

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed, and how you can get access to your information. Effective April 14 2003. Please review carefully.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your information. We will consider your requests carefully but we are not required to agree to any restriction. In order to request a restriction, you must make a written request to the Privacy Officer.
- Request we use specific telephone numbers or addresses to communicate with you.
- Inspect and obtain a copy of your health information, including medical and billing records. Fees may apply. In certain circumstances we may deny your request to inspect and/or copy your record. You may request a review of our denial.
- Request corrections and/or additions to your health information
- Request an accounting of certain non-routine disclosures. Use of your information as part of the routine patient care does not require documentation. Your request must state the period of time desired which must be within the six years prior to your request and excludes dates prior to April 14, 2003. A fee will apply when applicable.
- Receive a copy of our notice of privacy practices.

OUR PRIVACY COMMITMENT

Our practice is dedicated to protecting the privacy of your medical and health information. By federal and state law, we are required to maintain the confidentiality of your health information.

We may use your health information for treating you, billing for services, and conducting business. For example:

Treatment:

We keep records of the care and services provided to you. We use this information to treat you and assist others in your care. For example, we might use your Information to write a prescription, order laboratory tests to aid in diagnosis, discuss your care with those who may assist you such as parents, spouse, children or share your health information to other health care providers assisting in your care and treatment.

Payment:

Your information may be used to obtain payment from you, your insurance company or a third party. We may contact your health insurer to certify you are eligible for benefits or provide your insurer details to collect payment. We may bill you directly and we may provide information to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations:

We may use your health Information to operate our business and evaluate the quality of your care, conduct cost management or planning activities.

Other Services We Provide:

- Appointment reminders either by telephone or mail
- Treatment options or alternatives
- Inform you of health-related benefits or services
- Share information with family or friends involved in your care or payment for your care when appropriate
- Disclose your health information as required by federal, state, or local law

SHARING YOUR HEALTH INFORMATION

In some limited situations we are permitted or required to disclose health information without your signed authorization:

- Public health purposes such as reporting communicable diseases, work-related illnesses or other diseases or injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and/or problems with medical devices

- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings
- When required by law
- When requested by law enforcement as required by law or court order
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research under strict federal guidelines
- To reduce or prevent serious threat to public health and safety
- For workers' compensation or other similar programs for work related accidents.
- For government functions such as Intelligence and national security

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy of your health information
- Provide a notice describing how we may use or share your health information
- If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health & Human Services. You will not be penalized for filing a complaint.

The terms of this notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. You may revoke your disclosure authorization at any time with a written statement. If you would like further information about your rights, are concerned that your rights have been violated, or disagree with a decision we made about access to your health information, contact:

Privacy Officer
 Western GYN/OB
 12842 S 3600 W Suite 200
 Riverton UT, 84065
 www.westerngynob.com

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____ (patient name), have received a copy of Western Gynecological & Obstetrical Clinic's notice of privacy practices.

Signature of Patient:	Date:
-----------------------	-------