

## PARKWEST WOMEN'S HEALTH, P.C. PRIVACY NOTICE

### 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.

ParkWest Women's Health, PC ("ParkWest") 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 ParkWest. 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 ParkWest, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

**USE OR DISCLOSURE OF PHI** – ParkWest may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of ParkWest. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

**Care** – In order to provide, coordinate and manage your health care, ParkWest will provide your PHI to those health care professionals, whether on ParkWest 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 have been prescribed for you by ParkWest physicians and nurse practitioners.

**Payment** – In order to get paid for services provided to you, ParkWest will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, ParkWest may need to provide your health insurance carrier or, if you are over 62, the Medicare program with information about health care services that you received from ParkWest so that ParkWest can be properly reimbursed. ParkWest 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

**Health Care Operations** – In order for ParkWest to operate in accordance with applicable law and insurance requirements and in order for ParkWest to continue to provide quality and efficient care, it may be necessary for ParkWest to compile, use and/or disclose your PHI. For example, ParkWest may use your PHI in order to evaluate the performance of ParkWest personnel in providing care to you.

**AUTHORIZATION NOT REQUIRED** - ParkWest may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

**De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

**Business Associate** – To a business associate, which is someone who ParkWest contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service or transcription service). ParkWest will obtain

satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

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

**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.

**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.

**Abuse, Neglect or Domestic Violence** - To a government authority if ParkWest is required by law to make such disclosure. If ParkWest is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if ParkWest 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.

**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.

**Judicial and Administrative Proceeding** - For example, ParkWest may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

**Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., 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 the premises of ParkWest; and (6) a medical emergency (not on ParkWest premises) has occurred, and it appears that a crime has occurred.

**Coroner or Medical Examiner** - ParkWest 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.

**Organ, Eye or Tissue Donation** - If you are an organ donor, ParkWest may disclose your PHI to the entity to whom you have agreed to donate your organs.

**Research** - If ParkWest 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 requirement that protocols must be followed.

**Avert a Threat to Health or Safety** - ParkWest 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.

**Specialized Government Functions** - When the appropriate conditions apply, ParkWest 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 service. ParkWest may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

**Inmates** - ParkWest 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.

**Workers' Compensation** – If you are involved in a Workers' Compensation claim, ParkWest may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

**Disaster Relief Efforts** – ParkWest may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

**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.

**AUTHORIZATION** - Uses and/or disclosures, other than those described above, will be made only with your written Authorization which you may revoke at any time.

**WHILE YOU ARE IN OUR OFFICE** - ParkWest staff may call your name in the waiting room when your physician is ready to see you. ParkWest may use a sign-in sheet at the registration desk.

**APPOINTMENT REMINDER** - ParkWest may, from time to time, contact you to provide appointment reminders and/or to reschedule appointments. The reminder may be in the form of a letter, postcard, or telephone call. ParkWest will try to minimize the amount of information contained in the reminder. If ParkWest contacts you by phone and, if you are not available, ParkWest will leave a message for you.

**TREATMENT ALTERNATIVES** ParkWest may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

**MARKETING** - ParkWest may only use and/or disclose your PHI for marketing activities if ParkWest obtains from you a 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

