

## **Comprehensive Women's Healthcare**

**Atlanta LLC**

**809 Cleveland Ave S.W.**

**Atlanta, GA 30315**

Phone: 404-767-2536 Fax: 404-767-2779

### **Notice of Privacy Practices**

#### **Please review this Notice carefully**

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care or treatment, and billing information. This Notice applies to all of the records of your care generated Comprehensive Women's Healthcare Atlanta LLC whether made by Comprehensive Women's Healthcare Atlanta LLC personnel, agents of Comprehensive Women's Healthcare Atlanta LLC, or your physician. Information will be shared among the members of your health care team as necessary to carry out treatment, payment, and health care operations on your behalf.

#### **Our responsibility to our patients**

Comprehensive Women's Healthcare Atlanta LLC is committed to maintaining the privacy of your health information and to abiding by the laws that protect you as a health care consumer. In fact, we are required by law to do so for any information created or kept by Comprehensive Women's Healthcare Atlanta LLC. We are also required to provide you with this Notice describing our legal duties and our practices concerning your health information. Comprehensive Women's Healthcare Atlanta LLC is required to abide by the terms of the Notice currently in effect. We reserve the right to revise this Notice and to make the revised Notice effective for medical information Comprehensive Women's Healthcare Atlanta LLC already has about you, as well as any information received in the future. A copy of the current Notice is available at Comprehensive Women's Healthcare Atlanta LLC, as well as on website belonging to Comprehensive Women's Healthcare Atlanta LLC: [www.cwhallc.com](http://www.cwhallc.com) .

Comprehensive Women's Healthcare Atlanta LLC provides its services without regard to race, color, national origin, religion, creed, age sex, or handicap.

Effective date of this Notice: June 22, 2008.

## **Uses and disclosures of health information for treatment, payment, and health care operations**

The following section describes different ways that Comprehensive Women's Healthcare Atlanta LLC uses and discloses information for treatment, payment, and health care operations. Not every use or disclosure is noted, and there may be incidental disclosures as a consequence of the listed uses and disclosures.

### **Treatment**

Your health information will be used and disclosed in the course of providing, coordinating, and/or managing your health care and related services provided at Comprehensive Women's Healthcare Atlanta LLC by one or more health care providers. For example, information obtained by your health care team will be recorded in your medical record and used in determining the course of your treatment. This information may be shared with other departments in Comprehensive Women's Healthcare Atlanta LLC to ensure that all your needs are met. In certain circumstances, your health information may also be disclosed to your family members, your personal representative, or other persons identified by you who are involved in your health care.

### **Payment**

We will use your health information in order to bill and collect payment from you, your health insurance company, or other third-party payers for services you receive at Comprehensive Women's Healthcare Atlanta LLC.

### **Health care operations**

We may use the health information in your medical record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all our patients. Our health care operations include, but are not limited to: quality assessment and improvement activities; review of our health care providers' competence; education and training programs; compliance auditing and monitoring; and business planning and development.

### **Special circumstances**

Treatment, payments, and health care operations include uses and disclosures in the circumstances listed below:

#### **Patient care**

You may be contacted by Comprehensive Women's Healthcare Atlanta LLC nursing personnel to inquire about your recovery and to answer any questions you may have after your discharge from Comprehensive Women's Healthcare Atlanta LLC.

### **Patient surveys**

You may receive a survey after discharge from Comprehensive Women's Healthcare Atlanta LLC requesting your evaluation of the care and other services provided to you while a patient at Comprehensive Women's Healthcare Atlanta LLC.

### **Appointment reminders**

You may be contacted by Comprehensive Women's Healthcare Atlanta LLC personnel for a pre-admission interview, to schedule surgery or other procedures, or to remind you of an appointment for care at Comprehensive Women's Healthcare Atlanta LLC.

### **Uses and disclosures you can limit**

#### **Family and friends**

Unless you notify us that you object, we may provide your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care.

We may do this if you tell us we can do so, or if you know we are sharing your health information with these people and you do not object.

There may also be circumstances when we can assume, based on our professional judgment, that you would not object. Also, if you are not able to approve or object to disclosure, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person's involvement in your care.

