

WOMEN'S CARE CENTER OF COLUMBUS, INC  
**NOTICE OF PRIVACY POLICIES AND PRACTICES**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, give you notice of our legal duties and privacy practices regarding health information and follow the terms of our notice that is currently in effect.

**1. USES AND DISCLOSURES WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION:** We may use or disclose your health information for certain purposes without your written authorization, including the following:

**Treatment:** We may use or disclose your Information for purposes of treating you. We may disclose your information to another health care provider so they may treat you, appointment reminders, or to provide information about treatment alternatives or services we offer.

**Payment:** We may use or disclose your information to obtain payment for services provided to you.

**Health Care Operations:** We may use and disclose your information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care.

**Other Uses or Disclosures:** We may also use or disclose your information for certain other applicable laws or regulations including:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain events.
- Workers Compensation laws or certain public health activities such as reporting certain diseases.
- For public health oversight activities such as audits, investigations or license actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or correctional institutions
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
- To coroners, funeral directors, or organ procurement organizations.

**2. DISCLOSURES WE MAY MAKE UNLESS YOU OBJECT.** We may disclose your information as described below.

- To a member of your family, relative, friend or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.
- To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition and location in our facility. We may also disclose your religious affiliation to clergy.

**3. USES AND DISCLOSURES WITH YOUR WRITTEN AUTHORIZATION.** Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Officer identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

**4. YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION.** You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are NOT required to agree to the request restriction except in the limited situation in which you or someone on your behalf pays for an item or service and you request that information not be disclosed to a health insurer.
- We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternate locations. We will accommodate reasonable requests.
- You may inspect and obtain a copy of records that are used to make decisions about your care or payment of your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures we have made of your protected health information.
- You may obtain a paper copy of this Notice, even if you have agreed to receive the Notice electronically.

**5. CHANGES TO THIS NOTICE.** We reserve the right to change the terms of the Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the Notice from our receptionist or Privacy Officer.

**6. COMPLAINTS.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with us by notifying our Privacy Officer. We will not retaliate against you for the complaint.

**7. CONTACT INFORMATION.** If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Office Manager

14375 Cherry Way Drive Suite 110

Gahanna, Ohio 43230

Phone: 614-475-0811

**8. EFFECTIVE DATE:** This Notice is effective September 23, 2013