

ASSOCIATES IN WOMENS HEALTH, L.L.C.
NOTICE OF PRIVACY PRACTICES
EFFECTIVE October 1, 2013; updated June 1, 2022

PURSUANT TO FEDERAL LAW, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") AND THE PRIVACY RULES PROMULGATED THEREUNDER, ASSOCIATES IN WOMENS HEALTH, L.L.C. IS PROVIDING THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") TO YOU TO DESCRIBE HOW ASSOCIATES IN WOMENS HEALTH, L.L.C. (THE "PRACTICE") MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (AS MORE FULLY DESCRIBED BELOW) ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE PRACTICE ASKS THAT YOU REVIEW THIS NOTICE CAREFULLY AND SHOULD YOU HAVE ANY QUESTIONS REGARDING THE CONTENT THEREOF PLEASE CONTACT ANY OF THE STAFF AT THE PRACTICE AND THEY WILL FORWARD YOUR QUESTIONS OR CONCERNS TO THE PRACTICE'S HIPAA PRIVACY OFFICER AS APPROPRIATE.

Much of the information you provide to the PRACTICE in the course of the PRACTICE's provision of health care services to you may fall under the category of "protected health information", or "PHI", as those terms are defined under HIPAA. HIPAA generally defines PHI as information about your past, present or future health or condition (mental or physical) and health care services you have received in relation thereto. PHI also includes your demographic information.

This Notice sets forth pursuant to HIPAA:

- I. The use and disclosure by PRACTICE of your protected health information to carry out treatment, payment or health care operations.
- II. The uses and disclosures by the PRACTICE of your PHI for other purposes that are permitted or required by law.
- III. Your rights to access and control your PHI.
- IV. Our Responsibilities with regard to your PHI.

I. USE & DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The PRACTICE will share your PHI for treatment, payment and health care operations, which includes use and disclosure of your PHI among the PRACTICE's physicians and staff and others outside of the PRACTICE's office that are involved in providing health care services to you. This includes the use and disclosure of your PHI by the PRACTICE in relation to payment of your health care bills and to support the healthcare operations of the PRACTICE. Below are examples

of some of the uses and disclosures of your PHI that the PRACTICE is permitted to make under HIPAA. *(Please note that these examples do not encompass all situations in which the PRACTICE may use or disclose your PHI. Rather, these examples are only a few of the types of permitted uses and disclosures by the PRACTICE.)*

Example One - For Treatment: The PRACTICE will use and disclose your PHI to provide, coordinate, or manage your health care services, which includes management of your health care with other health care providers. For example, the PRACTICE may disclose your PHI to the physician that is performing the surgery on you. Further, the PRACTICE may disclose PHI to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Example Two - Payment: The PRACTICE may need to use your PHI to obtain payment for your health care services. For example, the PRACTICE may need to disclose PHI to your health insurance plan so that your plan may complete its approval process for payment. We may also need to disclose certain PHI for a determination of eligibility or coverage under your insurance benefits for the PRACTICE's services.

Example Three – Health Care Operations: The PRACTICE may from time to time need to disclose your PHI to its business associates for medical review and quality assessment/improvement, for development of protocol, clinical guidelines and training programs, and for legal and insurance services. Your PHI will be disclosed to the extent necessary to obtain these services. For example, we may disclose your PHI to residents or medical school students that participate in services provided by the PRACTICE.

The PRACTICE may use or disclose your PHI in order to provide you with information about treatment alternatives or other health-related benefits, and for fund-raising activities. For example, the PRACTICE may use your demographic information to send you a newsletter about our health care practice and/or fund-raising activities. However, with respect to this use or disclosure, you may contact the PRACTICE's Privacy Officer and request that these materials not be sent to you.

The PRACTICE may disclose your PHI to third party "Business Associates" that perform various activities (e.g., billing, medical record maintenance services) for the PRACTICE. If the PRACTICE will disclose your PHI to its Business Associate, the PRACTICE will have a written contract that provides its Business Associate must protect the privacy of your PHI as required under HIPAA.

II. OTHER USES & DISCLOSURES WITH AND WITHOUT YOUR WRITTEN AUTHORIZATION

There are other uses and disclosures of your PHI that the PRACTICE may make but only with your written authorization, and certain uses and disclosures permitted without written authorization as such are required by law.

