

GATEWAY WOMEN'S CLINIC
177 NE 102nd Ave.
PORTLAND, OR 97220
503-254-1399

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and obligations regarding the use and disclosure of that information.

Who does this notice affect?

This notice describes our policy on keeping all your protected health information confidential. It's followed by everyone in this office, including visiting physicians or medical students. That means that everyone with access to your health information will follow this policy and keep your information confidential. We are required by law to maintain the privacy of protected health information as well as providing you with this notice so you can see how we will achieve that privacy. We reserve the right to change the terms of this notice and to make new provisions effective for all health information we maintain, but we will provide you with the revised notice upon request and we'll post the revised notice in the waiting room.

What is Protected Health Information?

Health information that relates to your physical or mental health, information about what services we are providing you, or information about payment for providing health care is considered "protected health information" according to the Health Insurance Portability and Accountability Act regulations. Thus, virtually all of the information that this office obtains directly from you as a result of any questions asked by the staff or examination made by the physician or medical assistant is protected health information. In addition, any information we obtain about you from other physicians, pharmacies, labs, and any other facility falls into the protected health information category.

How is Protected Health Information used and disclosed?

We use your protected health information to carry out treatment, payment or health care operations.

Treatment: We may use health information about you to provide medical treatment, to coordinate care, or to manage your health care with other medical providers either in this office or at another facility. Examples of this would be to call in a prescription to a pharmacy, to make an ultrasound or mammogram appointment, to discuss your condition with another physician to get a second opinion, or to get a referral from your primary care physician to provide a specific service to you. This also includes providing your health information if you are pregnant (or if you become pregnant) to the hospital where you will deliver, and to the pediatrician or other specialists that will take care of your baby. This use or disclosure is necessary for the care of your baby.

Payment: We may use health information about you to get reimbursed from you or your insurance company. For example, we have to provide a treatment and diagnosis code when we bill insurance companies, or to get prior authorization for certain services. If we bill you directly, we may briefly describe the services you received here so you can recognize the charges.

Healthcare Operations: We may use health information about you in order to run the office and make sure that we are providing quality care. This includes evaluating performance of the staff, deciding what services we should offer, or reviewing information about new treatments and medications that might benefit you or other patients.

We send you your lab results and appointment reminders in the mail, but with only limited information showing on the outside of the mailing. We also remind you of your next needed appointment by mail and may tell you about or recommend possible treatment options or alternatives that may be of interest to you either by phone or by mail. If you don't want information by phone or mail, please contact the Administrator for a "Patient Request for Alternative Means of Communicating" form.

We use every reasonable effort to limit the use of disclosure of your protected health information to the minimum necessary to accomplish the purpose and will only use and disclose your information for the treatment, payment or healthcare operations of Gateway Women's Clinic. Any other use or disclosure will only be made with your written authorization (a different form) and may be revoked at any time in writing (except if the authorization was already acted upon).

We may, without giving you this notice, use or disclose your health information in the following circumstances: as required by law, in emergency situations, if we are unable to get a signed consent due to substantial barriers in communicating, to

avert a serious threat to your health or safety, as required by certain federal agencies (like the Armed Forces or National Security agencies), if there is a public health risk, in a lawsuit or dispute, or if the information is not personally identifiable.

We will only disclose health information to people you designate on the additional form given to you with the patient information sheet. You may designate your spouse, significant other, parent, child, caregiver, or other person you wish to have access to your billing and healthcare information. Without your signature on the form in the file, we cannot discuss anything having to do with your protected healthcare with anyone other than yourself.

What are my rights as a patient?

You have the following rights regarding the health information we maintain about you. All requests need to be made to the Administrator in writing, either at the office or at the address on the top of this page. The Administrator will provide you with the necessary form or forms to fill out in order to process your request. All requests will be responded to within thirty days of receipt.

To request restrictions or limitations: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations, to restrict who we provide your information to, or to limit which of the health information about you we use or disclose. We are not required to agree to your request, but a response will be given to you even if we don't agree.

To request an alternative means of communication health information: As stated before, you have the right to request that the normal ways we send you information (by phone or in the mail) be changed. We will do everything we can to accommodate your request and if for some reason we can't, we'll let you know.

To inspect and obtain a copy of protected health information: You have the right to inspect your health information and billing records. If you request a copy of your information more than once in a twelve-month period, however, we may charge you \$30 to \$50 for each additional request. However, we won't provide access if legal proceedings are involved.

To amend protected health information: If you believe health information about you is incorrect or incomplete, you have the right to ask us to amend the information as long as the information is kept in this office. If we can't agree to the changes, we'll let you know in writing. We can't amend any health information if we did not create it, if it's not part of the health information we keep, if you weren't permitted to inspect the information for some reason, or if the information we have is accurate and complete. This request may take up to sixty days to complete, but we will respond to the request within thirty days to let you know where it stands.

To receive an accounting of disclosures: You have the right to request an accounting (or list) of who we provided your health information to, except if it was for the treatment, payment, or healthcare operations of Gateway of Gateway Women's Clinic. This list will go back six years and include whom we gave the information to and what was provided. If you request an accounting more than once in a twelve month period, we may charge you \$30 for each additional request. This request may also take up to sixty days to complete, but we will respond to the request within thirty days to let you know where it stands.

To receive a paper copy of this notice: You have the right to review this notice before you see any of the physicians, anytime you come into the office (copies are provided at the front desk and upon request), and to have a copy mailed to you upon request.

How do I file a complaint?

If you believe your privacy rights have been violated, you may file a complaint directly to our Administrator (Leanna Hess) or with the Secretary of the Department of Health and Human Services. If you choose to file the complaint with us directly, send a letter describing the situation to the Leanna Hess at the address above. Gateway Women's Clinic will not retaliate or penalize you for filing a complaint.

What are my responsibilities to protect privacy and healthcare information?

To maintain security and privacy in our office, we do not allow cell phones to be used anywhere in our clinic. In addition, we only allow one person to accompany a patient to the exam room and once a patient has been taken back to a room, we do not allow other persons to enter the patient area (i.e., once the patient has been escorted to a room, support persons must wait in the waiting room until the appointment is completed).

Who do I contact if I have any questions about this notice?

If you have any questions or comments about this notice, contact Leanna Hess at the address above or call 503-254-1399, ext. 33 to speak directly to her.

Effective Date: 4/13/2009