



Notice of Privacy Practices

Effective Date: 04/14/03

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

Staff at Girls To Women Health and Wellness (GTW) create a record of the care and services you receive at GTW and use this record to provide you with quality care, as well as to comply with legal requirements. Because we understand that information about your health is personal, we are committed to protecting that information, whether it is in written, verbal or electronic format.

This notice, which is required by law, describes the practices of GTW with respect to your protected health information. It applies to all records of your care generated by GTW. All GTW staff, volunteers and students who are authorized to have access to your health information are subject to the provisions of this notice.

We Are Required by Law to:

- I. Abide by the terms of the notice that is in effect at a given time.
- II. Protect the privacy of your health information.

We will not use or disclose your health information without authorization, except as described in this Notice.

For each type of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the following categories:

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION:

For Treatment: While we are providing you or your child with healthcare services, we may need to share your health information with other healthcare providers or other individuals who are involved in providing healthcare to you. Examples include doctors, hospitals, nurses, therapists, pharmacists and labs that are involved in your care, whether inside or outside GTW.

For Payment: GTW may use and disclose medical and financial information related to your care now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate collection of data for purposes of utilization review, quality assurance, or medical outcome evaluation purposes. Such information may be released to insurance companies, HMOs, PPOs, managed care organizations, IPAs, or other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions. Medical records may be delivered to a primary care physician or any other physician that is directly or indirectly responsible for your medical care or the payment thereof.

For Healthcare Operations: GTW may need to share health information about you in the course of conducting healthcare business activities that are related to providing healthcare to you. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services GTW should offer, what services are not needed and whether certain new treatments are effective.

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Treatment Alternatives and Appointment Reminders: We may use your health information to remind you of recommended services, treatments or scheduled appointments.

Business Associates: There are some services provided at GTW through contracts with business associates, such as computer software services. We require business associates to protect your health information.

Fundraising Activities: We may contact you as part of a fundraising effort.

Individual Involved in Your Care or Payment for Your Care: Unless you notify us that you object, we may release health information about you to a friend or family member who is involved in your medical care. This may include your condition.

Disaster Relief Efforts: We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your or your child's condition, status and location if such a situation arises.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes.

To Avert a Serious Threat to Health or Safety: As required by law, and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to anyone's health or safety.

Organ and Tissue Donation: In the event of your death, we may release your health information to organizations involved with obtaining, storing or transplanting organs, eyes or tissue to determine your donor status.

Military, Veteran, National Security or Incarceration/Law Enforcement Custody: We may be required to release your health information to the military or for national security or intelligence activities or if you are in the custody of law enforcement officials.

Public Health Activities: We may be required to report your health information to authorities to help prevent or control disease, injury or disability.

Health Oversight Activities: We may be required to release health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in healthcare or for governmental benefit programs.

Activities Related to Death: We may be required to release health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death.

As Required or Allowed By Law: Sometimes we must report some of your health information to legal officials or authorities, such as law enforcement officials, court officials or governmental agencies or attorneys.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU: Although your medical record is the physical property of GTW, the information belongs to you. You have the following rights regarding medical information we maintain about you:



Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care as provided by law. Usually, this includes medical records but does not include psychotherapy notes. If you wish to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Request an Amendment: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request for an amendment must be made in writing and submitted to GTW's Medical Records department. We will notify you if we are unable to grant your request to amend the record.

Right to Obtain an Accounting of Disclosures: You have the right to obtain an accounting of disclosures made of your protected health information as provided by law. Requests for such accounting can be made to the GTW Medical Records department.

Right to Request Restrictions: You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment or healthcare operations and on the disclosures permitted to persons, including family members, who are involved in your care or the payment for your care as provided by law. However, we are not required by law to agree to a requested restriction and will notify you if we are unable to agree to the requested restriction. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment. Requests for restrictions must be made in writing to the GTW Privacy Officer.

Right to Request Confidential Information: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests and will not ask you the reason for your request.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this privacy notice. You may also obtain a copy of this notice at www.gtw-health.com.

Right to Revoke Authorization: If you have provided us with authorization to use or disclose medical information about you or your child, you have a right to revoke that authorization except to the extent that action has already been taken in reliance on your authorization.

CHANGES TO THIS NOTICE:

We reserve the right to change our practices and to make the revised or changed provisions effective for all protected health information we maintain. You may request a copy of the current notice by writing to the GTW Privacy Officer or by requesting a copy from the GTW staff when you visit the clinic for an appointment. The revised notice will be posted at GTW and the GTW website. The effective date of the notice will be on the top right hand corner of the first page.

COMPLAINT: If you believe your or your child's privacy rights have been violated, you can file a complaint with Girls To Women Health and Wellness or with the Secretary of the Department of Health and Human Services. Complaints may be submitted in writing to the:

Privacy Officer
Girls To Women Health and Wellness
17300 Preston Road, #160
Dallas, Texas 75252

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