

NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices (“Notice”) describes the privacy practices of Gynecologic Surgeons and Obstetricians, P.C. and its Medical Staff for patients receiving services at Gynecologic Surgeons and Obstetricians, P.C. This Notice is effective 04/14/03, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record / Information

Each time you are registered at Gynecologic Surgeons and Obstetricians, P.C., a record is made. Typically, this record includes demographic data, your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, known as your “medical record” or “health information” includes your medical and financial information. This information may be in written or electronic form. We use this information to plan for and provide your treatment; communicate with other health professionals who also care for you; educate health professionals; supply data for medical research; provide information to public health officials to protect the public health; develop facility planning and marketing strategies; improve the care we provide; obtain payment for our services; and document your care. You will want to understand what is included in your medical record and how your health information is used. Doing so will help you ensure its accuracy and help you make informed decisions about sharing your health information with others.

Your Health Information Rights

You have the following rights concerning the health information we maintain about you:

Right to Request Restrictions. You have the right to ask us to limit how we use and disclose your health information for treatment, payment, or health care operations. You may also ask us to limit the information we provide to your family, other close relatives, close friends, or others you identify concerning your care, payment for your care, or how we notify them about your location, general condition, or death. In making your request, we will need to know what information you want us to limit, whether you want us to limit our uses or disclosures, or both, and to whom the limits should apply. We do not have to agree to your request.

Right to Access. Except for certain types of records, you have the right to inspect and obtain a copy of your health information.

Right to Request Amendments. You have the right to ask us to amend your health information if you think it is incorrect or incomplete. You must provide us a reason to support your request. We may deny your request if it is not in writing or if it does not include a supporting reason. We may also deny a request for amendment if the information was not created by Gynecologic Surgeons and Obstetricians, P.C., is not part of the health information we keep, is not part of the health information you are allowed to inspect or copy, or is inaccurate and incomplete.

Right to Confidential Communications. You have the right to request that we communicate with you about your health information confidentially using alternative means or to do so or at alternative locations.

Right to Revoke Authorization. You have the right to revoke an authorization you have given to us to use or disclose your health information except if the information has already been used or disclosed in reliance on your authorization.

Right to an Accounting. You have the right to receive an accounting of certain disclosures made of your health information. In addition to these rights, you have a right to receive a copy of Gynecologic Surgeons and Obstetricians, P.C. Notice of Privacy Practices upon request. Your health information rights are subject to the requirements of the federal privacy regulations.

Our Responsibilities

Gynecologic Surgeons and Obstetricians, P.C. is required to:

Protect the privacy of your health information according to the law’s requirements; provide you with a current copy of its Notice of Privacy Practices; and follow its Notice of Privacy Practices currently in effect.

How Gynecologic Surgeons and Obstetricians, P.C. may use or disclose your health information without your authorization:

We may use or disclose your health information for **treatment purposes**. For Example: information obtained by a nurse, physician, or other member of your health care team in caring for you will be documented in your record and used to determine your future treatments. We will provide other facilities or providers involved in your care with information that may assist in your treatment, including your physicians and your next care provider. Copies of your medical record are provided to them to help them continue your plan of care.

We may use or disclose your health information for **payment purposes**.

For Example: We will send a bill to you and/or your insurance company for the services we provide. The information may include your name, Social Security Number, diagnosis, procedures, and supplies used. We may also provide your health information to other health care providers such as, medical supply agencies, home health agencies or physicians for their billing purposes.

We may use or disclose your health information for Gynecologic Surgeons and Obstetricians, P.C.’s **health care operations**. For Example: Gynecologic Surgeons and Obstetricians, P.C. staff may use information in your medical record to assess the results of your care. This information is used to improve the services we provide. We may also disclose your health information to our business associates who help us with our business operations, such as our attorneys, accountants, or software vendors. We also may give your name and location to members of the clergy.

We may use or disclose your health information for **research**. For Example: We may use or disclose your health information for research purposes, but only if the research is approved by an institutional review board or a privacy board that has reviewed the research proposal and has established ways to ensure the privacy of your health information.

We may use or disclose your health information to **coroners, medical examiners, and funeral directors** so they may carry out their lawful duties.

We may use or disclose your health information for **organ retrieval or transplant purposes**. We may share your health information with organizations or groups that manage, bank, or transplant organ and tissue donations.

We may use or disclose your health information to **schedule appointments** or provide **appointment reminders** to you or information about **treatment alternatives** or other health-related benefits and services that may be of interest to you.

We may use or disclose your health information for **Workers' Compensation purposes**. If you are injured on the job, we may share your health information about a work-related injury to comply with laws and regulations related to Workers' Compensation.

We may use or disclose your health information **as required by law**. For Example:

- To respond to a court order, subpoena, warrant, summons or similar legal process for judicial and administrative proceedings;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties;
- To notify the appropriate authorities if we suspect you are a victim of an accident or crime or if we suspect that a death has occurred as a result of a crime;
- To report a crime committed at Gynecologic Surgeons and Obstetricians, P.C. or to avert a serious threat to the health or safety of you or any other person.

If you are an inmate or in the custody of **law enforcement**, your information may be used or disclosed to provide you with medical care and to protect your health and safety. This information may also be used or disclosed to protect the health and safety of others and to assist in the safety and security of the correctional institution.

We may use or disclose your health information to **public health authorities** to prevent or control disease, injury, or disability, or child abuse and neglect.

We may use or disclose your health information to provide information to **health oversight agencies** that are authorized by law to oversee the health care system, government benefit programs, and the like, using audits, license investigations, legal proceedings, and other activities.

We may use or disclose your health information **as required by law** to protect public officials or report to various branches of the armed services that may require the use or disclosure of your health information. Other uses or disclosures of your health information that are not described in this Notice or are not otherwise allowed by law will be made only with your written authorization.

We reserve the right to change this Notice at any time. If we change this Notice we will apply it to the health information we already have about you and any additional information we may create or receive about you in the future. After a revised Notice becomes effective, it will be available upon request and will be posted at Gynecologic Surgeons and Obstetricians, P.C. offices. The revised Notice will also be available at patient registration.

For More Information or to Report a Concern

If you have a question about this Notice, and/or would like additional information about Gynecologic Surgeons and Obstetricians, P.C.'s privacy practices, you may contact Gynecologic Surgeons and Obstetricians, P.C.'s Privacy Officer at (402) 481-8581.

If you believe your privacy rights have been violated and/or not addressed by Gynecologic Surgeons and Obstetricians, P.C., you have the right to file a complaint with Gynecologic Surgeons and Obstetricians, P.C. and with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Concerns or complaints may be sent in writing to Gynecologic Surgeons and Obstetricians, P.C.'s privacy officer at the following address:

Privacy Officer
Gynecologic Surgeons and Obstetricians, P.C.
6050 Village Drive
Lincoln, NE 68516

1/1/2012

Acknowledgement

I acknowledge that I have received Gynecologic Surgeons and Obstetricians, P.C.'s Notice of Privacy Practices which describes how my health information may be used or disclosed. I understand Gynecologic Surgeons and Obstetricians, P.C. reserves the right to change the Notice and its privacy practices at any time.

Signature of Patient / Responsible Party

Date

Print Name

Patient unable to sign because _____

Good Faith Effort

- Presented the Notice of Privacy Practices to the patient/responsible party, but the patient/responsible party declined to acknowledge receipt.
- The Notice of Privacy Practices was mailed to the patient/responsible party.
- Other: _____

Signature of Gynecologic Surgeons and Obstetricians, P.C.
Representative

Date