or friend who is involved in your medical care or who helps pay for your care. If you would like us to refrain from releasing your health information to a family member or friend, please notify Our Privacy Officer. We may also disclose your health information to disaster-relief organizations so that your family can be notified about your condition, status and location.

We are also allowed by law to use and disclose your health information without your authorization for the following purposes:

**As Required by Law:** We may use and disclose your health information when required to do so by federal, state or local law.

**For Health Care Operations:** We may use and disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities.

We may ask you to sign your name to a sign-in sheet at the registration desk and we may call your name in the waiting room when we call you for your appointment.

We may disclose your health information to a third party that performs services, such as billing and collection, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

**Appointment Reminders:** We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment or health care services.

## Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information. We have also appointed a Privacy Officer who is responsible for ensuring that we protect your health information and that we abide by the terms of this Notice.

## How We May Use or Disclose Your Health Information

The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use your health information to provide you with medical treatment or services. An example of this would include a physical examination. We may also disclose your health information to your physician or another healthcare provider to be sure those parties have all the information necessary to diagnose and treat you.

**For Payment:** We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

(Please read reverse side prior to signing.)

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Personal Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Additional Questions Contact: Privacy Officer: Sandra E. Krutell Phone: (310) 659-0121

**Right to Complain:** If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20202  
877-696-6275 (Toll Free)

Practice Name: Women's Care of Beverly Hills Medical Group  
Address: 8920 Wilshire Blvd., #511  
Beverly Hills, CA 90211  
310-657-1600