

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE READ IT CAREFULLY.

A-Z Women's Center of Las Vegas and staff are committed to protection the privacy of your health record and the confidentiality of your visit. Even though we are **NOT** subject to the HIPAA law, our commitment to your privacy **EXCEEDS** the requirements of the law. Your healthcare record, known as a chart, and the information it contains will not be disclosed or released to any one outside this office without your written authorization except as allowed by state or federal law. **NO ONE**, including your parent or spouse, will be allowed access to your information without your written authorization except when required by law. Whenever possible, the information will be "de-identified," that means your name, address, and other identifying information will be removed.

A-Z Women's Center will use your health information for the purpose of:

- Treatment
For example, information obtained by us will be used by staff members to determine the best treatment for you.
- Payment
If you want to submit a claim to your insurance company for reimbursement, we will assist you in preparing the necessary forms. Most insurance companies do **NOT** pay for our services, but every company is different and some may pay in special circumstances.
- Regular Healthcare Operations
For example, members of our staff may use some information in your chart to assess the care you received and the outcomes for the purpose of our Continuous Quality Improvement Program.
- Business Associates
A-Z Women's Center is an affiliated teaching facility of the University of Nevada School of Medicine, and as such may have medical students and/or resident physicians in training. Information may also be shared with our insurance company in response to litigation. De-identified statistical information may be released to the National Abortion Federation (NAF) and other organizations to improve the quality of our care. Any outside agency will also be required to safeguard your information.

Disclosures Required by Law:

- United States Government
A-Z Women's Center of Las Vegas may be required by law to report health information related to adverse events with regard to defective products to the Food and Drug Administration (FDA), the Centers for Disease Control (CDC) or the Health and Human Services Administration (HHS).
- State of Nevada
The State requires reporting of statistical information regarding abortions, including age, race, marital status, and city of residence. We WILL NOT release your name, address, or any identifying information.
- Public Health
A-Z Women's Center of Las Vegas may be required by law to report health information related to preventing certain communicable diseases, injury or disability.
- Law Enforcement
A-Z Women's Center Of Las Vegas may be required to report health information in response to a valid subpoena such as in cases of abuse or other crimes.

**A-Z WOMEN'S CENTER OF LAS VEGAS
RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have received a copy of **A-Z WOMEN'S Center's** Notice of Privacy Practices.

Patient's Printed Name:

Patient's Signature:

Date Document was signed:

Signature of Office Staff:

In keeping with our goal to maintain your privacy, A-Z Women's Center requests your approval to forward a surgical summary to your physician.

If you would like a provider to receive this information about your procedure, please sign here:

X _____

Please complete the following information

Provider: _____

Address: _____

Telephone: _____

Fax: _____

Provider: _____

Address: _____

Telephone: _____

Fax: _____

If you prefer not to have information about your procedure sent to a provider, please sign here:

X _____

Your Health Information Rights

Although your health record (chart) is the property of the A-Z Women's Center of Las Vegas, the information it contains belongs to you.

You have the right to:

- Request restrictions on certain uses and disclosures of information.
- Obtain a paper copy of the notice of information practices.
- Inspect and obtain a copy of your health record. A reasonable fee may be charged, and several days may be required to retrieve and copy it.
- Amend your health record as provided in 45 CFR 164.528.
- Request communication of your health information by alternative means or at an alternative location.
- Revoke your authorization to future uses or disclosures of your health information except as required by law.

Our Responsibilities

A-Z Women's Center of Las Vegas is required to:

- Maintain the privacy of your health information as noted above.
- Provide you with this notice as to our legal duties and privacy practices with respect to information that we collect and maintain about you.
- Abide by the terms of this notice.
- Accommodate reasonable requests you have about the handling of your information, and to notify you if we are unable to agree to a requested restriction.

A-Z Women's Center of Las Vegas reserves the right to change practices and to make the new provisions effective for all protected health information that we maintain. Should our privacy practices change, we will make a reasonable effort to notify you of this change on your next visit or whenever information is disclosed.

For More Information or to Report a Problem

If you have any questions, or want to report a problem, please contact our office manager at (702) 892-0660.

I consent to have medical students and/or resident physicians in training to observe and/or participate in my care under the direct supervision of fully qualified physicians.

*I **DO NOT** consent to have medical students and/or resident physicians in training to observe and/or participate in my care under the direct supervision of fully qualified physicians.*

I have read this Privacy Notice and I have been given ample time to ask questions about it. I understand that the A-Z Women's Center of Las Vegas will hold my health record to the highest standard of privacy and confidentiality and will only release my information when so authorized by me in writing, or when required to do so by law.

Signature

Date