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## **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 IT CAREFULLY.**

You will be asked to provide a written acknowledgement of your receipt of this Notice. We are required by law to make a good-faith effort to provide you with our Notice and obtain such acknowledgement from you. However, your receipt of care and treatment from the Practice is not conditioned upon your providing the written acknowledgement.

***If you have any questions about this Notice, please contact:***

Rockhill Women's Care, Inc., Privacy Officer  
20 NE St Luke's Blvd, Ste 310  
Lee's Summit, MO 64086  
(816)282-7809

### **HOW THE PRACTICE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

We may use and disclose your health information for the following purposes without your express consent or authorization. We will obtain your express written authorization before using or disclosing your information for any other purposes. You may revoke such authorization, in writing, at any time to the extent we have not relied upon it.

***Treatment:*** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students or other personnel involved in your care. We also may disclose information to persons outside the Practice involved in your treatment, such as other health care providers, family members and friends.

We may use and disclose health information to discuss with you treatment options or health related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying the Practice and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return our call.

***Payment:*** We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

***Health Care Operations:*** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day to day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have a relationship for purposes of that provider's or plan's internal operations.

***Research:*** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process which evaluates a proposed research project and its use of health information for research, the project will have been approved through this research approval process. We may disclose health information about you to

people preparing to conduct a research project (for example, to help them look for patients with specific medical needs) so long as the health information does not leave our facilities.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

**Business Associates:** The practice provides some services through contracts or arrangements with business associates. We require our business associates to properly safeguard your information.

**Creation of De-Identified Health Information:** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

**Uses and Disclosures Required by Law:** We will disclose your health information when required by law to do so.

**Disclosures for Public Health Activities:** We may disclose your health information to a government agency authorized to (a) to collect data for the purpose of preventing or controlling disease, injury or disability; or (b) to receive reports of child abuse or neglect. We may also disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

**Disclosures About Victims of Abuse, Neglect or Domestic Violence:** We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence.

**Disclosures for Judicial and Administrative Proceedings:** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request or other lawful process if certain legal requirements are satisfied.

**Disclosures for Law Enforcement Purposes:** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, a court ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry. We may also disclose information to identify or locate a suspect, fugitive, material witness, or missing person.

**Disclosures Regarding Victims of a Crime:** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation, or if you are incapacitated, if it appears you were the victim of a crime.

**Disclosures to Avert a Serious Threat to Health Safety:** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

**Surveys:** We may use and disclose health information as a means to contact you in order to assess your satisfaction with our services.

**Employers:** We may release health information about you to your employer if we provide health care services to you at the request of your employer and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information to your employer.

**Worker's Compensation:** We may release health information about you for a worker's compensation or similar programs as permitted by law. These programs provide benefits for work related injuries or illness.

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about patients to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Disclosures for Specialized Government Functions:** We may disclose your protected health information as required to comply with the governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

Please contact the Privacy Officer identified on the first page of this Notice if you have any questions concerning the manner in which you may exercise any of these rights or to obtain any document or form referenced below.

**Right to Inspect and Copy:** You have the right to inspect and copy your health information maintained by the Practice in a designated record set. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request a review of that decision by a third party and we will comply with the outcome of that review.

**Right to Request Amendment:** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.

**Right to an Accounting of Disclosures:** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request this list, you must complete a specific form providing information we need to process your request.

**Right to Request Restrictions:** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment or health care operations. You must complete a specific form providing information we need to process your request. The Privacy Officer is the only person who may agree to such a request.

**Right to Request Alternative Methods of Communication:** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. The Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request and we will accommodate all reasonable requests.

**Right to Receive This Notice:** You have the right to receive a paper copy of this Notice. Also, this Notice is posted on our website at [www.rockhillwc.com](http://www.rockhillwc.com). We reserve the right to change this Notice and such changes may be effective for information we already have about you as well as any information we receive in the future.

**Breach Notification:** We are required to provide you with written notice concerning any breach of your health information. You will receive such notice via first class mail, unless you agree to an alternative form of notice or we do not have a current address for you. If you have any concerns regarding any possible unauthorized use or disclosure of your health information and/or any breach notification made by The Practice, you should contact the Privacy Officer.

**Right to file a Complaint:** If you believe your rights with respect to health information have been violated by The Practice, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, please contact the Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**