

# *Dominion Gynecology, LLC*

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## **NOTICE OF PRIVACY PROTECTION**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

IT ALSO CONTAINS INFORMATION ABOUT YOUR RIGHTS  
IF YOU HAVE QUESTIONS, YOU MAY CONTACT THE FOLLOWING:

**Amanda Noble, Compliance Officer 843-839-0466**  
**Dr. Gwendolyn Cobbs, Privacy Officer 843-839-0466**

This notice describes information about privacy practices followed by our employees, staff and other office personnel. The same practices will also be followed by healthcare providers you consult by telephone, or who provide call coverage for your regular provider, when he/she is not available.

### **YOUR HEALTH INFORMATION**

This notice applies to the information we have about your health, health status, and the healthcare and services you receive at this office.

We are required by law to give you this notice, and to inform you of the ways in which we may use and disclose your protected health information. It describes your rights and our obligations regarding the use and disclosure of that information.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

#### **TREATMENT:**

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to other doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health needs.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that the doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, x-rays, or other procedures. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.

#### **PAYMENT:**

We may use and disclose information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service that you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment or service.

#### **HEALTHCARE OPERATIONS:**

We may use and disclose health information about you in order to run the office and make sure that you and other patients receive quality care. For example, we may use your healthcare information to evaluate the performance of our staff in caring for you. We may also use health information about all and many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

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## **APPOINTMENT REMINDERS:**

We may contact you as a reminder that you have an appointment for treatment or medical care at the office. You may inform us of how you would like to be reminded of appointments.

## **TREATMENT ALTERNATIVES:**

We may tell you about health-related products or services that be of interest to you. You may inform us in writing if you do not wish to receive these products or services. You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before we received the written revocation. If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

## **SPECIAL SITUATIONS**

We may use and disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

### **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **REQUIRED BY LAW:**

We will disclose health information about you when required to do so by federal, state or local law.

## **RESEARCH:**

We may use and disclose information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

## **ORGAN AND TISSUE DONATION:**

If you are an organ or tissue 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 such donation and transplantation.

## **MILITARY, VETERANS, NATIONAL SECURITY AND INTELLIGENCE:**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

## **WORKERS' COMPENSATION:**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries.

## **PUBLIC HEALTH RISKS:**

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We may disclose health information about you to for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products or medications.

## **HEALTH OVERSIGHT ACTIVITIES:**

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

## **LAWSUITS AND DISPUTES:**

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. Subject to all legal requirements, we may also disclose health information about you in response to a subpoena.

## **LAW ENFORCEMENT:**

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar.

process, subject to all applicable legal requirements.

## **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.

## **INFORMATION NOT PERSONALLY IDENTIFIABLE:**

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

## **FAMILY AND FRIENDS:**

We may disclose health information about you to your family members or friends if we obtain your written agreement to do so, or if we give you an opportunity to object such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we infer from the circumstances that, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you that you have suffered a heart attack, and that you are going to be transferred to the nearest emergency department for further care. We may also use our professional judgment and experience to make reasonable inferences that is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization at any time in writing. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV, substance abuse, or mental health information about you, we cannot release that information without a special, signed, written **authorization** (different than **authorization** and **consent** mentioned above) from you. In order to disclose these

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types of records for purposes of treatment, payment or healthcare operations, we will have to have both your signed **consent** and a special written **authorization** that complies with the law governing HIV, substance abuse or mental illness.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding information we maintain about you:

### **RIGHT TO INSPECT AND COPY.**

You have the right to inspect and copy your health care information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the person listed at the top of the first page, in order to inspect and/or copy your health information. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing and other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

### **RIGHT TO AMEND.**

If you believe health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a medical record Amendment/Correction Form to any one of the persons listed on the top of the front page. We may deny your request for an amendment if it is not in writing, or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

1. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the health information that we keep.
3. You would not be permitted to inspect and copy.
4. Is accurate and complete.

### **RIGHT TO ACCOUNTING OF DISCLOSURES:**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to the person listed on the top of the first page. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **RIGHT TO REQUEST RESTRICTIONS:**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

### **WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST:**

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to your physician and it will become a part of your medical record.

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## **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information And/Or Confidential Communication to your physician and it will become a part of your medical record. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right-hand corner. You are entitled to a copy of the notice currently in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the person listed at the top of the first page. You will not be penalized for filing a complaint.

### **Our Corporate Address:**

Dominion Gynecology, LLC

5046 Hwy 17 Bypass South Suite 202

Myrtle Beach, SC 29588 Telephone 843-293-0466

### **Secretary of the Department of Health and Human Services:**

PO Box 8206  
Columbia, SC 29202-8206

**We cannot ensure privacy of your conversations if you call our office on a cellular telephone.**