

# Flagstaff OB/GYN

1100 N San Francisco, Suite B Flagstaff AZ, 86001-3260 Phone: (928) 779-7851

Fax: (833) 450-5161

Phillip Williams, MD Laurie Perrin, MD Kristi Kolek, PA-C Rebecca Maslar WHNP-BC

#### NOTICE OF PRIVACY PRACTICES

We respect patient confidentiality and only release personal health information about you in accordance with the state and federal law. This notice describes our policies related to the use of the records of your care generated by Flagstaff OBGYN (FOG).

## **Nondiscrimination Notice**

FOG complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

# **Use and Disclosure of Protected Health Information**

In order to effectively provide you with care, there are times when we will need to share your personal health information with others beyond FOG. This includes:

<u>Treatment:</u> We may use or disclose personal health information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside FOG that we are consulting with or referring you to.

<u>Healthcare Operations:</u> We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

<u>Payment: Information:</u> Information will be used to obtain payment for the treatment and services provided. This includes contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

As Required by Law: This includes situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect, including child abuse, elder abuse, or institutional abuse.

<u>Governmental Requirements:</u> We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share HIPAA and Privacy information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to healthcare.

<u>Criminal Activity or Danger to Others:</u> If a crime is committed on our premises or against our personnel, we may share information with law enforcement officials to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

<u>Coroners, Funeral Directors:</u> We may disclose personal health information to a coroner or personal health examiner and funeral directors for the purposes of carrying out their duties.

### **Patient Requests**

You have the following rights under state and federal law:

<u>Copy of Record:</u> You may request to inspect the personal health record FOG has generated about you. We may charge you a reasonable fee for copying and mailing your records.

<u>Release of record:</u> You may consent in writing to release your record to others for any purpose you choose. This includes your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time.

<u>Restriction of Record:</u> You may ask us not to use or disclose part of your personal health information. This request must be in writing. FOG is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information.

<u>Amending Record:</u> If you believe that something in your record is incorrect or incomplete, you may request we amend it. In certain cases, we may deny your request. If we deny your request for an amendment, you have the right to file a statement stating that you disagree with us. We will then add our response and your statement to your record.

<u>Contacting You:</u> You may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have the right to verify that the payment information you are providing is correct.

### **Changes in Policy**

FOG reserves the right to change its Privacy Policy based on the needs of FOG and changes in state and federal law.