

Pregnancy Options Center of Warren County

NOTICE OF PRIVACY PRACTICES

(Protected Health Information)



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN ACCESS YOUR CONFIDENTIAL INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This notice describes the privacy practices of the Pregnancy Options Center of Warren County. It applies to your health services at the Pregnancy Options Center of Warren County. Pregnancy Options Center of Warren County will be referred to herein as "we" or "us." We will share your health information among ourselves to carry out our treatment and healthcare operations.

- 1. Our Privacy Obligations - We are not legally allowed to share your information with anyone without your permission. The only time we are obligated would be if there was any suspected abuse or neglect involving appropriate local or state authorities, including court-ordered subpoenas.
2. P.H.I- Permission and Authorization - "Continuity of Care" law allows us to transmit specifically related records to approved resource agencies supporting your care. Typically, this will require your signed permission.
3. Your Rights -- You may request copies of your records at any time (other than 3rd party records received, which you will need to request directly from the 3rd party). We are not legally allowed to give out another provider's documents. You may also request copies of your records sent to approved community resource agents (at no cost).
4. Public Health Activities -- By law, we must report P.H.I. statistical data to certain government agencies, but this information does not contain identifier information about who you are.
5. Disclosure - We may share your PHI with others you or your guardian authorize. If necessary, with professional judgment and in your best interest or emergency circumstances, we may share your PHI with continuity of care team members and/or family members.
6. Health oversight and judicial proceedings - We may share your PHI with any involved state agency, including judicial administrators, attorneys, and judge in response to a legal order or other lawful process. This included law enforcement officers as required by law or in compliance with a court order or a subpoena. We may use and share your PHI when required by law not already referred to in this official document.

USES AND DISCLOSURE REQUIRING YOUR WRITTEN PERMISSION (AUTHORIZATION)

- 7. Use or disclosure with your permission (authorization) - Other than required by law, we may only use or share your PHI when you grant us your written permission (authorization).
8. We must obtain your permission (authorization) before using your PHI in any marketing materials. We may not sell your PHI without your written authorization.
9. Federal and State law requires special privacy protections for certain highly confidential information about you, including psychotherapy notes, mental health and/or developmental disabilities services, alcohol, and drug abuse prevention, treatment and referral, HIV/AIDS information, sexually transmitted diseases, genetic testing, child abuse/neglect information, domestic abuse of an adult with a disability, sexual assault, or in-vitro fertilization (IVF).

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

- 10. For more information about your privacy rights, or if you are concerned that we have violated your privacy rights or disagree with our decision about access to your PHI, you may contact our executive director, Robin Olsen. You may also file written complaints with the Office of Civil Rights (OCR) of the U.S. Department of Health and Human Services. We will not take any action against you if you file a complaint with us or with the OCR
11. You may ask us to send papers containing your PHI to a different location than the address you gave us or in a special way. You will need to ask us in writing. We will grant your request if we feel it is reasonable.
12. Ways we can use and share your PHI without your written permission (authorization) - For activities common in many hospitals and clinics or certain situations within Continuity of Care treatment. We do not need any type of permission from you for the following uses and disclosures: Treatment, Continuity of Care, Health Care Operations, Abuse and neglect reporting, and certain others who help us with our activities, including those we hire to perform activities.

NOTICE OF PRIVACY PRACTICES - PHI (authorization not required)

All Protected Health Information (PHI) we retain on file at our location (Pregnancy Options Center of Warren County 222 E. Booneslick Rd, Warrenton, Missouri, 63383) for any person/client/patient/case is deemed legally confidential/private. According to local, state, and/or federal laws regarding how your information is retained, exhibited, or shared with other healthcare professionals (including law enforcement, the court, or state agents), we are required to comply with all court orders, subpoenas, and requirements of the judicial system (including any state or local authorities) who may access your protected health information for continuity of care or court-related proceedings. You (or your legal guardian) will be notified of all requests to access your protected health information. Privacy practices will be maintained in accordance with current local, state, and federal laws or statutes.

Client Signature and Date: _____/_____/_____