A. Other Permitted & Required Uses & Disclosures That May Be Made Without Your Authorization.

The PRACTICE may use or disclose your PHI in the following situations without your authorization:

Disclosures to Others Involved in Your Health Care:

You have the Opportunity to Object to the following disclosure, however, unless you object, the PRACTICE may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care and payment thereof. The PRACTICE may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. If you are unable to agree or object to such a disclosure due to emergency circumstances or incapacity, the PRACTICE will based upon its professional judgment disclose such information as necessary and in your best interest.

Required By Law: The PRACTICE may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law of any such uses or disclosures.

Public Health/Disaster Relief Efforts: The PRACTICE may disclose your PHI for public health activities and purposes to a public health authority as permitted by law, which disclosure will be made for the purpose of controlling disease, injury or disability. The PRACTICE may disclose your PHI as directed by a public health authority to a foreign government agency that is collaborating with such public health authority. The PRACTICE may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. In addition, the PRACTICE may also disclose your PHI relating to your location, general condition, or death to any public or private entity authorized by a relevant government entity to assist in disaster relief efforts.

Oversight Agencies: The PRACTICE may disclose PHI to agencies authorized by law for health oversight activities, such as audits, investigations, and inspections.

Abuse or Neglect: The PRACTICE may disclose your PHI to a public health authority authorized by law to receive reports of child abuse or neglect, or if we believe that you have been a victim of abuse, neglect or domestic violence to the agency authorized by law to receive such information. In these instances, the disclosure will be made as required by the relevant federal and state laws.

Judicial/Administrative Proceedings: The PRACTICE may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal and in response to a subpoena, discovery request or other lawful process.

Food and Drug Administration: The PRACTICE may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems to enable product recalls and to make post marketing repairs or replacements.

Law Enforcement: The PRACTICE may disclose your PHI for law enforcement purposes as required by law, such as when required by court order, including law's that require reporting of certain types of wounds or other physical injury.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: The PRACTICE may disclose your PHI to medical examiners or funeral directors consistent with applicable law to allow them to carry out their duties.

Research: The PRACTICE may disclose your PHI for research purposes, provided a privacy board or an institutional review board authorized by law waives the authorization requirement and provided that the researcher has made certain representations or protocols for the use and protection of PHI to be disclosed.

Health and Safety Threat: As set forth in applicable federal and state laws, the PRACTICE may disclose your PHI as necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: The PRACTICE may use or disclose PHI of individuals who are United States or foreign Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure proper execution of military mission. The PRACTICE may disclose PHI for the purpose of the US Department of Veterans Affairs' determination of your eligibility for benefits. the PRACTICE may also disclose PHI to authorized federal officials for conducting national security and intelligence activities.

Workers' Compensation: The PRACTICE may disclose PHI as authorized to comply with workers' compensation laws, or similar programs established by law to provide benefits for work-related injuries and illnesses without regard to fault.

Inmates: The PRACTICE may disclose your PHI if you are an inmate of a correctional facility and the PRACTICE created or received your PHI in the course

of providing care to you.

In Defense of Claims: The PRACTICE may make disclosures for the purposes of defending claims of medical professional liability asserted by patients.

Required Uses and Disclosures: The PRACTICE 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 45 CFR 164.500 et. seq. of the Privacy Rules.

B. Uses and Disclosures With Your Authorization

The PRACTICE may not use or disclose your PHI, other than as listed above, without your written authorization. Your written authorization may be revoked at any time in writing except to the extent that the PRACTICE has taken an action in reliance on the use or disclosure indicated in the then existing authorization.

III. YOUR RIGHTS REGARDING YOUR PHI

Right to inspect and copy your PHI. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. Per HIPAA, a designated record set is medical and billing records and any other records that the PRACTICE uses for making decisions relating to your health care.

Under HIPAA, however, you may not inspect or copy the following: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. A decision to deny access to such information may be reviewable. Please contact the PRACTICE's Privacy Officer if you have questions about access to your medical record.

