

Effective Date of This
Notice: 4/1/03

Notice of Privacy Practices

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

**THIS NOTICE DESCRIBES HOW
YOUR HEALTH INFORMATION MAY
BE USED AND HOW YOU CAN
GAIN ACCESS TO THIS INFORMATION**

**PLEASE REVIEW THIS NOTICE
CAREFULLY**

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your health information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information.

- How we may use and disclose your health information
- Your privacy rights in regards to your health information
- Our obligations concerning the use and disclosure of your health information

THE TERMS OF THIS NOTICE APPLY TO ALL RECORDS CONTAINING YOUR HEALTH INFORMATION THAT ARE CREATED OR RETAINED BY OUR PRACTICE. WE RESERVE THE RIGHT TO REVISE OR AMEND THIS NOTICE OF PRIVACY PRACTICES. ANY REVISION OR AMENDMENT TO THIS NOTICE WILL BE EFFECTIVE FOR ALL OF YOUR RECORDS THAT OUR PRACTICE HAS CREATED OR MAINTAINED IN THE PAST, AND FOR ANY OF YOUR RECORDS THAT WE MAY CREATE OR MAINTAIN IN THE FUTURE. OUR PRACTICE WILL POST A COPY OF OUR CURRENT NOTICE IN OUR OFFICES IN A VISIBLE LOCATION AT ALL TIMES, ON OUR WEBSITE OR YOU MAY REQUEST A COPY OF OUR MOST CURRENT NOTICE AT ANY TIME.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

**Ann Venegoni, R.N.C., O.G.N.P.
Genesis Ob/Gyn, Inc.
Medical Office Building East
12266 DEPAUL DRIVE • SUITE 200
Bridgeton, MO 63044
(314) 291-2975**

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

1. TREATMENT

Our practice may use your health information to treat you. For example, we may ask you to have lab tests, such as blood or urine, and we may use the results to help us reach a diagnosis. We might use this information in order to write a prescription for you or disclose your information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses, may use or disclose your health information in order to treat you or assist others in treating you.

2. PAYMENT

Our practice may use and disclose your health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We may also use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items.

3. HEALTH CARE OPERATIONS

Our practice may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. APPOINTMENT REMINDERS AND NORMAL PAP RESULTS

Our practice may use and disclose your health information to contact you and remind you of your annual appointment, to inform you of normal pap smear results, and to remind you of missed appointments. Reminder post cards are mailed to the address you provide approximately 3 months before your appointment is due. Bi-fold post cards are used to inform patients of normal pap results as well as missed appointments. These cards are stapled closed to insure privacy. If you do not wish to receive such reminders or result cards,

please let our office know, addressing your request to Ann Venegoni, R.N.C., O.G.N.P. at Genesis.

5. TEST RESULTS

Our practice may use your health information to inform you of blood test, pap, mammogram, bone density tests, or results of other medical procedures through office visits, written correspondence or by telephone. Written correspondence will be mailed to the address you provide and marked personal and confidential. Should there be a need to verify the identity of the patient contacted by telephone to give test results or answer questions regarding medical care, you may be asked to confirm your date of birth or social security number. This insures no one may obtain information about you or your health care without your knowledge or permission.

6. HEALTH RELATED BENEFITS, SERVICES AND TREATMENT OPTIONS

Our practice may use and disclose your health information to inform you or health related benefits or services that may be of interest to you or of potential treatment options and alternatives.

7. RELEASE OF INFORMATION TO FAMILY/FRIENDS

Our practice may release, with your permission, your health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, if a physical disability or mental impairment renders you unable to speak for yourself or effectively make decisions regarding your care, and a family member or friend acts in your behalf as a guardian or intermediary, than that person may have access to your medical information.

USE AND DISCLOSURES REQUIRED BY LAW

Our practice will use and disclose your health information when we are required to do so by federal, state or local law or in response to a valid subpoena.

1. PUBLIC HEALTH RISKS Our practice will use and disclose your health information to public health authorities authorized by law to collect information for the purpose of:

- maintaining vital records such as births or deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient, including domestic violence. However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

- notifying your employer under limited circumstance related primarily to workplace injury or illness or medical surveillance

2. HEALTH OVERSIGHT ACTIVITIES

Our practice may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. We may disclose to the FDA health information relative to adverse effects/events with respect to drugs, supplements, product or product defects or post marketing surveillance information to enable product recalls, repairs or replacements. Under the privacy standards we may disclose your health information to the Federal Department of Health and Human Services as necessary for them to determine our compliance with those standards.

3. LAWSUITS AND SIMILAR PROCEEDINGS

Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party requested.

4. LAW ENFORCEMENT

Our practice may release your health information if asked to by a law enforcement official in these circumstances:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct in our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. SERIOUS THREATS TO HEALTH OR SAFETY

Our practice may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. MILITARY

Our practice may disclose your health information if you are a member of U.S. or foreign military forces, including veterans; and if required by the appropriate authorities. For example, pap results or physical exam findings as required for military service.

7. NATIONAL SECURITY

Our practice may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. SCHOOLS, RESIDENTS OF GROUP HOMES, SKILLED NURSING FACILITIES OR CORRECTIONAL CENTERS

Our practice may release your health information for purposes related to physical exams for schools or residents of group or nursing homes. If you are an inmate at a correctional institution or under custody of a law enforcement official, disclosure of your health information may be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

9. WORKERS' COMPENSATION

We may release your information for workers' compensation or similar programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information that we maintain about you.

1. CONFIDENTIAL COMMUNICATIONS

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Ann Venegoni, R.N.C., O.G.N.P. at Genesis, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. REQUESTING RESTRICTIONS

You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing to Ann Venegoni, R.N.C., O.G.N.P. at Genesis. Your request must describe in a clear and concise fashion: (a) the information you wish restricted (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.

3. INSPECTION AND COPIES

You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to Ann Venegoni, R.N.C., O.G.N.P. at Genesis in order to inspect and/or obtain a copy of your health information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. AMENDMENT

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment, your request must be made in writing and submitted to Ann Venegoni, R.N.C., O.G.N.P. at Genesis. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request, and the reason supporting your request, in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. ACCOUNTING OF DISCLOSURES

All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your health information for non-treatment or operation purposes. Use of your health information as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Ann Venegoni, R.N.C., O.G.N.P. at Genesis. All requests for an "accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. RIGHT TO A PAPER COPY OF THIS NOTICE

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Ann Venegoni, R.N.C., O.G.N.P. at Genesis.

7. RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file with our practice, contact Ann Venegoni, R.N.C., O.G.N.P. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time IN WRITING. After you revoke your authorization, we will not longer use or disclose your health information for the reasons described in the authorization. Please note we are required to retain records for your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Ann Venegoni, R.N.C., O.G.N.P. at the address and telephone number listed earlier in this document.