



## SUMMARY OF HIPAA 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 IT CAREFULLY.**

HIPAA regulations, effective April 14, 2003, require your medical provider to share their written privacy practices with patients. Please understand that the privacy of your medical records has always been and will continue to be a priority to us. Below is a summary of how we will handle your medical information.

Women's Care of Wisconsin's complete privacy notice is posted in the office and on the website, and a copy is available for your records. Women's Care of Wisconsin reserves the right to change the privacy practices described in the notice in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, notice of change will be posted. At that time, you may request a revised copy of the privacy practices.

We can use your protected health information or "PHI" for the following purposes without your written consent or authorization.

- *Treatment, payment, or healthcare operations*
- *When required or permitted to do so by federal, state, or local law*
- *When permitted to do so for matters of public health*
- *When required for law enforcement, judicial, or administrative proceedings*
- *When required to be given to a coroner or medical examiner*
- *When consistent with applicable laws, the release of necessary information to prevent or lessen threat to public health or safety*
- *When necessary to comply with workers compensation requirements*
- *For organ or tissue donation*
- *For those involved in the payment of your care*

Except for the situations listed in the Women's Care of Wisconsin Privacy Practices as summarized above, we must obtain your specific written authorization for any other release of your health information. You have the right to inspect and request a copy of your medical records. You have the right to request restrictions on certain uses and disclosures as outlined in the Women's Care of Wisconsin Privacy Practices. These requests must be in writing and forms are available for your use. We are not required to agree to your requests, but we will respond to any request in writing. If we agree to your written request, that agreement is binding on our part. You have the right to revoke authorization you have given at any time. Again, this must be done in writing. You also have the right to ask for a record of your health information disclosures.

I have read and understand these practices and my rights. I will be provided with a complete copy of the Women's Care of Wisconsin Privacy Practices should I request one.

Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(please print)

**Patient Signature** \_\_\_\_\_  
(or legal guardian signature)