

# NOTICE OF PRIVACY PRACTICES

FFECTIVE: APRIL 14, 2003

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**

If you have any questions about this notice, please contact HWH at 898-7226

## OUR OBLIGATIONS

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We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HELTH INFORMATION

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Described as follows are the ways we may use and disclose health information that identifies you (“Health Information”). Except for the following purposes, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our practice.

*Treatment.* We may use and disclose Health Information for your treatment and to provide you with treatment related health care services. For example, we may disclose health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

*Payment.* We may use and disclose health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give you health plan information to such entities so that they will pay for your treatment.

*Health Care Operations.* We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetric or gynecologic care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

*Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.* When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.