

## **AUTHORIZATION**

Uses or disclosure, other than those described above will be made only with your written Authorization.

## **MARKETING**

BCOG may only use or disclose your PHI for marketing activities only upon obtaining your prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is **not** made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about BCOG. Marketing also includes the receipt by BCOG of remuneration, directly or indirectly, from a third party whose product or service is being marketed. BCOG will inform you if it engages in marketing and will obtain your prior Authorization.

## **ON-CALL COVERAGE**

In the course of providing timely health care to our patients, it is necessary that BCOG establish relationships with other health care providers who will respond to your inquiry if a provider from BCOG is not available. These on-call providers will provide BCOG with any PHI resulting from your inquiry. While these on-call providers may have access to a limited portion of your PHI, like the providers at BCOG, they are obligated to maintain your PHI in accordance with the Privacy Rules.

## **FAMILY/FRIENDS**

Unless you object, BCOG may disclose to a member of your family, a relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment of your care. BCOG may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death.

## **YOUR RIGHT REGARDING YOUR HEALTH INFORMATION**

You have the following right regarding medical information we maintain about you:

- (a) **Right to Inspect and Copy** You have a right to inspect and copy your medical record or any other PHI that may be used to make decisions about your care. BCOG may charge you a reasonable fee for copies, consistent with state law. You must make this request in writing to BCOG's Privacy Officer.

- (b) **Right to Request Restrictions** You have the right to request that we place restrictions on how your PHI is used or to whom your PHI is disclosed. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care. However, BCOG is not obligated to agree to any requested restrictions. You must submit any restrictions request in writing to the BCOG Privacy Officer. In your request, you must inform BCOG (1) what information you want to limit, (2) whether you want to limit BCOG's use or disclosure, or both, (3) to whom you want the limitations to apply, and (4) the expiration date of any such limitations. If BCOG agrees to your request, BCOG will comply with your request unless the information is needed in order to provide you with emergency treatment.

- (c) **Right to Request Confidential Communications** You may request that BCOG communicate with you by utilizing an alternative means or at an alternative location. For example, you may request that we communicate with you at work or through the mail. You must make your request in writing to BCOG's Privacy Officer. BCOG will accommodate reasonable requests.

- (d) **Right to Request Amendment** If you believe that your PHI is incorrect or incomplete, you have the right to request BCOG amend your PHI. All requests for an amendment must be made in writing to BCOG's Privacy Officer and must include a reason that supports your request. While we will accept requests for amendments, BCOG is not required to agree to the amendment. For example, BCOG may deny your request if we did not create the information (unless the individual or entity that created the information is no longer available), or if we believe the information is accurate and complete. If you disagree with BCOG's denial, you will have the right to submit a written statement of disagreement.

- (e) **Right to an Accounting of PHI Disclosures** You may request an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment or health care operations, disclosures you authorized, and certain other disclosures. All requests must be made in writing to BCOG's Privacy Officer. The request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. You will not be charged for the first list you request within a twelve (12) month period, but BCOG will charge you a reasonable fee for providing additional lists during that period.

- (f) **Right to Obtain a Copy of this Notice** You may obtain a paper copy of this Privacy Notice upon request to BCOG's Privacy Officer.

- (g) **Right to Revoke Prior Authorizations** You may revoke any prior authorizations by submitting a written request to BCOG's Privacy Officer. BCOG will honor that revocation except to the extent we have already taken action based on a previously executed authorization.

## **Obtaining Additional Information of Complaining About Our Privacy Practices**

To obtain additional copies of this Privacy Notice, to request additional information concerning our privacy practices, or to ask questions about your rights, you may contact the BCOG Privacy Officer at (603) 668-4646.

If you believe your privacy rights have been violated, you may complain to BCOG or the Secretary of the U.S. Department of Health and Human Services, Washington DC, 20201. To file a complaint with BCOG, you may submit a written complaint to Bedford Commons OB-GYN, Privacy Officer, 201 Riverway Place, Bedford, NH 03110. No retaliation will occur for any complaint that you file.

## **Bedford Commons OB-GYNS' Duties To Our Patients**

- (1) We are required to maintain the privacy of your PHI and to provide you with the Privacy Notice of BCOG's Duties and privacy practices with respect to your PHI.
- (2) We are required to abide by the terms of our Privacy Notice currently in effect.
- (3) BCOG reserves the right to change our privacy practices and the terms of this Privacy notice, provided such practices are permitted under the Privacy Rules or other applicable law. Further, we reserve the right to make any revised Privacy Notice provisions effective for all PHI we maintain, including PHI created or received before the effective date of any revised Privacy Notice. BCOG will post any revised Privacy Notice and will make a paper copy available to you upon request.

## **EFFECTIVE DATE**

This Notice is in effect as of April 14, 2003.

