



**Seven Hills OB-GYN Associates, LLC
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY OUR PRACTICE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to (i) maintain the privacy of your health information; (ii) provide you with this notice of our legal duties and privacy practices with respect to your health information; (iii) follow the terms of the notice of privacy practices currently in effect; and (iv) notify you if there is a breach of your health information.

We must also provide you with the following important information: (a) how we may use and disclose your health information; (b) your privacy rights; and (c) our obligations concerning the use and disclosure of your health information.

This Notice of Privacy Practices is NOT an authorization. Rather it describes how we, our Business Associates, and their subcontractors may use and disclose your Protected Health Information to carry out treatment, payment, or health care operations, and for other purposes as permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" ("PHI") means information that identifies you individually; including demographic information, and information that relates to your past, present, or future physical or mental health condition and/or related health care services. The terms of this notice apply to all your PHI created or maintained by our practice.

By federal and state law, we must follow the terms of this Notice that we have in effect at the time. We reserve the right to revise or amend this Notice at any time. Any revision or amendment to this notice will be effective for all of your records that we created or maintained in the past and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice online at <https://axiawh.com/notice-of-privacy-practices/>. You may request a copy of our most current Notice at any time.

B. PERSONS/ENTITIES COVERED BY THIS NOTICE

Our practice may disclose your PHI to providers and business associates affiliated with us and other independent medical professionals in order to provide patient treatment and for payment purposes and healthcare operations.

CONTACT FOR QUESTIONS

For more information or questions about our privacy policies and practices please contact: Privacy Officer, Axia Women's Health, 227 Laurel Avenue, Echelon One, Voorhees, NJ 08043 or at privacy@axiawh.com.

C. USE AND DISCLOSE OF YOUR PROTECTED HEALTH INFORMATION (PHI).

The following categories describe the different ways in which we may use and disclose your health information

1. **Treatment.** Our practice may use your PHI as necessary for your treatment. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI to write or 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 PHI to treat you or to assist others in your treatment. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI 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 also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your PHI as necessary, and as permitted by law, to support the business activities of the practice. As an example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities.
4. **Appointment Reminders and Services.** Our practice may use and disclose your PHI to contact you and remind you of an appointment or communicate a test result. You have the right to request, and we will accommodate reasonable requests by you to receive communications regarding your PHI from us by alternative means or at alternative locations.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives necessary for your treatment.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice, with your approval, may release your PHI to designated family members, friends, and others that are involved in your care or who assist in taking care of you. If you are unavailable, incapacitated, or facing an emergency and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval consistent with HIPAA.

8. **Business Associates.** Our practice has certain aspects and components of our services that are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information, and they have signed an agreement to do so.
9. **Disclosures Required or Permitted By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law. We may disclose PHI about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medication or problems with medical products. We may release PHI to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose PHI to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. As permitted by law, we may disclose PHI to law enforcement officials in certain circumstances involving criminal activity and in situations involving national security. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.
10. **Lawsuits and Disputes.** Our practice may disclose your PHI in response to a court or administrative order, subpoena, request for discovery, or other legal processes. However, absent a court order, our practice will generally disclose your PHI if you have authorized the disclosure or efforts have been made to inform you of the request or obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.
11. **Law Enforcement.** Our practice may disclose your PHI if requested by a law enforcement official: (a) regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; (b) about a death we believe resulted from criminal conduct; (c) regarding criminal conduct on our premises; (d) in response to a warrant, summons, court order, subpoena or similar legal process; (e) to identify/locate a suspect, material witness, fugitive or missing person; or (f) 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).
12. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information for funeral directors to perform their jobs.
13. **Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
14. **Research.** Our practice may use and disclose your PHI to researchers for the purpose of conducting research with your written authorization or when the research has been approved by an Institutional Review and follows law governing research. In certain situations, the need for your individual consent may be waived by a Privacy Board.

15. **Serious Threats to Health or Safety and Public Health Oversight.** Our practice may use and disclose your PHI 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. We will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc.
16. **Military, National Security, and other Specialized Government Functions:** If you are in the military or involved in national security or intelligence, our practice may disclose your PHI to authorized officials. Our practice also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct certain investigations.
17. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would 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.
18. **Minors.** If you are a minor (generally an individual under 18 years old), we may disclose your PHI to your parent or guardian unless otherwise prohibited by law.
19. **Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs if necessary, for your workers' compensation benefit determination.
20. **Health Information Exchange ("HIE").** Our practice may share, store and/or transmit your PHI, including sensitive information related to HIV, sexually transmitted diseases, mental health, drug and alcohol treatment, genetic testing, and reproductive health, electronically to a health information exchange. If you are receiving treatment from another health care provider, that provider may be able to access some or all of your PHI from a health information exchange. Your consent may or may not be required to permit such access. HIEs must implement administrative, technical and physical safeguards to protect the confidentiality, integrity and security of your PHI.
21. **Students/Trainees/Job Shadowers.** Your PHI may be used or disclosed to students, residents, nurses, physicians and others who are interested in healthcare, pursuing careers in the medical field or desire an opportunity for an educational experience to tour, shadow employees and/or physician faculty members or engage in a clinical experience.

D. AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES:

As described above, we will use your PHI and disclose it for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your PHI for other reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school or we may ask you if you would like to authorize disclosures for marketing purposes.

