

Manchester Ob/Gyn Associates
150 Tarrytown Road
Manchester, NH 03103
NOTICE OF PRIVACY PRACTICES

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

Effective Date: September 23, 2013

Manchester Ob/Gyn Associates is committed to protecting your medical information. We create a record of the care and services you receive at Manchester Ob/Gyn Associates for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

This Notice is being given to you because federal law gives you the right to be told ahead of time about:

- How we will handle your medical information.
- Our legal duties related to your medical information.
- Your rights with regard to your medical information.

DEFINITION OF TERMS

When we say “you” in this Notice, this refers to the patient. When we say “we,” “our,” or “us,” this refers to Manchester Ob/Gyn Associates. When we say “medical information,” this includes information that identifies you and tells about your past, present or future physical or health condition. This also includes information about payment for health care services, such as your billing records.

WHO WILL FOLLOW THIS NOTICE?

The privacy practices described in this Notice will be followed by all employees, health care professionals, and business associates of Manchester Ob/Gyn Associates.

**HOW WE MAY USE AND DISCLOSE (SHARE) MEDICAL
INFORMATION
ABOUT YOU WITHOUT YOUR PERMISSION**

This section describes different ways that we may use and disclose your medical information without your permission.

Treatment

We may use and disclose your medical information to provide or arrange care for you. For example:

- We may use your medical information to determine whether specific diagnostic tests, therapies and medications should be ordered.
- Nurses, technicians or other personnel may need to know and/or discuss your health to provide treatment and to evaluate your response to treatment.
- We may disclose your medical information to other providers in the community who may be involved in your continuing medical care, such as to the physician who referred you to us for care.

Payment Purposes

We use and disclose your medical information to secure payment for the medical services. For example, if you are covered by medical insurance and we bill the insurance directly, we include information that identifies you, as well as your diagnosis, procedures and supplies used, so that we can obtain payment for the treatment provided.

Health Care Operations

We may use and disclose your medical information for activities that are known as health care operations, such as patient scheduling, monitoring and improving health care services, and evaluating the performance of staff who provide health care services. We may also use and disclose your medical information to our business

associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services, such as transcription, storage, auditing, legal or other consulting services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with the business associate. We may also use or disclose your medical information to comply with laws that require us to report any breaches of privacy to state and federal authorities.

We may use your medical information to contact you:

- At the address and telephone numbers you give us (including leaving a message at the telephone numbers) about scheduled or cancelled appointments, registration / insurance updates, billing or payment matters or pre-procedure assessments.
- With information about patient care issues, treatment choices and follow up care instructions with other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures

We may use and disclose your medical information to enhance health care services, protect patient safety, safeguard public health, ensure that we comply with government and accreditation standards and when otherwise allowed by law. For example, we may provide information as follows:

- As required by law.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
 - To law enforcement officials for limited law enforcement purposes.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes, as long as certain privacy-related standards are satisfied.
 - To a coroner, medical examiner, or funeral director.
 - To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To the extent necessary to comply with laws relating to workers' compensation or other similar programs which provide benefits for work-related illness or injuries.

- To a governmental agency authorized to oversee the health care system or government programs.
- For specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations).
 - To public health authorities for public health purposes.

**USES AND DISCLOSURES WHICH YOU HAVE THE OPPORTUNITY
TO LIMIT OR REQUEST NOT TO BE MADE**

To Your Family and Friends. Unless you object, we may use our professional judgment to provide relevant medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

Persons Involved In Care. We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose medical information based on a determination using our professional judgment, disclosing only medical information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Fundraising. We may contact you as part of a fundraising effort. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to the Privacy Officer, together with a statement that you do not wish to receive fundraising materials or communications from us.

We will not condition treatment or payment on your choice with respect to the receipt of fundraising communications.

Marketing. We must receive your authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of a face-to-face communication made to you personally, or a promotional gift of nominal value provided by Manchester Ob/Gyn Associates. It is not considered marketing to send you information related to your individual treatment, case management, care coordination or to direct or recommend alternative treatment, therapies, healthcare providers or settings of care. These may be sent without written permission. If the marketing is to result in financial remuneration to

Manchester Ob/Gyn Associates by a third party we will state this on the authorization.

Sale of Protected Health Information. We must receive your authorization for any disclosure of your protected health information which would constitute a sale of protected health information under the HIPAA Privacy Rule. Such authorization will state that the disclosure will result in remuneration to Manchester Ob/Gyn Associates.

USES AND DISCLOSURES THAT REQUIRE YOUR PERMISSION

Other than the uses and disclosures described above, we will not use or disclose your medical information without your written consent or authorization. If you provide us with written authorization, you may revoke that authorization at any time unless disclosure is required to obtain payment for services already provided or we have otherwise relied on the authorization or the law prohibits revocation. Also, in some situations, the law may provide special protection for certain kinds of health information, such as drug and alcohol treatment records and mental health records. When required by law, we will contact you to obtain written authorization to use or disclose that information.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Inspect and Receive Copies. In most cases, you have the right to look at or order a copy of your medical record by using the Patient Authorization form available from our office. You may be charged reasonable copying fees. If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Request an Amendment to Your Record. If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct or add information. Your request must give a reason for the amendment. We are not required to amend the record, but a copy of your request will be added to the record if you direct us to do so.

Know About Disclosures. You have the right to receive a list of disclosures of your medical information that we have made for the last six (6) years. This list does not include disclosures related to: treatment, payment or health care operations; providing information to you about you; or disclosures which you have specifically authorized. However, if we have an electronic medical record, then you may request an accounting for disclosures for treatment, payment and health care operations for the past three (3) years after January 1, 2011. Your first request in a 12-month period is free of charge. You will be charged a processing fee for each additional request within the same 12-month period.

Request Restricted Use. You have the right to request a restriction or limitation on the protected health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

Receive Confidential Communications. You have the right to request in writing that we communicate with you about health matters in a particular way or at a certain location. For example, you may ask that we only contact you at work or by mail or e-mail. To request confidential communications, you must make your request, in writing, to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will let you know if we will accommodate your request.

Out-of-Pocket Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Notice of Breach. You have the right to be notified upon a breach of any of your protected health information.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may contact to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Person:

Rene' Comire, CMPE

Address:

Manchester Ob/Gyn Associates
150 Tarrytown Road
Manchester, NH 03103

Telephone:

603-622-3162

Changes to this Notice

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other

privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by Manchester Ob/Gyn Associates as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the practice waiting area and on our website. In addition, we will provide a copy of the revised Notice to patients at their next scheduled visit.