

NOTICE OF PRIVACY PRACTICES

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

Real Options for Women is committed to protect your health information. This Notice describes how we keep your health information private and what rights you have regarding it.

USES AND DISCLOSURES MADE WITHOUT YOUR PERMISSION:

TREATMENT and HEALTH CARE OPERATIONS

The most common reasons we use or disclose your health information are for treatment and health care operations.

Examples of how we use or disclose information for treatment health care operational purposes are: discussing with you health related information specific to your personal health history and options with you and office staff or volunteers assigned to your case or monitoring cases for quality control and other administrative tasks; performing urine pregnancy tests; obtaining samples for sexually transmitted diseases/infections (STI) and sending them to be screened; performing sonograms as determined necessary by a Real Options nurse and sending sonogram pictures to be reviewed by a doctor; treating positive STI results; completing Medicaid Proof of Pregnancy forms when needed; contacting you when medically necessary; getting copies of your health information from another professional that you may have seen before us and when referring you to licensed counselors, counseling interns, or other staff/volunteers for possible participation in additional services when necessary.

OTHER

In some limited situations, we may use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at all. Such uses and disclosures are made to:

- Comply with federal, state or local laws.
- Court orders or other lawful process and administrative or court proceedings.
- Report to a public health authority for the purpose of preventing or controlling disease, injury or disability.
- Report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities.
- Notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- Report abuse, neglect or domestic violence to a government authority.
- Provide necessary information to:
 - A health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefits programs and regulated entities.
 - A law enforcement official for specified law enforcement purposes.
 - Coroners or medical examiners for identification or determining cause of death.
 - Funeral directors to carry out their duties with respect to the decedent.
 - Organ procurement organizations for facilitating donation and transplantation.
 - Researchers conducting studies approved by an Institutional Review Board.
 - Authorized federal officials for specialized government functions such as military and veterans' activities, national security and intelligence activities, protective services for the president, medical suitability determinations, correctional institutions, and government entities providing public benefits.
- Prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- Comply with workers' compensation laws.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will not use or disclose your health information for any other purpose than listed above unless you sign a written authorization form that must contain specific pieces of information requested on the Authorization for Health Information Use and Disclosure Form. This authorization process may be initiated by us when we would like to use your information for

something requiring your release or you when you want us to send information to someone else. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot use or disclose the information. If you do sign one, you may revoke it at any time in writing unless we have already acted in reliance upon it. Send written revocation to the office contact person named at the end of this notice.

You have the right to:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.
- Ask us to communicate with you in an alternative manner, such as phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests when reasonable for us to manage. You are given this opportunity on the Help Us Get Better (Patient Advocate Evaluation Form) at the end of your initial appointment. If you need to make a request after your initial appointment, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, you will be able to review or have a copy or summary of your health information within 30 days of asking us. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photo copies if we send you a written notice of the extension. If you want to review or get photo copies of your health information, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along with any future permitted disclosure of your health information. By law, we can one 30 extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want) by sending a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.
- Get paper copies of Real Options for Women’s Notice of Privacy Practices and Patients’ Rights by sending a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. Also, we will post the new notice in our office, have copies available in our office and post it on our website.

HOW YOU CAN REACH US

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter or contacting our Privacy Officer at:

Jane Exstrum, RD, RDMS

Real Options for Women

700 E. Park Blvd, Plano, Texas 75074.

972-424-5144

Fax: 972-424-5962

info@realoptionsforwomen (with “Privacy Officer” in the Subject Line)

Real Options for Women does not retaliate against people who file a complaint.