If you provide an authorization, you may revoke the authorization at any time by submitting a written revocation to Privacy Officer, at the contact information listed at the end of this notice. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. However, we cannot take back any uses or disclosures of your PHI already made in reliance on your authorization.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You may request in writing that we communicate with you in a specific way or send mail to a different address. For example, you may request that we contact you at home, rather than work or by mail. Our practice will accommodate all **reasonable** requests. You do not need to give a reason for your request. We will comply with your request if we are reasonably able to do so.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI 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. To request a restriction in our use or disclosure of your health information, you must make your request in writing to our Privacy Officer on *the Request For Restrictions On Use or Disclosure Form* which is available on our website or upon request from the Privacy Officer. On the form, your request must describe in a clear and concise fashion with the following: the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. Requests can be made verbally or in writing. 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 PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made on our *Request to Amend Health Information Form* which is available from your practice location or upon request from the Privacy Officer. 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 PHI kept by or for the practice; (c) not part of the PHI 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.** You may request an accounting of certain disclosures that our practice has made of your PHI by completing and submitting our *Request For Accounting of Disclosures Form*. This accounting will list the disclosures that we have made of your PHI but will not include disclosures made for the purposes of treatment, payment, health care operations, disclosures required by law, and certain other disclosures (such as any you asked us to make). Your request must be in writing and state the time period for which you want the accounting (not to exceed six (6) years prior to the date you make the request). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. Our practice will notify you of the costs involved with any additional request and you may withdraw your request before you incur any costs.
6. **Health Information Exchange Opt-Out:** Health Information Exchange (HIE) enables your healthcare providers to quickly and securely share your health information electronically among a network of healthcare providers, including physicians, hospitals, laboratories and pharmacies. Your health information is transmitted securely and only authorized healthcare providers with a valid reason may access your information. You have the right to opt-out of disclosure of your medical records to or via an electronic health information exchange ("HIE") However, information that is sent to or via an HIE prior to processing your opt-out request may continue to be maintained by and be accessible through the HIE. You must opt out of disclosures to or via an HIE through each of your individual treating providers who may participate in any given HIE. For more information about Health Information Exchange, visit <https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/what-hie>. To opt out of the HIE, please contact: Privacy Officer, Axia Women's Health, 227 Laurel Road Echelon One, Voorhees, NJ 08043 or email privacy@axiawh.com
7. **Right to Receive a Notice of a Breach of Unsecured Medical Information.** You have the right to receive prompt notice in writing of a breach of your PHI that may have compromised the privacy or security of your information.
8. **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. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice, contact our Privacy Officer at the mailing or email address located at end of this Notice. You may view this Notice at our Web site, www.axiawh.com.
9. **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, you must submit your complaint in writing to the Privacy Officer at the address in Section C of this document. **You will not be penalized for filing a complaint.**

F. ADDITIONAL INFORMATION

1. **Patient Portal and Other Patient Electronic Correspondence.** Depending on which location you receive care, our practice may use and disclose your PHI through our secure patient

portal that allows you to view, download and transmit certain medical and billing information and communicate with your health care providers in a secure manner. Access to the portal can be set up by our practice during your visit to our office. To access the patient portal, please visit our website at <https://axiawh.com/login/>.

2. **Your Contact Information: Home and Email Addresses/Phone Numbers.** If you provide us with a home or email address, home/work/cell telephone number, or other contact information during any registration or administrative process we will assume that the information you provided us is accurate and that you consent to our use of this information to communicate with you about your treatment, payment for service and health care operations. You are responsible to notify us of any change of this information. We reserve the right to utilize third parties to update this information for our records as needed.
3. **Email or Downloading PHI.** If you email us medical or billing information from a personal email address (such as a Yahoo, Gmail, etc. account), your information may not be secure in transmission. We therefore recommend you use your patient portal to communicate with us regarding your care and/or billing issues. If you request that we email your PHI to a private email address or copy the information to a USB drive, due to security concerns we may not be able to accommodate this request and you may be offered alternatives such as picking up the printed information in person, having it mailed or faxed.
4. **Sensitive Health Information.** Federal and state laws provide special protection for certain types of health information, including psychotherapy notes, information about substance use disorders and treatment, mental health and AIDS/HIV or other communicable diseases, and may limit whether and how we may disclose information about you to others.
5. **Substance Use Disorder Records and Information.** The confidentiality of patient records maintained by federally assisted substance use disorder rehabilitation programs is protected by Federal law and regulations, and we may not disclose any information that would identify an individual as having or being treated for a substance use disorder unless authorized by law or upon your specific consent.
6. **Crimes.** Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
7. **Incidental Disclosures.** Despite our efforts to protect your privacy, your PHI may be overheard or seen by people not involved in your care. For example, other individuals at your provider's office could overhear a conversation about you or see you getting treatment. Such incidental disclosures are not a violation of HIPAA.

SEVEN HILLS
Women's Health Centers
A Division of Axia Women's Health

8. **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 otherwise required or permitted by applicable law. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. However, your revocation will not affect actions we have already taken; in other words, we are unable to take back any disclosures of PHI we have already made.
- G. **CHANGES TO THIS NOTICE.** Our practice reserves the right to change this Notice at any time and to make the revised or changed Notice effective for medical information we already have about you, as well as for any information we receive in the future. Our practice will post the current Notice at registration sites throughout our practice and on our website at <https://axiawh.com/notice-of-privacy-practices/>
- H. **NO WAIVER.** Under no circumstances will our practice require an individual to waive his or her rights under the HIPAA Privacy Rule or the HIPAA Breach Notification Rule as a condition for receiving treatment.
- I. **CONTACT/COMPLAINT INFORMATION.** If you have any questions about this Notice or wish to file a privacy complaint, please contact: Privacy Officer Axia Women's Health, 227 Laurel Road Echelon One, Voorhees, NJ 08043 or email privacy@axiawh.com.

You can file a complaint directly with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W Washington, D.C. 20201 calling 1-877-696-6775 or on-line at: www.hhs.gov/ocr/privacy/hipaa/complaints/