# BEDFORD COMMONS OB-GYN, P.A. **PRIVACY NOTICE**



**Bedford  
Commons**  
OB-GYN, P.A.

201 Riverway Place  
Bedford, NH 03110  
(603) 668-4646  
Fax: (603) 626-7368  
www.bcog.com

## BEDFORDS COMMONS OB-GYN, P.A.

### NOTICE OF PRIVACY PRACTICES

#### THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

#### PLEASE REVIEW THIS NOTICE CAREFULLY.

Bedford Commons OB-GYN (BCOG) is committed to maintaining the privacy of your protected health information (PHI), which includes information about your medical condition and the care and treatment you receive from BCOG. Moreover, BCOG is committed to supporting the implementation of the Privacy Rules of the Health Insurance Portability Act (HIPAA). This Notice details how your PHI may be used and disclosed to third parties to carry out your treatment, payment for your treatment, health care operations of BCOG, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

#### USE OR DISCLOSURE OF PHI

1. BCOG recognizes that you own the PHI we maintain and although not mandated by the Privacy Rules, BCOG will initially obtain your consent before utilizing or disclosing you PHI for treatment, payment for your treatment, and health care operations of BCOG. The following are examples of the types of uses or disclosures of your PHI that may occur. These examples are not meant to include all possible types of uses or disclosures.

(a) **Treatment** – In order to provide, coordinate and manage your health care, BCOG may provide your PHI to those health care professionals, whether on BCOG’s staff or not, directly involved in your care so that they may understand your medical condition and needs and possibly provide advice or treatment (e.g., a specialist or laboratory). For example, a physician treating you for a condition such as arthritis may need to know what medications were prescribed for you by BCOG’s physicians.

(b) **Payment** – In order to get paid for services provided to you, BCOG may provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, BCOG may need to provide your health insurance carrier or the Medicare program with information about health care services that you received from BCOG so that we can be properly reimbursed. BCOG may also need to tell

your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense,

(c) **Health Care Operations** – In order for BCOG to operate in accordance with applicable laws and insurance requirements and in order for BCOG to continue to provide quality and efficient care, it may be necessary for BCOG to use and disclose you PHI. These uses and disclosures include, but are not limited to, evaluating the performance of BCOG’s staff, quality of care assessments, investigations, licensing and accreditation, communications about disease management and wellness programs, training purposes, and conducting or arranging for other health care related activities. In addition, your PHI may be utilized for health care operations relating to: enrollment in insurance plans, risk management and for insurance carrier accreditation purposes. We may also remove information that identifies you from your PHI so that others may use it to study health care and health care delivery without identifying you.

We may use a sign-in sheet at the registration desk. We may also call your name in the waiting room when your physician is ready to see you. BCOG may use or disclose your PHI, as necessary, to contact you to provide appointment reminders. BCOG may use or disclose your PHI, as necessary, to contact you about treatment alternatives, or other health benefits or services that may be of interest to you. BCOG may also, from time to time, send you information about products or services that we believe might benefit you.

We may need to disclose your PHI to individuals or organizations (“Business Associates”) that provide services on your behalf (for example, billing services or transcription services). Our agreements with these Business Associates will provide for the appropriate safeguarding of your PHI.

#### AUTHORIZATION NOT REQUIRED

1. Pursuant to state and federal law, there are instances where BCOG may use or disclose your PHI, without a written Authorization from you, including the following:

(a) **Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(b) **Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.

(c) **Federal Drug Administration** – If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

(d) **Abuse, Neglect or Domestic Violence** – To a government authority if RRP is required by law to make such disclosure. If BCOG is authorized by law to make such disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if BCOG believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

(e) **Health Oversight Activities** – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community’s health care system.

(f) **Legal Proceedings** – For example, BCOG may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(g) **Law Enforcement Purposes** – In certain instances, your PHI may have to be disclosed to law enforcement officials for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (ie., Subpoena) or as required by law; (2) information for identification and location purposes (eg., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on BCOG’s premises; and (6) a medical emergency (not on BCOG’s premises) has occurred, and it appears that a crime has occurred.

(h) **Coroner or Medical Examiner** – BCOG may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

(i) **Organ, Eye or Tissue Donation** – If you are an organ donor, BCOG may disclose your PHI to the entity to whom you have agreed to donate your organs.

(j) **Research** – If BCOG is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirements that protocols must be followed.

(k) **Avert a Threat to Health or Safety** – BCOG may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(l) **Specialized Government Functions** – When the appropriate conditions apply, BCOG may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military authority if you are a member of that foreign military. BCOG may also disclose your PHI to authorized federal officials for conduction national security and intelligence activities including the provision of protective services to the President or other legally authorized.

(m) **Inmates** – BCOG may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

(n) **Workers’ Compensation** – If you are involved in a Workers’ Compensation claim, BCOG may be required to disclose your relevant PHI to an individual or entity that is part of the Workers’ Compensation system.

(o) **As Required by Law**. If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.