



1414 W. 4th Street, Gillette, WY 82716
Phone: (307) 682-6263 Fax: (307) 682-2024

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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 office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. Examples of Privacy Practice are listed below. **Not all possible uses or disclosures are listed.**

- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.
- We submit requests for payment to your health insurance company. The health insurance company requests information from us regarding the medical care given. Summit OB GYN PC, will provide information to them about you and the care given.
- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. Summit OB GYN PC will share information about you with such business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your Protected Health Information

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office—we are not required to grant the request but Summit OB GYN PC will comply with any request granted;
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office;
3. Right to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request; appeal a denial of access to your protected health information except in certain circumstances;
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
5. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request; and,

If you want to exercise any of the above rights, please contact the office manager at (307) 682-6263, in person or in writing, during normal hours. He/She will provide you with assistance on the steps to take to exercise your rights. You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Our Responsibilities

The office is required to:

1. Maintain the privacy of your health information as required by law;
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
3. Abide by the terms of this Notice;
4. Notify you if we cannot accommodate a requested restriction or request;
5. Accommodate your reasonable requests regarding methods to communicate health information with you; and
6. Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices, and to enact new provisions regarding the protected health information we maintain. If our information practices change, CMS will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, want additional information, or want to report a problem regarding the handling of your information, you may contact the office manager at Summit OB GYN, PC (307)682-6263.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the office manager at Summit OB GYN PC. You may also file a complaint by mailing it or to the Secretary of Health and Human Services whose street address and e-mail address is 200 Independence Ave. S.W. Washington, D.C. 20201. The website is www.hhs.gov.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses or Disclosures Allowed by the Privacy Rule

To contact you for appointment reminders, treatment alternatives, or other information of interest to you

To notify family members, personal representative, or other persons responsible for your care

To assist in disaster relief efforts

To control disease, injury, or disability

To avert a serious threat to public health and safety

To report child abuse or neglect

Food and Drug Administration (FDA)-adverse events with respect to food, supplements, products and product defects

Work-related injury or illness if the employer needs the findings in order to comply with OSHA regulations

Appropriate Health Oversight Agencies

Judicial or administrative proceeding as allowed or required by law

Law enforcement purposes as required by law

Coroners, Medical Examiners, and Funeral Directors

Organ Procurement Organizations

Research approved by an Institutional Review Board

Specialized Government Functions

Correctional Institutions if you are an inmate

Workers Compensation

Effective Date: July 1, 2016