### **Other permitted uses and disclosures of health information**

Your health information may be used or disclosed without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

- as required by federal, state, or local law;
- to law enforcement officials as required by law or in response to a valid court order, subpoena, or warrant, or in response to a official request for the purpose of identifying or locating a missing person, suspect, or fugitive;
- for judicial or administrative proceedings in response to an order, subpoena, discovery request, or other lawful process;
- for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- to a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to

monitor the health care system, government programs, and compliance with civil rights laws;

- to avert a serious threat to your health or safety, or that of the public or of another person able to help prevent the threat; or to notify your family members or persons responsible for you in a disaster relief effort;
- as required by military or Department of Veterans Affairs authorities, if you are a current member of the military or a veteran;
- to authorized federal officials for conduct of intelligence or national security activities, including protective services to the President or other persons as authorized by law;
- to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and consent form and has established protocols to ensure the privacy of your health information;
- to the Food & Drug Administration (FDA) relative to adverse events with respect to food, medications, products, and product defects to facilitate product recalls, repairs, or replacement, or for post-marketing surveillance;
- to funeral directors and/or coroners as necessary for them to carry out their duties;
- to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs and/or tissues for the purpose of transplant and/or donation;
- to your employer via a workers' compensation or similar work-related injury program; or
- to a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary for the institution to provide you with health care; to protect your or others' health and safety; or for the safety and security of the correctional institution.

### **When written authorization is required**

Uses and disclosures of your health information that are not covered by this Notice or laws that apply to Comprehensive Women's Healthcare Atlanta LLC will be made only with your written authorization to use or disclose information about you. You may revoke your authorization in writing at any time. If you revoke your authorization, such information will not be used or disclosed. However, a revocation of an authorization does not apply to uses and disclosures made prior to the date of the revocation. You can revoke your authorization at any time by delivering or faxing a written notice of revocation to the Health Information Management Department of Comprehensive Women's Healthcare Atlanta LLC at the following address:

## Comprehensive Women's Healthcare Atlanta LLC

809 Cleveland Ave S.W., Atlanta, GA 30315

Phone: 404-767-2536 Fax: 404-767-2779

### **Your rights**

Although your medical record is the property of Comprehensive Women's Healthcare Atlanta LLC, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your health information as described above in this Notice. Although you have the right to make such a request, please note that we are not required to agree to a requested restriction;
- with some exceptions, inspect and obtain a copy of your health information. We may deny your request to inspect and/or copy health information in certain limited circumstances; if we do this, you may ask that the denial be reviewed;
- obtain an accounting of disclosures of your health information in the six years prior to your request. An accounting will not include disclosures for treatment, payment, and health care operations described in this Notice or disclosures made pursuant to your written authorization;
- request confidential communications. For example, you have the right to request that we contact you about medical matters in a certain way or at a certain location;
- obtain a paper copy of this Notice upon request;
- request amendment of your health information record. If you feel that medical information in your record is incorrect or incomplete, you may ask that the information be amended. You have this right for as long as the information is maintained by Comprehensive Women's Healthcare Atlanta LLC. Your request must be in writing to Comprehensive Women's Healthcare Atlanta LLC Health Information Management Department, and must state the reason(s) supporting your request.

Your request to amend your medical record may be denied if:

- 1) it is not in writing;
- 2) it does not include a reason to support the request;
- 3) the information was not created by a provider while you were a patient at Comprehensive Women's Healthcare Atlanta LLC;
- 4) the information is not part of the medical record;
- 5) the information is not part of the record which you would be permitted to inspect or copy;
- 6) the information is already accurate and complete.

The Comprehensive Women's Healthcare Atlanta LLC, Health Information Management Department is available to assist you with obtaining a copy of your medical record and with any other matters related to your health information. To obtain a copy of your medical information, please submit a written request to:

Comprehensive Women's Healthcare Atlanta LLC

809 Cleveland Ave S.W., Atlanta, GA 30315

Phone: 404-767-2536 Fax: 404-767-2779

Comprehensive Women's Healthcare Atlanta LLC may charge a reasonable, cost-based fee to cover the expense of providing the copies.

### **If you have questions or need assistance**

Please feel free to contact the Health Information Management Department of Comprehensive Women's Healthcare Atlanta LLC, as given above, or Privacy Officer Comprehensive Women's Healthcare Atlanta LLC, at 404-767-2536, if you have any questions about the information contained in this Notice or if you have questions about how to exercise your rights described above.

### **Filing a complaint**

If you believe your privacy rights have been violated, you may file a complaint with Comprehensive Women's Healthcare Atlanta LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Comprehensive Women's Healthcare Atlanta LLC, please either contact the Privacy Officer, at 404-767-2536, or at the following address:

Comprehensive Women's Healthcare Atlanta LLC

809 Cleveland Ave S.W., Atlanta, GA 30315

Phone: 404-767-2536 Fax: 404-767-2779

If delivering a complaint in person, please call the Privacy Officer, at 404-767-2536, so that we can ensure that the Privacy Officer will be available for you at the time you intend to deliver the complaint.