Right to request a restriction of your PHI. You may ask the PRACTICE not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must specifically state, in writing, the restriction requested and to whom the restriction shall apply.

The PRACTICE is not, however, required to agree to a restriction that you request. If the PRACTICE's physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If the PRACTICE agrees to the requested restriction, it may not use or disclose your PHI in violation of that restriction unless such

is needed for emergency treatment. To request a restriction, please contact any PRACTICE staff and request to speak with the Privacy Officer regarding placing a restriction on use or disclosure of your PHI.

Confidential Communications. You may request to receive confidential communications from the PRACTICE by sending such in writing to the PRACTICE's Privacy Officer. The PRACTICE will accommodate reasonable requests, however, the PRACTICE may condition this accommodation upon receiving information relating to payment.

Right to have the PRACTICE amend PHI. You may request that the PRACTICE amend your PHI in a designated record set for as long as the PRACTICE maintains this information. The PRACTICE may deny your request for an amendment. In such instances, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

Right to receive an accounting of certain disclosures your PHI. This right to receive an accounting of disclosures of PHI applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It also does not include disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. This right to receive specific information on disclosures by the PRACTICE is for disclosures that occurred after April 14, 2003, and is subject to certain exceptions, restrictions and limitations.

Right to obtain a paper copy of this Notice. You may request a paper copy of this Notice even if you have agreed to accept this Notice electronically.

Complaints. If you believe your privacy rights have been violated by the PRACTICE, you may submit a complaint to the PRACTICE or to the United States Secretary of Health and Human Services ("HHS"). You may file a written complaint with the PRACTICE by delivering the written complaint to our Office to the attention of our Privacy Officer. You may file a complaint with the HHS by mailing it or e-mailing it to the Secretary.

We cannot, and will not, require you to waive the right to file a complaint with HHS as a condition of receiving treatment from the PRACTICE. We cannot, and will not, retaliate against you for filing a complaint with HHS.

IV. Our Responsibilities

The PRACTICE will provide you a copy of this Notice.

The PRACTICE will maintain the privacy of your PHI.

The PRACTICE will follow the terms of this Notice.

The PRACTICE will notify you if we are unable to agree to a restriction you have requested.

The PRACTICE will accommodate reasonable requests by you for communication of PHI by alternative means and locations.

The PRACTICE has the right to revise, amend or otherwise alter its privacy practices and thus the terms of this Notice at any time. If the PRACTICE does so, then any change may be effective for all information that is maintained by the PRACTICE at that time or gathered thereafter. However, before the PRACTICE changes its practices, we will post a copy of our new notice of privacy practices at all of our facilities. The effective date of our privacy practice notice will always appear as the beginning of our notice. You may request that we provide you with any revised notice of privacy practices by simply contacting our office and asking to speak with the PRACTICE's Privacy Officer who will assist you in this regard.

PLEASE BE ADVISED THAT THE PRACTICE RESERVES THE RIGHT TO AMEND, CHANGE, OR ELIMINATE PROVISIONS IN THIS NOTICE AND ITS PRIVACY PRACTICES AND TO ENACT NEW PROVISIONS REGARDING THE PHI IT MAINTAINS. IF OUR INFORMATION PRACTICES CHANGE, PRACTICE WILL AMEND THIS NOTICE. YOU ARE ENTITLED TO RECEIVE A REVISED COPY OF THE NOTICE BY CALLING AND REQUESTING A COPY OF OUR NOTICE OR BY VISITING OUR OFFICE AND PICKING UP A COPY.

FOR QUESTIONS, CONCERNS OR ADDITIONAL INFORMATION REGARDING OUR NOTICE OF PRIVACY PRACTICES PLEASE CONTACT OUR PRIVACY OFFICER, APRILE SNYDER, AT (402)614-7421.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND POLICIES AND PROCEDURE HANDOUT**

I, _____, hereby acknowledge that I have received a copy of the
Notice of Privacy Practices and Policies and Procedures Handout of ASSOCIATES IN
WOMENS HEALTH, L.L.C.

Signature of Patient

Date

Signature of Personal Representative (if applicable)

Date

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FOR OFFICE USE ONLY

Acknowledgement refused by patient on _____.

Witnessed by _____.