



## Notice of Privacy Practices

### To our patients:

This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### Our commitment to your privacy

Our center is dedicated to maintaining the privacy of your health information. Woman to Woman Pregnancy Resource Center is required by law to maintain the confidentiality of your health information. Woman to Woman Pregnancy Resource Center realizes that these laws are complicated, but we must provide you with the following important information:

### Use and disclosure of your health information in certain special circumstances:

#### The following circumstances may require us to use or disclose your health information:

- Treatment: to provide, coordinate or manage your health care and related services. Woman to Woman Pregnancy Resource Center may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. Woman to Woman Pregnancy Resource Center may use or disclose protected health information about your treatment activities of another health care provider.
- Payment: Woman to Woman Pregnancy Resource Center may use or disclose protected health information so that Woman to Woman Pregnancy Resource Center can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, Woman to Woman Pregnancy Resource Center may share details with your health plan concerning the services you are scheduled to receive for payment approval.
- Health Care Operations: Woman to Woman Pregnancy Resource Center may use or disclose protected health information to allow us to improve the quality of care Woman to Woman Pregnancy Resource Center provides and to reduce health care costs, which may include training programs for our staff.
- Cooperating with outside legal entities
- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by a law enforcement official.
- 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. Woman to Woman Pregnancy Resource Center will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.

#### Your rights regarding your health information:

Communications. You can request that Woman to Woman Pregnancy Resource Center communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that Woman to Woman Pregnancy Resource Center contact you at home, rather than work. Woman to Woman Pregnancy Resource Center will accommodate reasonable requests.

You can 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 Woman to Woman Pregnancy Resource Center 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. Woman to Woman Pregnancy Resource Center is 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.

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official.

Texas law requires that we are ready to provide a copy or a summary within 30 day of your request. We will inform you when your records are ready. If we believe access should be limited or denied, we will inform you in writing.

You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official. You must provide us with a reason that supports your request for the amendment.

**Right to a copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our Privacy Official. This Notice is also posted on our website.

**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 a complaint with our practice, contact our Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**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. In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

Woman to Woman Pregnancy Resource Center's policy:

1. The designated record set that is subject to access by an individual is as follows:
  - a. Medical Records
  - b. Billing Records
2. The titles of the persons or offices responsible for receiving and processing requests for access by individuals are as follows:

Privacy Official

Woman to Woman Pregnancy Resource Center also uses protected health information for the following reasons: (you may opt out of this authorization). Before using information for these purposes, special initial authorization is required.

- Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials.

If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Official. If the Privacy Official is not available you may speak with the Client Services Director.

You can reach the Privacy Official at:

**Woman to Woman Pregnancy Resource Center**

PO Box 610  
Denton, TX 76202  
(940) 383-4494

**Hours Available:**

Monday 10:00-4:00  
Tuesday 10:00-4:00  
Wednesday 10:00-4:00  
Thursday 11:00-7:00  
Friday 10:00-2:00

A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days.



Effective June 1, 2011

## Client Policy Agreement and Acknowledgement

Woman to Woman Pregnancy Resource Center's services and resources are intended for all persons who genuinely seek our caring help. Any attempt to obtain these services or resources under false pretense is prohibited. I understand and will provide accurate and current photo identification in order to be seen at Woman to Woman Pregnancy Resource Center.

I understand that, if I am a minor, the volunteer and/or staff encourages me to share the circumstances of my visit to Woman to Woman Pregnancy Resource Center of Denton County with my parents or legal guardian. I understand that Woman to Woman Pregnancy Resource Center provides referrals to assist clients and assumes no legal responsibility for services provided by other agencies.

To protect your privacy and the privacy of our volunteers, any use of electronic recording devices or cell phones during your peer counseling session is prohibited.

### Acknowledgement of Notice of Privacy Practice

I hereby acknowledge that I have been given the Woman to Woman Pregnancy Resource Center's Notice of Privacy Practice. I may request additional copies of the Notice of Privacy Practice in person at my visit or by notifying the privacy officer in writing.

I understand that I may revoke this authorization at any time by notifying Woman to Woman Pregnancy Resource Center in writing. However, if I chose to do so, I understand that my revocation will not affect any actions taken by Woman to Woman Pregnancy Resource Center before receiving my revocation.

We reserve the right to change the Notice of Privacy Practices as necessary. The most current Notice will be placed on display in the office at all times and will be available on the Woman to Woman Pregnancy Center website. I may request a copy of the Notice of Privacy Practice in person at my appointment.

I also understand that I may refuse to authorize the above uses and that my refusal to sign in no way affects my treatment or payment.

Print Patient Name: \_\_\_\_\_

Signature Patient/Personal Representative: \_\_\_\_\_

Relationship of Personal Representative: \_\_\_\_\_

Signature Witness: \_\_\_\_\_

Date of Signature: \_\_\_\_\_