

NOTICE OF PRIVACY PRACTICES

Summary

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

Please review it carefully.

Effective April 14, 2003

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly private. HIPAA gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information and your rights regarding your protected health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.
- As authorized or required by law for public health, national security, law enforcement and/or other lawful purposes.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of health information from us by alternative means or at alternative locations.
- The right to inspect and request a copy of your health information.
- The right to amend your health information.
- The right to receive an accounting of disclosures of your health information.
- The right to obtain a copy of this notice upon request.

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to health information. This notice is effective as of April 14, 2003 and is a summary of our privacy practices. We are required to abide by the Notice currently in effect. We reserve the right to change the terms of our Notice and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice from this office. At any time you may also request and receive a copy of this summary of the full Notice from which this summary is taken.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. Please contact us for more information about HIPAA.

Michelle B. Morrissey	Office for Civil Rights, Region IV
Privacy Officer/Contact Person	U.S. Dept of Health and Human Services
SW Florida Women's Group PA	Atlanta Fed. Center, Suite 3B70
1890 SW Health PKWY #303	61 Forsyth Street, S.W.
Naples, Fl. 34109	Atlanta, GA. 30303-8909
Phone 239-593-0990	Phone 404-562-7886